

Information for parents and carers

Asthma in childhood

**Royal Hospital for Children and Young People, Edinburgh
St John's Hospital Children's Ward, Livingston**

Emergency contact numbers:

GP surgery:
NHS 24: 111
Hospital:

What is asthma?

- Asthma in childhood is a common problem. Around one child in eleven will develop a wheeze and/or cough due to asthma at some point in their childhood
- Asthma is a condition that affects the lungs causing difficulty in breathing, cough and wheeze. This is often worse at night and in the early morning
- The airways (breathing tubes) become narrower making it harder for the air to move in and out. Occasionally you will hear wheeze, but more commonly you can see it as difficulty in breathing or coughing episodes.

There are four main causes of the narrowing of the airways:

- The lining of the airways becomes inflamed and swollen
- The muscles around the airway get tight
- Sticky mucus (phlegm) gets stuck in the airways
- The airway is squashed which makes breathing out hard.

What causes asthma?

Nobody knows the exact cause of asthma but it can be triggered by a variety of things, for example:

- Viral infections e.g. common coughs and colds
- Irritants such as tobacco smoke (passive smoking) and pollution
- Allergies such as dust, pets or pollens
- Exercise
- Emotions such as excitement or stress
- Sudden change in weather
- Certain medications e.g. Ibuprofen.

Will my child grow out of it?

Asthma is very variable and it is difficult to say if your child will grow out of it. Some children's symptoms resolve over time only to return later in life.

Can my child's asthma be treated?

Asthma cannot be cured, but it can be treated easily in most children to prevent attacks and allow a normal lifestyle. The treatment will depend on how bad your child's asthma is and may change from time to time. The main aim of treatment is to keep your child as well as possible on the smallest dose of medicine possible.

There are two main types of inhaler used to treat asthma symptoms:

1. Relievers (blue)

These are used to relieve symptoms once they have started. How often your child uses the reliever inhaler shows how well their asthma is controlled.

2. Preventers

If used regularly, these medicines prevent asthma symptoms occurring. These must be taken everyday even if your child is feeling well. These medicines do not work immediately and you may not notice an improvement for a few weeks after starting treatment.

There are lots of different medicines for asthma and ways to give them; your child's medicines will be listed in their **Asthma Action Plan** and your nurse or doctor should explain how to use these correctly.

Will asthma affect my child's lifestyle?

If your child takes the medication that has been prescribed, they should be able to lead a normal lifestyle. Exercise is important and should be encouraged – remember it is normal to get out of breath with exercise. Some children get wheezy but this can usually be avoided by taking the blue inhaler about 15 minutes before the activity. If you find that your child can not do their normal activities, tell your doctor or nurse as a change in medication may be required.

What do I do if my child gets a cold?

Colds are the most common trigger for a child with asthma. During a cold your child should have regular blue inhaler and follow their **Asthma Action Plan**. The recommended dose is **4 puffs 4 times a day for 4 days** when symptoms (cough, wheeze, difficulty breathing) are at the worst. Your child should continue to use their preventative treatment at the normal dose.

What can I do at home?

It is important that you monitor your child's asthma. Although some children like to be responsible for their medication it is important you check their inhalers are being used appropriately. This is particularly important in the younger age group but even older children may need to be supervised to ensure they are taking their medication correctly. Occasionally, you may be asked to keep a diary of symptoms or peak flow readings. If you notice your child's asthma does not appear to be well controlled, or if they are using a lot of blue inhaler, it is important that they are reviewed by a doctor or nurse.

What if my child develops a severe attack?

You may notice your child's breathing is a real effort (e.g. chest, tummy or neck muscles pulling in with each breath). They may find it hard to eat and drink and may be irritable. . If this happens and the usual dose of blue inhaler (reliever) is not helping your child should

- Have 1 puff (dose) of the blue inhaler through the spacer every minute for 10 minutes, 10 puffs in total. This is called an emergency dose.
- If there is no improvement or if the symptoms return within 3 to 4 hours your child needs to be seen by a doctor or nurse practitioner either at the GP Surgery, Out of hours or A&E urgently. This might be during the day or at night time.
- If the emergency dose of the blue inhaler is needed more than TWICE in any 24hr period you must get medical advice.
- **Giving repeated emergency doses of reliever without medical review is NOT safe.**

If your child cannot talk, is gasping for breath or has colour change, you must phone 999 for an ambulance and continue to give 1 puff of the blue inhaler every minute until help arrives. It is important to have a plan in place just in case your child has a

severe attack. You may need to think about what you would do if this happened at night time especially if you have other children and you are the only adult in the house.

What else can I do to help my child?

Second hand smoke exposure – if you or any friends or family smoke, it is essential that your child is not exposed to second hand smoke. This will involve removing all smoking from the family home or car. We are not sure about the risks of exposure to vaping or e-cigarettes so it would be advisable to avoid using these around your child also. If you would like help to reduce or stop smoking you can contact Smokeline for free by phoning an advisor on 0800 848484. Your local pharmacist is also able to offer help and advice.

Further information is available at:

www.asthma.org.uk

<http://mylungsmylife.org>

Interpretation and Translation

This leaflet may be made available in a larger print, Braille or your community language.

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