

Asthma affects in 4 children and it is the most common cause of hospital admission.

What is asthma?

There are two main factors that cause the airways to become narrow:

- 1) The inside lining of the airways becomes red and swollen (inflammation) and extra mucus (sticky fluid) may be produced.
- 2) The muscle around the airways tightens (bronchoconstriction).

Airway before an asthma attack



Airway during an asthma attack



When the airways narrow, symptoms of cough, wheeze, shortness of breath or chest tightness may occur. People with asthma may have any one of the above.

Asthma Information – Useful Contacts

Asthma Foundation Info line **1800 645 130** (office hours)
(for professional, confidential and independent information about Asthma)

Asthma Foundation National Office Phone (03) 9696 7861
Website www.asthmaaustralia.org.au

Asthma Foundation NSW Phone 9906 3233
Website www.asthmansw.org.au

(Each state office of the Asthma Foundation has its own website and interlink with each other.)

National Asthma Council Australia Website: www.nationalasthma.org.au

NSW Health Department Website: www.health.nsw.gov.au

NSW Multicultural Health Communication Service Phone: (02) 9382 7516
Website: www.mhcs.health.nsw.gov.au

If you want an **interpreter** to contact the organisations, please ring **TIS** on **131450**

What triggers your child's asthma?

- Cigarette smoke
- Viruses - colds
- Sudden changes in the weather



- Emotional Stress, laughter
- Exercise/ Play
- Allergies – pollens, grasses, dust mites, moulds, pet fur



What are the main Symptoms of Asthma in children?

- Wheezing (noisy breathing when breathing out)
- A dry, irritating, persistent cough, particularly at night, early morning, with exercise or vigorous play
- Shortness of breath/"tummy" breathing

What leads to the diagnosis of asthma in Children?

- A pattern of repeated episodes of cough/wheeze or shortness of breath
- A persistent cough or "chestiness" that lingers long after a cold or 'flu'
- Improvement in symptoms after a trial of asthma medications.
- A family history of asthma or allergy

Notes: It is often difficult to diagnose young children with Asthma, as many children have asthma-like symptoms of cough and wheeze. Doctors may prescribe asthma medications to treat these symptoms, even without a diagnosis of Asthma.

Recognising an Asthma Attack

An asthma attack can take anything from a few minutes to a few days to develop. During an asthma attack coughing, wheezing or breathlessness can quickly worsen.

Signs of a severe asthma attack include:

- Shortness of breath
- Rapid breathing
- Severe chest tightness
- Being unable to speak more than one or two words per breath
- Distress or feeling frightened
- 'Sucking In' throat and ribs
- Blue colour around the lips
- Little or no improvement after using reliever medication (Alromir, Asmol, Bricanyl, Respolin or Ventolin)

During an Asthma Attack, young children may appear restless, unable to settle and may have problems eating due to shortness of breath. They may also have severe coughing and vomiting.

Some common questions about your child's Asthma

Will my child “grow out” of asthma ?

It is impossible to predict if your child will “grow out” of asthma. About half of those with asthma symptoms in childhood will not have asthma symptoms as adults.

However, children are more likely to continue to have asthma in adult life if they:

- have allergies
- are female
- have a parent, brother or sister with asthma
- are older than 6 when asthma first occur have severe, persistent asthma
- continue to be exposed to high levels of allergens or
- are exposed to cigarette smoke

Should I alter my child's diet?

Dietary restrictions are usually not necessary unless there is a proven food allergy (e.g. peanuts, eggs).

Dairy foods are an important source of calcium for strong bones and teeth.

There is no medical basis for the widely held view that dairy foods increase mucus production in the airways.

A healthy balanced diet should include a wide variety of nutritious foods.

How should I manage my child's asthma?

Manage your child's asthma by:

- finding a doctor who has a keen interest in asthma
- developing an **Asthma 3+ Visit Plan** with your doctor
- asking your doctor for a written **Asthma Action Plan**
- avoiding things that make your child's asthma worse (triggers)
- knowing your child's asthma symptoms and how to treat them
- making sure your child uses asthma medications correctly
- recognising signs of worsening asthma and following your child's action plan
- visiting your child's doctor for regular review
- knowing your **Asthma First Aid Plan** and how to use it
- informing your child's caregivers about his/her asthma

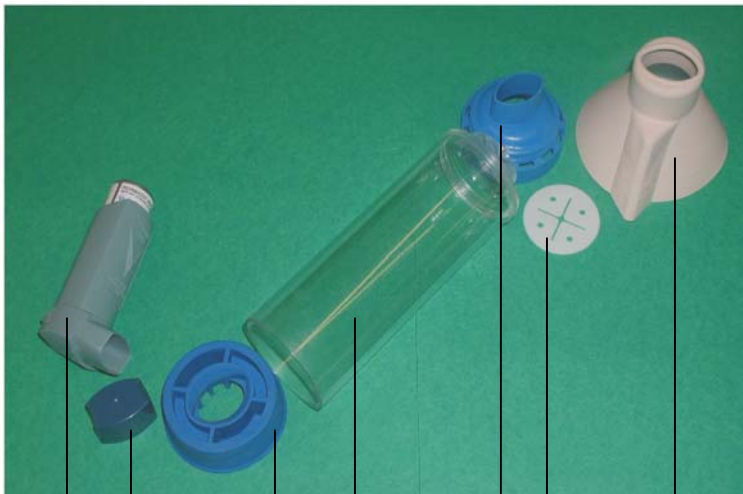
What is the Asthma 3+ Visit Plan?

The Asthma 3+ Visit Plan is a new initiative by the Commonwealth Government that involves a minimum of three visits with your local doctor over a 4-month period, to discuss and plan your asthma care. The visits focus on assessment, regular review and education. Ask your doctor for more information.

Spacer Devices

Spacing devices with facemasks can be used in children under the age of three. Spacing devices with mouthpiece are usually more suitable for older children. The nursing and medical staff will help you decide which device is best for your child.

Diagram showing parts of Spacer Devices and a puffer



Parts of a puffer:
plastic holder and mouthpiece cover

Parts of a Spacer.

- A spacer is clear tube that has a mouthpiece or a facemask attached at one end and an opening at the other for the puffer.
- The one-way valve allows medication to be inhaled. When the child breathes out into the spacer, the valve closes and prevents the medication inside the spacer from escaping,

Facemask

Diagram showing the spacer devices and a puffer after being assembled.



Cleaning

Spacers are cleaned every weeks, more often if the valve becomes blocked or the spacer is cloudy.

- Wash in warm soapy water
- Do not rinse
- Allow to air dry. Do not wipe.

Puffer (inhaler) should be cleaned every week* to prevent blockage from the build-up of medication.

1. Remove metal canister. Do not wash canister.
2. Wash the plastic holder only. Rinse the mouthpiece through the top and bottom under warm running water for at least 30 seconds. Wash mouthpiece cover.
3. Allow to air dry
4. Re-assemble

(*Intal Forte and Tilade inhalers should be cleaned every day.)

Asthma - Medication

There are two main groups of asthma medications used for **children**.

1. Relievers

Characteristics:

- Relieve asthma attacks by rapidly opening narrowed airways and make it easier to breath.

Colours: blue/ green

Medication:

Ventolin/ Asmol/ Airomir/ Epaq/
Bricanyl/ Theophylline/ Atrovent



2. Preventers

Characteristics:

- Prevent asthma attacks by treating the inflammation in the airways.
- Help to reduce inflammation and swelling in the walls of your airways.
- This makes them less twitchy and helps prevent coughs and wheeze.

Colours: brown/ beige/yellow/
orange

Medication:

Intal/ Intal Forte/ Respocort/
Singular/ Qvar/ Flixotide/
Accolate/ Cortisone/ Tildade/
Pulmicort



Spacer with Facemask

Spacing devices with masks can be used in children under the age of three.

1. Remove the dust-cap from the puffer.



2. Shake the puffer.



3. Insert the puffer in the end of the spacer opposite the facemask.



4. Place the mask securely over the nose and the mouth.
5. Press the puffer down once.
6. Keep the mask in place for six breaths.



If more than one “puff” is ordered, repeat steps 5 and 6

•Helpful hints

- Always make sure that the one-way valve is flat and is not missing or distorted.
- Always keep the puffer upright when releasing the medication.
- Ask your child to speak e.g. count to six. This will make it easier for your count each breath. As your child get older, encourage deep breaths.

Asthma Action Plan for Young People

Name: _____ Date: _____

When well

Preventer (if prescribed)

..... Usetimes/day

..... Usetimes/day

Reliever Use.....

(Take only when necessary for relief of wheeze or cough.)

Symptom controller (if prescribed) Use.....

Before exercise take Use.....



When not well

At first sign of cold or a significant increase in wheeze or cough, take:

Reliever Usetimes/day

Preventer Usetimes/day

..... Usetimes/day

Symptom controller

..... Use.....times/day

When your symptoms get better, return to the doses in the green zone.



If symptoms get worse

Extra steps to take:

.....

.....

Emergency Medication..... Strength

Take

.....

.....

When your symptoms get better, gradually return to the doses in the green zone.



If you follow this plan but your symptoms get worse, see a doctor immediately or call an ambulance.

Doctor's stamp

Ambulance: (Tel)

.....

When well -- You will

- be free of regular night-time wheeze or cough or chest tightness
- have no regular wheeze or cough or chest tightness on waking or during the day
- be able to take part in normal physical activity without getting asthma's symptoms
- need reliever medication less than 3 times a week (except if it is used before exercise)

When not well -- You will

- have increasing night-time wheeze or cough or chest tightness
- have symptoms regularly in the morning when you wake up
- have a need for extra doses of reliever medication
- have symptoms with interfere with exercise
- (You may experience one or more of these)

If symptoms get worse, this is an acute attack, you will

- have one or more of the following: wheeze, cough, chest tightness or shortness of breath
- need to use your reliever medication at least once every 3 hours or more often

Danger Signs

- your symptoms get worse very quickly
- wheeze or chest tightness or shortness of breath continue after using reliever medication or return within minutes of taking reliever medication
- severe shortness of breath, inability to speak comfortably, blueness of lips

**IMMEDIATE ACTION IS NEEDED:
CALL AN AMBULANCE**

Take this Action Plan with you when you visit your doctor.

The Six Step Asthma Management Plan

step 1

Know how severe yours asthma is

Ask your doctor whether your asthma is mild, moderate or severe.
Make sure you describe all your symptoms. If you are at risk of severe asthma attack, you will need close follow-up.

step 2

Achieve your best lung function

Your doctor can help you find out how your lungs can function at their best.
Taking the correct asthma medication is most important.

step 3

Identity and avoid your known asthma triggers

Try to avoid anything you know brings on your asthma.

step 4

Stay at your best

Understand your medications and use them as your doctor directs.
This will control your symptoms and reduce the risk of asthma attacks.

step 5

Have an asthma action plan

Develop a written asthma action plan with your doctor. This will help you to know how to recognise worsening asthma symptoms, how to treat them quickly and when to seek medical help.

step 6

Check your asthma regularly

Manage your asthma by following your personal action plan and seeing your doctor regularly for asthma education and review.
This will help control your asthma and achieve a better quality of life.