

CHILDHOOD ASTHMA

Hillingdon Children's Asthma team

Monday to Friday 9-5 service only.

Aim to return calls within 48 hours

Tel: 01895 279721

Email: thh-tr.paedasthma@nhs.net

Please see your asthma action plan for specific advice on your medications and what to do in an emergency.

For urgent advice contact 111

In an emergency call 999

Where to get more information:

<https://www.asthma.org.uk>

<https://www.rightbreathe.com>

<https://www.beatasthma.co.uk>

[Allergy Care Pathway Itchy Sneezy Wheezy Project - Homepage](#)

For advice on how to quit smoking:

<https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/>

WHAT IS ASTHMA?

Asthma is a long-term condition that affects the airways in the lungs. It usually causes symptoms of coughing, wheezing and breathlessness. Symptoms get worse with exposure to triggers, and this can lead to asthma attacks.

A person with asthma has sensitive airways that are inflamed and ready to react to things that irritate them – triggers. When someone with asthma comes into contact with a trigger, the muscles in the airways tighten, and the airways may swell and produce sticky phlegm (mucus). This is called an asthma attack. It is important to know what to do in an asthma attack – this is on your asthma action plan.

An asthma trigger is anything that sets off asthma symptoms. Common triggers include colds, viruses, pets, cigarette smoke, cold weather and pollens. Everyone with asthma has their own set of triggers. It's helpful to know what they are and record this in your asthma plan.

In the UK, around one in every 11 children have asthma. It is the commonest long term condition of childhood. Asthma is usually a lifelong condition. For children, asthma may improve or disappear as they get older, particularly if the asthma was mild. If there are allergies which cause asthma, it is less likely to get better.

CAN ASTHMA BE TREATED?

Although there is not a cure for asthma, the good news is that regular treatment with a steroid 'preventer' inhaler is effective. This medicine reduces the swelling in the airways. However, it only works if taken every day, even when you are feeling well. It can take a few weeks to become fully effective. It is important not to stop this treatment unless discussed with your health professional.

Only a very small number of children, less than 5%, have severe asthma that needs more specialist assessment and treatment.

YOUR ASTHMA ACTION PLAN

It is essential that your health professional has given you an asthma action plan. This explains your medicines, when to use them and how to manage an acute episode of asthma. If you have not been given one, contact your health professional to arrange this. For more information on plans, visit the Asthma UK website. You should also have an asthma review at least once a year-book this in with your GP.

1. Use the preventer inhaler every day according to your asthma UK action plan. Don't stop unless directed by a health professional.
2. Take the blue reliever inhaler (2 to 6 puffs) **as needed** to treat symptoms (these include wheeze, chest tightness, shortness of breath, cough and difficulty breathing). The effects should last for at least 4 hours.
3. If you need to use the reliever inhaler **more than every four hours**, you are having an acute asthma attack. Seek urgent help. Follow your asthma UK action plan.
4. You should have a post-attack review with either your GP or asthma nurse within two working days. This is to make sure you/ your child is improving. .
5. You should also have a follow up appointment with your GP or the asthma clinic within the next 4 weeks for a full asthma review. Please book this.

TOP TIPS

- To help you remember to take your preventer, use it at the same time each day. For example before brushing teeth in the morning and evening
- Try setting an alarm on your phone as a reminder
- Always directly supervise your child, *especially* when they get older!
- Make sure medications don't run out - get repeat prescriptions on time
- If your medication is not shown visit Asthma UK
<https://www.asthma.org.uk/advice/inhalers-medicines-treatments/>

ASTHMA MEDICINES



Preventer inhalers

These are usually brown (beclomethasone/ Clenil) or orange (fluticasone / Flixotide). They contain a small amount of steroid that reduces inflammation in the lungs and prevents asthma. They must be taken every day even if you/ your child is OK.



Combination preventer inhalers: These are usually red (Symbicort) or purple (Seretide) and contain a small amount of steroid plus a long-acting reliever medication to help keep the airways open for longer. They must be taken every day even if you/ your child is OK.



Reliever inhalers: These are blue (salbutamol / Ventolin; terbutaline / Bricanyl) and work by relaxing the airways which opens them up, relieving symptoms. They work within minutes.



HOW TO USE YOUR MEDICINE

Always via a *spacer – it makes the inhaler more effective by increasing the amount of medicine that gets into the lungs

Spacer with mask for children under 4 years of age



1. Remove the inhaler cap, shake and attach the inhaler to the end of the spacer
2. Place the mask over your child's face, covering the nose and mouth to make a good seal
3. Press the inhaler once and encourage your child to breathe slow and steady whilst you count for 10 seconds
4. Repeat all steps for each puff

Spacer and mouthpiece for 4 years and over (including adults!)



1. Remove the inhaler cap, shake and attach the inhaler to the end of the spacer
2. Place the mouthpiece between the teeth and close lips around it so there are no gaps
3. Hold the spacer level so that it does not tip up or hang down
4. Press the inhaler once and take five slow & steady breaths.
5. Repeat all steps for each puff

Other devices



*Unless you have a dry powder or breath activated device. There are lots of other medicines you may have been prescribed. Asthma UK has a full range of videos on how to use every device.

<https://www.asthma.org.uk/advice/inhaler-videos/>

General advice

- Rinse the mouth after using a steroid inhaler
- Spacers should be washed at least monthly with warm soapy water, and allowed to air dry - do not rinse or put in the dishwasher

MEASURING PEAK FLOW

You may have a peak flow device at home. For information on how to use this, see [Peak flow test | Asthma UK](#)

