



## Children's Community Nursing Team

### Care of a child with asthma or a wheezy episode

#### Information for parents and carers

Your child has already been diagnosed as having asthma or a wheezy episode and you will have already received information about the condition and how it is treated.

This fact sheet aims to provide you with supporting information about asthma, being involved in your child's care, contacting the Community Nursing Team and an overview of medication.

#### **What is asthma?**

Asthma is repeated attacks of difficulty in breathing. Air gets in and out of the lungs through thousands of tiny breathing tubes which branch off our windpipe. During an asthma attack these small breathing tubes become narrowed making it harder for air to get in and out of the lungs.

As air whistles through the narrow breathing tubes we can hear a *wheeze*. Usually between asthma attacks the breathing tubes return to normal and there is no obstruction to breathing.

#### **How common is asthma?**

Asthma affects more than one in ten children making it one of the most common childhood complaints. Many children are not recognised as having asthma. Wheezy episodes are common in children under two years of age, usually due to a virus, and the majority of these children outgrow these episodes.

Children who have recurrent chest infections and a strong family history of asthma are sometimes later found to have developed asthma.

#### **How is asthma diagnosed?**

Asthma is usually diagnosed by health professionals asking about repeated attacks of breathlessness and when they occur. Children with asthma frequently have the following symptoms:

- coughing spasms, especially at night
- wheezing episodes, especially at night, when exercising or on contact with animals
- other allergic diseases such as hay fever or eczema (dry itchy skin)
- relative with asthma or hay fever

#### **What brings on asthma attacks?**

Children with asthma have airways that are 'extra sensitive'. There are a number of things that can 'trigger' asthma symptoms. When someone with asthma comes into contact with their "trigger", their asthma symptoms develop and last for many days.

### **Common triggers:**

- exercise
- cold weather
- excitement and stress
- contact with allergies i.e. house dust, animals, pollens and feathers
- infection such as colds and flu
- tobacco smoke

### **Avoiding triggers**

Many "triggers" such as cold weather, exercise and colds cannot be avoided. Animals such as cats and dogs may have to be removed from the home if the child is strongly allergic to them. It is possible to reduce house dust in the home but it is impossible to get rid of it altogether.

Parents should try to stop smoking.

### **Whilst your child is under the care of the Children's Community Nursing Team it is important:**

- to keep a regular check on their breathing to make sure it does not get any worse
- to ensure that you give your child the prescribed medications as shown by the nurse
- for your child to drink an adequate amount of fluids to prevent dehydration.  
In children aged less than 1 year you may need to give smaller amounts of fluid more often, as advised by your Community Nurse.

### **Help us look after your child**

Please record the following information on the sheet provided:

- the name of the medications you give your child and at what time they were given
- any changes you note in your child's condition
- if your child has a high temperature
- if your child has any vomiting or prolonged coughing spells
- the amount of fluid your child has to drink and when they pass urine.

### **What signs to look out for when checking you child's breathing:**

If the effects of the reliever (blue) inhaler called ..... are not lasting for up to two hours and your child is having symptoms as below:-

- faster breathing
- making more effort to breath using their "tummy muscles" or sucking in of the spaces in between ribs or under the breast bone
- becomes too breathless to speak/babble or feed
- your child becomes excessively wheezy.

### **Contact the Community Nursing Team immediately**

## Drug Treatments

There are many different effective and safe drug treatments available for the treatment of childhood asthma. Information about any risks and side effects will be in the patient information leaflet that accompanies the medication. Two main drugs exist, those that relieve asthma and those that prevent asthma symptoms.

**Relievers** come in blue containers. They are also known as 'Bronchodilators' because they increase the size of the breathing tube letting air in and out of the lungs more easily. They can be given to stop an attack once it has started, these 'relievers' work within 5-10 minutes of being given, they can give up to 4 hours relief. The commonest ones used are Ventolin and Bricanyl.

**Preventers** come in either brown or orange containers. They work by preventing the trigger causing the narrowing of the small airways. They need to be taken every day, even if your child is well. The commonest ones are Pulmicort (Budesonide), Becotide (Beclomethasone) and Flixotide (Fluticasone).

### Oral steroids (Prednisolone)

Oral steroids are sometimes required in the treatment of asthma. If your child's asthma continues to get worse despite being on an inhaled preventer, then a short course of steroid tablets, usually Prednisolone, may be required.

Short courses of oral steroids are very safe but prolonged treatment can have unwanted side effects and should not be stopped suddenly.

Regular dose inhaled steroids do not have these side effects and are safe to take over long periods of time.

### Your child's inhaler medication

Please administer reliever (blue) inhaler called ..... as prescribed,  
the dose you need to give is ..... puffs every ..... hours.

Ensure that you follow the instructions given to you by the nurse on how to give the medication through the spacer device.

You may repeat the above dose if your child does not respond to the medication after 5 minutes.

You **must** inform the team if there is still no response 5 minutes after the repeated dose, we will then give you further advice.

Please administer your child's preventer (brown or orange) inhaler called .....  
as normal through this episode ..... puffs every .....

### How to take asthma medications

There are a variety of different asthma inhaler 'devices' available for your child to use to take their medication. The type of the device you will be given will largely depend on the child's age.

It is very important that your child knows how to use their inhaler device properly.

Please ask to be shown how to use the inhaler if you, or your child, are unsure.

### **How to use the volumatic (spacer)**

1. Remove the cap from the inhaler, make sure it is clean and shake the inhaler well.
2. Fit the inhaler into the end (opposite the mouthpiece) of the spacer.
3. With the inhaler at a **45 degree angle** (to keep the valve open) put the mouthpiece into the mouth, behind the teeth.
4. Press the inhaler **once** only  
(Do not give all the puffs required at once as this will not be effective).
5. Take a normal deep breath in and then out keeping the lips sealed around the mouthpiece. Breathing should not be faster than usual just a nice slow breath in and out. Repeat this process for 5 breaths to each puff given.

Repeat stages 1 to 5 to give the next puff.

### **How to use the volumatic spacer with a mask**

1. Place the mask on the mouthpiece of the spacer.
2. Remove the cap from the inhaler, make sure it is clean and shake the inhaler well.
3. Place the inhaler into the end (opposite the mouthpiece) of the spacer.
4. Hold the spacer at a **45 degree angle** (to keep the valve open) and place the mask over your child's face, it needs to be close to the face but does not need to make a tight seal.
5. Press the inhaler **once** only (do not give all the puffs required at once as this will not be effective).
6. The mask should be left over your child's face for 20-30 seconds.

Repeat stages 4 to 6 to give the next puff.

**Ring 999** if your child becomes:

- exhausted
- very drowsy or difficult to wake up
- very pale or blue/grey around the lips
- very agitated or anxious

**You must ring for an ambulance as your child may need oxygen to be given.**

Whilst you are waiting for the ambulance please follow our emergency inhaler treatment:

- Give 1 puff of the reliever (blue) .....Inhaler via the volumatic
- Every 30 seconds up to 10 puffs for children over 5 years or up to 5 puffs for children under 5 years.

If you bring your child to hospital tell the doctor or nurse that your child is on the Community Nursing Service.

### **For further information**

If you need to speak to the Community Nurse about any concerns relating to your child's condition please refer to the Children's Community Nursing Team information leaflet which contains the contact numbers for the team.

If you need any further information please telephone Ward L2 on: 0151 252 5416

This fact sheet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this fact sheet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

Alder Hey Children's NHS Foundation Trust  
Eaton Road  
Liverpool  
L12 2AP

Tel: 0151 228 4811  
[www.alderhey.nhs.uk](http://www.alderhey.nhs.uk)

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