Your child's asthma

Children's Services

Information for Patients and Carers

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This leaflet is for parents/carers of children and young people who have a confirmed diagnosis of asthma.

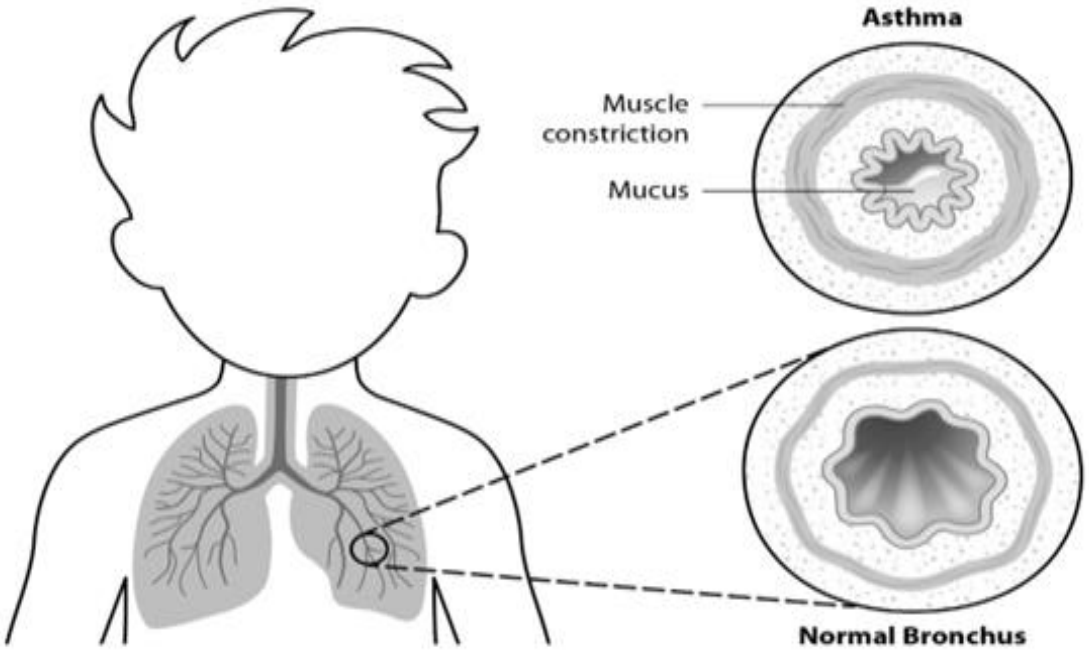
What is asthma?

Asthma is a very common long-term condition. It affects the airways that carry air in and out of the lungs. Children and young people with asthma often have very sensitive and inflamed (swollen) airways, which can become narrow. When the airways become narrow, your child may cough or wheeze, find it hard to breathe or say their chest feels 'tight'.

Asthma can start at any age, often in childhood. It can run in families or if there is history of allergies.

Most children and young people with asthma can be symptom free with the right treatment. A personalised asthma action and treatment plan helps to manage symptoms of asthma.

What is an asthma attack?



An asthma attack can be caused by a number of ‘triggers’ (see below). This can lead to breathing difficulties coming on quickly or over a short period of time. Sometimes during an attack, the symptoms are very mild. If there is a lot of inflammation (swelling) in the airways, it can become difficult to get air (oxygen) into the lungs and symptoms can become life threatening.

Asthma attack symptoms can include:

- Not being able to catch your breath
- Feeling very tired from working so hard to breathe
- Struggling to eat and drink
- Reliever inhaler not helping
- Sounding wheezy or feelings of a tight chest
- Not being able to speak in full sentences

It is important for your child to have their **own personal asthma action plan** to help treat symptoms early, and for you to know what to do if symptoms suddenly become worse.

How will treatment control my child’s asthma?

Your child must use their preventer inhaler every day, even when feeling well. This will help your child cope better when exposed to triggers. It will reduce the risk of an asthma attack.

The aim of asthma treatment is to:

- Stop daytime symptoms
- Stop waking in the night with symptoms
- Avoid asthma attacks
- Stop asthma symptoms from getting in the way of exercise

If your child needs their reliever inhaler at night, or more than 3 times per week, this may mean their asthma is not well controlled. Poor control increases the risk of a life-threatening asthma attack.

If your child is having any problems with their asthma or if they are unwell then you should follow their **personal asthma action plan** and/or make an appointment with your GP or asthma nurse.

What can trigger my child’s asthma?

Common triggers include:

- Colds and viruses
- Pets
- Exercise
- Pollution
- House dust mites
- Stress or hormonal changes

Many common triggers (causes) are hard to avoid such as coughs and colds. Your child should not avoid exercise or school/nursery unless too poorly (unwell) to attend.

How can we manage triggers?

If you're not sure what 'triggers' (causes) your child's asthma symptoms you might find it helpful to:

- Keep a symptom diary to help you spot any patterns
- Speak to your child's asthma nurse who can help you work out likely triggers

Once you know what your child's triggers are, making small changes can help manage/improve asthma symptoms.

Smoking / Vaping / e-cigarettes

Your child should stay away from cigarette smoke, vapes and e-cigarettes. These can make their airways more sensitive and swollen. Try to limit your child's contact with people who smoke inside or outside the home.

For help reducing or stopping smoking, please contact:

NHS Smoking helpline – 0300 1231044

City: https://livewell.leicester.gov.uk/services/stop-smoking/

0116 454 4000

County: https://firstcontactplus.referral.org.uk/selfrefer/

Mould

Moulds can cause allergic reactions and irritate the airways. People with asthma may be more sensitive to mould, which can lead to asthma attacks.

If you have mould or damp in your home, especially your child's bedroom, it's important to find out why you have extra moisture in your home. Fixing the cause can help stop the mould returning. A professional may need to remove large areas of mould. Small amounts may be safe to clean yourself. For more advice please visit:

- www.nhs.uk/common-health-questions/lifestyle/can-damp-and-mould-affect-my-health/
- https://www.citizensadvice.org.uk/housing/repairs-and-housing-conditions/repairs-and-housing-conditions/common-problems/repairs-damp/

Types of inhalers

There is no cure for asthma, but with the right treatment most children and young people can live symptom free for most of the time

There are 3 common types of inhaler. They work in different ways:

1. **Preventer Inhalers:** These inhalers have small doses of inhaled steroid medication(corticosteroid). This protects the lining of the airways and controls inflammation (swelling). This inhaler is usually given twice a day.

   After using a preventer inhaler you must rinse your child's mouth out with water.

2. **Reliever Inhalers:** Reliever inhalers such as salbutamol (blue) are used to relax the muscles around the airways and make it easier to breathe. The reliever inhaler acts quickly and should work for 3-4 hours. It should be used when your child is wheezy and short of breath. It should always be kept near your child and ready to use in case of an asthma attack. Always use with a spacer unless your child ha s a ‘breath activated’ or dry powder device.

3. **Combination Inhalers:** These inhalers contain both inhaled steroid (corticosteroid) and a ‘long acting bronchodilator’ (reliever). This helps to relax the muscles around the airways making it easier to breathe & relieving symptoms of wheeze or tight chest feeling.

   After using a combination inhaler it is important to rinse your child's mouth out with water.

Other inhalers and medication:

Your child may be given other medication or inhalers. These medicines also work to prevent your child from becoming wheezy and short of breath. These must be used regularly to keep your child well along with their preventer inhaler.

How will I know when the inhaler is running out?

All inhalers have a set number of doses. Some have a counter on the side of the inhaler which will turn red when running low to remind you to order a new inhaler from the GP.

If the inhaler does not have a dose counter then it is important to keep track of how many times the inhaler has been used, so you know when it is running low.

For preventer inhalers used 2 times a day its easy to work out how long it will last:

For example: Clenil 50 2 puffs x 2 times a day = 4 puffs per day

A Clenil inhaler contains 200 doses. It will last for 50 days (200÷4). Mark or make a note in a calendar or set a reminder to re-order a new inhaler within plenty of time (1 per month) so you do not not use an inhaler when it is empty.

Beware of using empty inhalers as this will lead to worsening asthma symptoms and risk of a life-threatening asthma attack.

Spacers

- Most inhalers work better when used with a spacer device.
- Spacers should be washed in warm soapy water and left to ‘air’ dry once a month. They must be replaced **every year or sooner if damaged or broken.**

Children under 5 years of age

Children over 5 years of age

During an attack

- Always use your child’s personal asthma action plan as a guide.

If your child is having difficulty breathing and your asthma action plan is not helping, call 999, and tell them your child is having an asthma attack.

After being admitted to hospital

- As your child’s asthma attack improves they will be allowed home.
- Follow your asthma action plan.
- Please contact your GP to be seen within the next **2 working days**, if your child has been discharged from hospital, so that they can check on your child’s progress and medication.
- A hospital doctor may arrange a clinic appointment with a specialist (paediatrician). You will get a letter by post if this is needed.

Contact details:

Department of Paediatric Respiratory Medicine**:** **0116 258 5525** (Mon to Fri, 8.30am to 4.30pm).

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice
Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester’s Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ ‘ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
إذا كنت ترغب في الحصول على هذه المعلومات بلغةٍ أُخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો.

If you would like this information in another language or format such as EasyRead
or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

We are a research hospital and you may be asked to take part in research