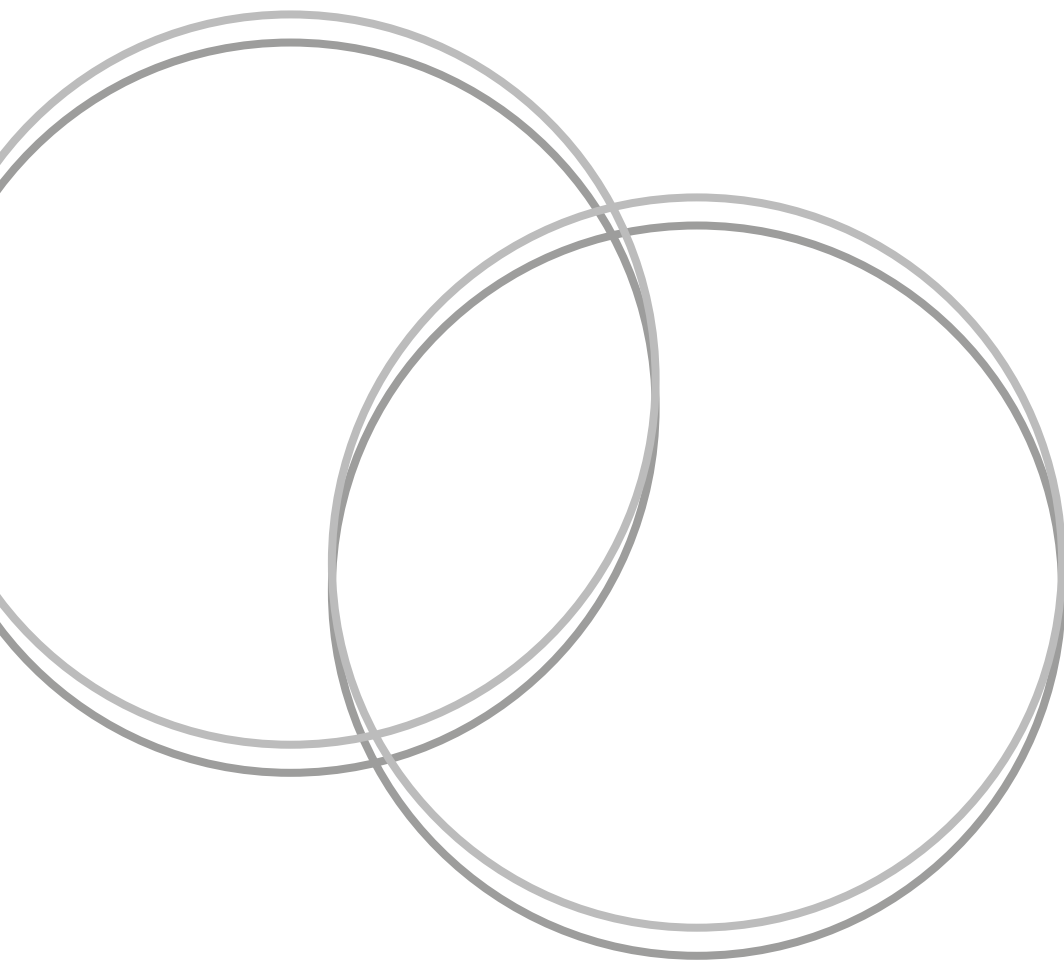




Oxford University Hospitals  
NHS Foundation Trust

# Asthma

Information for parents and carers



Children's Emergency Department

## What is asthma?

Asthma is a condition that affects the airways, by narrowing the breathing tubes that carry air in and out of the lungs. This can cause your child to become breathless or wheezy. It is usually caused by a something that irritates your child's airway; this is called a 'trigger'.

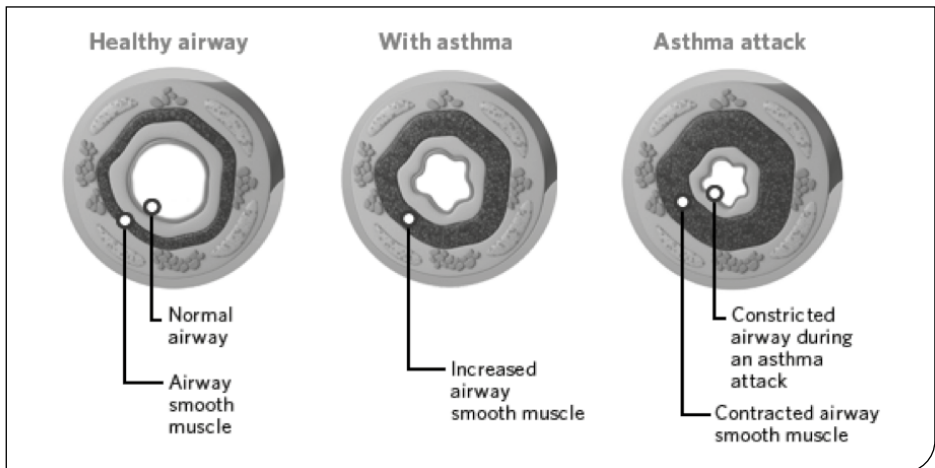
This could be an allergy, a viral infection or due to environmental factors such as extreme temperature changes and pollution.

## What is a wheeze?

A wheeze is a high-pitched whistling sound that occurs when air passes through narrow airways when the child breathes out.

## What happens to the airway during an asthma attack?

When the airway encounters a trigger, the muscle around the walls of the airway tightens, so the airway becomes narrow. This narrowing makes it difficult for the air to move in and out of the lungs and causes the wheezing noise when your child breathes.



## Signs and symptoms of asthma

- Wheezing.
- Difficulty in breathing.
- Cough (usually dry sounding).
- Chest tightness or pain in the chest.
- Sometimes confused with viral wheeze.

### Diagnosis

Diagnosis is not based on age, but usually associated with wheezing or difficulties in breathing when your child is otherwise well. Sometimes this is with exercise or coughing at night.

There is no diagnostic test for asthma, it is usually based on your child's symptoms and medical history. Children are more likely to have asthma if they have eczema and hay fever or other people in the family have it.

## How is asthma treated?

### Relievers

- Every child with asthma should have a reliever (usually blue) inhaler.
- As soon as your child becomes wheezy or is short of breath, they need to use their reliever inhaler.
- Relievers relax the muscle surrounding the airway and make it easier to breathe.
- This is usually salbutamol and is given via inhaler, spacer or nebuliser.

## **Preventers**

- A preventer inhaler (usually brown, purple or white) protects the lining of the airway - reduces inflammation and can stop triggers from causing an asthma attack.
- Preventer inhalers should be used daily, usually morning and evening, even when the child is well.
- It can take up to 14 days to start noticing the improvements from using a preventer. This is why it needs to be used regularly, even if your child's symptoms seem to get better.

## **Other treatments**

Prednisolone is a short course of steroid tablets that may be given if your child's asthma symptoms become worse. They normally need to be taken once a day for three days.

## **Using a spacer**

Inhalers should always be used with a spacer, as this is the most effective way of the medication reaching the lungs. You will be shown how to use the spacer and inhaler, but please ask if you have any questions before you leave.

Before you use the spacer and inhaler, check the expiry date on the inhaler and make sure the spacer is clean.



Please use this QR code which takes you to a video showing you how to use a spacer with tidal breathing.

## How do I give my child their inhaler?

1. Sit your child in an upright position.
2. Shake the inhaler and push it into the end of the spacer.
3. If you are using a spacer with a face mask you will need to fit this over your child's nose and mouth, making sure that there are no gaps.

Some spacers come with a mouthpiece instead of a mask. These are usually for older children who are able to breathe in and out just through their mouth.

4. Press the top of the inhaler, and encourage your child to breathe in and out with the spacer mask still on their face. If your child is using a mouthpiece, they will need to breathe in and out through their mouth, keeping their lips sealed around the mouthpiece.

Your child should take at least 5 slow, deep breaths through the spacer for every puff of the inhaler.

5. Shake the spacer and attached inhaler.
6. Put the spacer mask back on to your child's face (or get them ready with the mouthpiece) and administer the next puff.
7. Repeat the process until your child has had the required amount of puffs.

**If the spacer makes a whistling noise, this means your child is breathing too quickly. Encourage them to take slower, deeper breaths to make sure they receive a sufficient dose of their medicine. It may help if you breathe with them, so they can copy you.**

## **Cleaning the spacer**

It is recommended to wash the spacer once a month and leave to air dry.

## **What should I do if my child's symptoms get worse or they have an asthma attack at home?**

Give them 10 puffs of the blue inhaler. If this has no effect or they need it again within 4 hours you must seek medical attention.

**If you are very concerned about your child's breathing, give 10 puffs of the blue inhaler and make sure someone is calling 999 for assistance.**

## **Advice on discharge**

Salbutamol can be given as and when needed. There is no need to wean salbutamol doses.

If no better in 2 days or you are concerned that your child's breathing is worse, please seek an urgent medical review.

## **Follow the advice on your Asthma plan**

If your child is needing 10 puffs 4 hourly or more often, seek an urgent medical review.

## For further advice

Further information about asthma can be found at:

[www.asthmaandlung.org.uk](http://www.asthmaandlung.org.uk)



Use the QR code below to take you directly to an advice and support page to help your child stay well with their asthma.

## Disposing of inhalers

### **?** Did you know?

Inhalers currently account for around 3% of the total NHS carbon footprint, the majority of this is related to pMDI (puffer-type) inhalers. You can improve your health whilst also reducing the impact of these treatments on the environment by:

### **✓** **Disposing of your empty or expired inhalers at community pharmacies and not in a bin.**

This prevents release of residual propellant gases into the environment if inhalers reach landfill. This small step significantly reduces the environmental impact of these important treatments.

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Emergency Department  
January 2024  
Review: January 2027  
Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



*Making a difference across our hospitals*

[charity@ouh.nhs.uk](mailto:charity@ouh.nhs.uk) | 01865 743 444 | [hospitalcharity.co.uk](http://hospitalcharity.co.uk)

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

