



Paediatric Asthma Children aged >5 years

A parent's guide

Checks before you go home

- Adequate inhaler techniques with the spacer, and a weaning regime for salbutamol
- Your child should complete their course of oral steroid.
- It is important that your child continues taking your preventer therapy, this is usually a brown (Beclometasone) or purple (Seretide) inhaler.
- Adequate peak flow technique, make sure you're aware of what is a 'normal' reading for your child's age & height.
- ***After you have been discharged it is important that you book an appointment to see your GP within two working days for a review. This is to make sure that your child is getting better and they do not need any further treatment or review in the hospital.***

Weaning salbutamol at home

- The aim is that after five days your child should not be using the salbutamol (blue inhaler) on a regular basis.

| Days post assessment | Number of puff's | Frequency |
|----------------------|------------------|-----------|
| 1 | 10 | 4 hourly |
| 2 | 6 | 4 hourly |
| 3 | 4 | 6 hourly |

Useful resources/contacts

- Your local pharmacy - www.nhs.uk.
- Your GP surgery: please contact your GP when the surgery is open, and call 111 when the GP is closed.
- NHS 111 provides advice for urgent care needs and is open 24hrs a day. They can arrange urgent GP appointments and calls from landlines and mobiles are free.
- NHS Choices - www.nhs.uk.
- www.whittington.nhs.uk.

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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What causes asthma in children?

• Asthma is an inflammatory disease that affects the lungs causing the small breathing tubes to narrow making it difficult to breathe, causing breathlessness, wheezing, coughing and chest tightness.

• It's not clear exactly what causes asthma, although it is likely to be a combination of factors both genetic and environmental.

What happens now?

• Your child will have been given medication to help open their airway and help them breathe. The medication is called salbutamol; it is often referred to as the reliever due to its quick action. It will be given to your child via a nebuliser (if their oxygen levels are low) or with an inhaler and spacer.

• We will give 10 puffs via the spacer and depending on their response will stretch the medication until they need it no more than every four hours.

• Your child will also be given oral steroids (prednisolone) usually for three days but maybe longer.

• We take a 'peak flow' reading to measure how fast you can breathe out. The score will help us determine how severe the asthma attack is, and treat accordingly.

Keeping asthma under control long term

• Taking medication that has been prescribed regularly and use your spacer

• Keep up with physical exercise and avoid known triggers that worsen the asthma.

• Follow up with the GP / asthma nurse as required.

• Ensure hay fever is kept well controlled by using regular anti-histamines.

You need **EMERGENCY** help in your local Accident & Emergency – call 999

- Your child becomes unresponsive or very difficult to rouse.
- They are struggling to breathe - breathing very fast or very slowly.
- They are using their accessory muscles to breathe; signs of this include sucking in at the ribs or at the bottom of the throat when breathing in, and a grunting noise.
- They may have difficulty completing in sentences due to tiredness
- Pale in colour, any signs of blueness to the lips and mouth
- Unable to feed or drink due to tiredness/ lethargy & becoming increasingly weak.
- **GIVE 10 PUFF OF SALBUTAMOL AND CALL 999, REPEAT IF THERE IS NO IMPROVEMENT**

You need to contact a doctor / nurse today. Ring the **GP**, if they are closed call 111

- Your child is not improving despite intervention and you are generally worried.
- You can hear a wheezing sound when they breathe
- Your child is having some mild – moderate increased respiratory effort, breathing slightly faster or deeper than normal.
- Your child is not drinking and has signs of dehydration, which include dry mouth, no tears, sunken/darken eyes.
- **GIVE 10 PUFF OF SALBUTAMOL VIA SPACER & MONITOR, REPEAT AFTER 1-2 HOUR IF NO IMPROVEMENT, SEEK HELP FROM GP OR 111.**

Self-Care – use advice on this leaflet, contact 111 or NHS choices for advice

- Your child reacts well to their salbutamol and regular inhalers, and is not requiring medication more than every 4 hours.
- Your child has been happy, interactive and playing as usual.
- Your child is eating and drinking

How do you know when symptoms are getting worse, when to see the GP?

- Being woken up at night by shortness of breath or coughing.
- Increased shortness of breath on waking in the morning.
- Needing more reliever treatment, or if the reliever doesn't seem to be working so well.
- A falling peak flow, or big differences, between morning and evening readings.
- Shortness of breath when exercising, or if your activity is limited by your asthma.