



Parent Information: Asthma



Cork Emergency Medicine

<http://EMed.ie>

Asthma is a common condition caused by narrowing of the small air passages (breathing tubes/bronchi) in the lungs. The air passages of children with asthma are particularly sensitive, and various different triggers can cause them to become swollen and inflamed. Swelling and inflammation of the air passages makes it harder for air to get through, and may cause wheezing, coughing or difficulty breathing. In the absence of triggers, many children with asthma have no symptoms at all.

About one in four children will have wheezing sometime during childhood. With the right medicine and treatment, nearly all children with asthma will be able to join in sport and lead active lives.

Signs and symptoms

The most common signs of asthma are:

- Coughing - usually happens at night/or early morning, in cold weather and during exercise
- Wheezing - when breathing sounds like whistles
- Difficulty breathing

Causes

- The cause is often not known
- Asthma often runs in families
- Asthma can be related to other conditions such as eczema, hay fever and allergies

Triggers

There are many different things that can start or trigger an asthma attack. It is not always possible to know when an attack will occur. Some common trigger factors are:

- Colds - the most common trigger that starts an acute attack of asthma is a respiratory (chest) infection caused by a virus. Virus infections are very common in young children and can occur up to 10 times a year. If your child is prone to asthma they are likely to wheeze and cough at these times. If asthma is triggered by a viral infection your child may have a fever and clear runny nose. Viruses are not killed by antibiotics. Therefore, these medicines are not usually needed for acute/sudden attacks of asthma.
- Exercise
- Changes in the weather
- Cigarette smoke
- House dust mites
- Pollens
- Pets

If you are concerned, please contact the Emergency Department you first attended:	Mercy University Hospital (021) 230 5011	M-UCC at SMHC (St. Mary's Health Campus) (021) 4926900	CUH (021) 4920200	Local Injury Unit Mallow General Hospital (022) 58506	Bantry General Hospital (027) 52900
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It can be helpful for parents to know what may trigger asthma in their child, so that triggers can be avoided where possible.

Treatment

Asthma can be well controlled with the right medicine in nearly all children. The two types of medication used by children are:

1. Relievers

Relievers help during an exacerbation. These include:

- **Ventolin** (Salbutamol, most common)

These are called bronchodilators and are used only in an exacerbation (asthma attack). They relax the narrowing of the breathing tubes making it easier for air to get through.

For acute/sudden attacks, your child will need Ventolin every two to four hours. If your child needs it more often, you should speak with your doctor.

- **Prednisolone** (a type of steroid (liquid or tablet))

Prednisolone helps by making the breathing tubes react more to Ventolin. It also reduces the swelling of the lining of the air passages. Prednisolone is given as a syrup or tablet and will often take about six to eight hours to work. Your child will usually need it for two to four days. You may have read about side effects from prednisolone. These happen when the medicine is given for months at a time.

2. Preventers

Preventers aim to prevent attacks from happening in the first place. Their job is to make the lungs less sensitive, so that when a trigger comes along, the child will get much milder symptoms. These are the **most important** medications for asthma control and it is vital that they are given **regularly**, and in the **correct manner**. They are usually given as inhalers.

- **Flixotide, Becotide, Pulmicort, Singulair** (Singulair is a tablet)

Preventative medicines have to be taken every day. Your child will need to see their local doctor regularly if they have preventative medicines. The doctor will make sure the preventative medicines are working and will adjust the dose of medicine to suit your child's needs. Not all children need preventer medicine.

3. Combination Inhalers – Seretide/Symbicort

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When symptoms of asthma are cannot be controlled by regular preventers alone, a group of medicines called combination inhalers may also be used. These inhalers have two components, a preventer and a long acting reliever. Seretide is a combination inhaler containing Flixotide (preventer) and Serevent (long acting reliever). Similarly, Symbicort contains Pulmicort (preventer) and Formoterol (long acting reliever).

Care at home

- You will learn how to manage most attacks of asthma at home;
- With good treatment, nearly all children with asthma will be able to join in sport and leisure activities and lead active lives;
- Please refer to the fact sheet: [Asthma Spacers](#).

Asthma Action Plans

If your child has asthma, the following will assist you in an acute episode of difficulty breathing:

Salbutamol MDI with spacer,

- 6 puffs if < 6 years of age;
- 12 puffs if ≥ 6 years of age

taking 6 breaths after each puff with the spacer. Repeat this every 20 minutes up to 3 times. Call a doctor if no signs of improvement occurs.

Key points to remember

- Relievers (e.g. Ventolin, Bricanyl) should be taken to relieve symptoms of asthma such as coughing, wheezing, or shortness of breath.
- Preventative treatment (e.g. Becotide, Flixotide, Pulmicort) should be taken **every day**, if it has been prescribed by your doctor.
- Make sure you/your child know how to take asthma medications.
- Make sure your child has their asthma medication with them at all times.
- If your child is finding it difficult to breathe, or is unable to talk, or turns blue when coughing, follow your child's Action Plan and seek medical attention.
- Ensure people caring for your child (crèche, school, etc.) know your child has asthma and what to do during an asthma attack.
- Asthma affects each child differently and asthma is unpredictable.

For more information

- Fact sheet: [Asthma Spacers](#)
- Talk to your family doctor.

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