



## 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](http://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](http://www.nhs.uk).
- [www.whittington.nhs.uk](http://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](mailto: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.