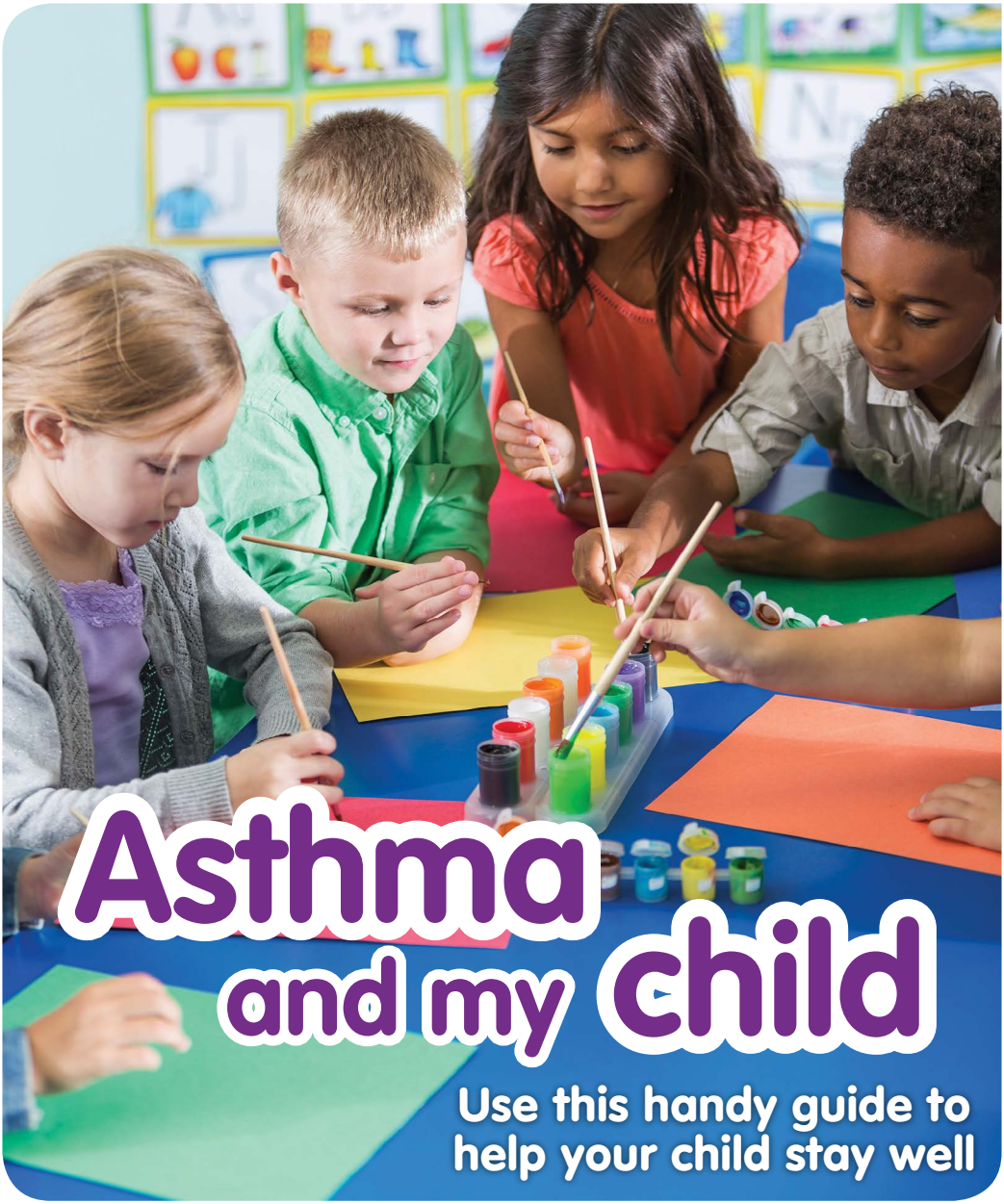


Asthma and my child

Use this handy guide to help your child stay well

asthma UK

Any asthma questions?
Call our friendly expert nurses
0300 222 5800
(9am – 5pm; Mon – Fri)

www.asthma.org.uk

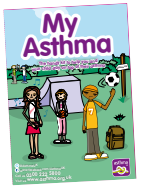
Welcome

Finding out that your child has asthma can leave you feeling all sorts of things. Perhaps you're worried about the future, relieved that they have a diagnosis and/or confused about how you can help them stay well...

Your child's GP or asthma nurse may have explained what asthma is and how it can be treated, but you've probably still got lots of questions, such as:

- How will asthma affect my child's everyday life?
- What can I do to help?
- Is there a cure for asthma?
- What are the long-term effects of asthma?

This booklet has been put together using the latest evidence and feedback from parents of children with asthma, healthcare professionals, and the nurse team at Asthma UK. It's designed to help you understand more about asthma – how it's diagnosed, what medicines are commonly prescribed and how you can help your child stay well.



If you already have our award-winning My Asthma pack, you will also have a child's asthma action plan, a My Asthma calendar and a set of stickers to help make logging symptoms fun. If you want to order a free pack call 0300 222 5800 (9am - 5pm; Mon - Fri).

"My children George and Lena are very good at remembering to take their asthma medication. They understand it helps them to stay well. Our attitude is that as long as we remember to take our reliever inhalers with us wherever we go, we're making sure asthma doesn't rule our lives."

Jayne Bettles, a mum who has asthma and whose children, George and Lena, both have asthma too



Share tips with other parents at www.facebook.com/AsthmaUK

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1 in 11 children in the UK has asthma

Any asthma questions?

Call our friendly Helpline nurses

0300 222 5800

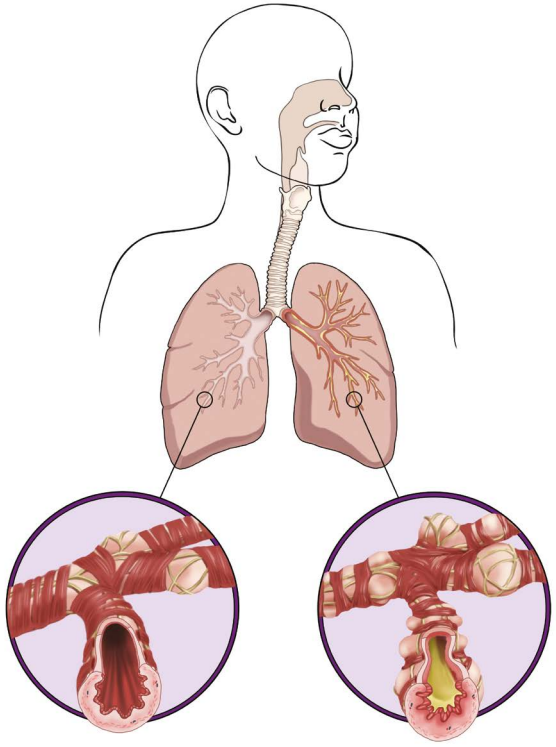
(9am – 5pm; Mon – Fri)

www.asthma.org.uk

All about asthma

What is asthma?

Asthma is a condition that affects the airways – the tubes that carry air in and out of the lungs.
A child with asthma has 'sensitive' airways that are inflamed and ready to react to things that can irritate the airways – these can include pets, pollen, cold weather and mould. When the airways react they become narrower and even more irritated. This causes your child to have asthma symptoms and means they find it harder to breathe.



Healthy airways

Airways of someone with asthma

What are the symptoms of asthma?

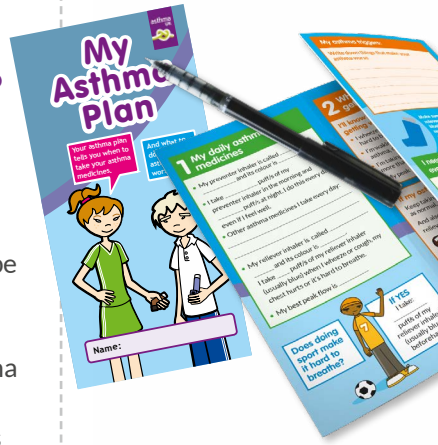
The usual symptoms of asthma in children are:

- wheezing
- coughing
- shortness of breath
- tightness in the chest – sometimes children describe this as their 'chest hurting' or a 'tummy ache'.

Symptoms can come and go, even though the asthma is there in the background all the time. There isn't a cure for asthma and it's a long-term condition. If it's not treated properly, asthma can be serious and lead to a potentially life-threatening asthma attack.

The good news, though, is that most children who get the right medicines and support can manage their asthma well and live a symptom-free life, achieving all the things they want to do.





The Asthma UK Helpline nurses all agree:

"A written asthma action plan includes all the information you need to look after your child's asthma well, so they'll have fewer symptoms and cut their risk of an asthma attack. Fill one in with your child's GP or asthma nurse and use it – it's one of the best things you can do to help you stay on top of your child's asthma!"

Take the plan to your child's GP or asthma nurse to fill in. You can download one at www.asthma.org.uk/advice/resources

Diagnosing asthma

It can take a while to get an asthma diagnosis for your child. To help make a diagnosis, your child's GP or asthma nurse will ask about your child's symptoms and when you've noticed they get worse or better. You may be asked to keep a symptom diary. The GP will also ask lots of questions, so they can get a full picture of your child's health and life so far. They may listen to your child's chest to see if there are any wheezy sounds. If your child is five or older the GP might ask them to do asthma tests, for example blowing into a device called a spirometer. This is a test to measure how well your child's lungs are working.

It can help confirm an asthma diagnosis.

Asthma is more likely to be diagnosed if your child has more than one of the typical symptoms (coughing, wheezing, difficulty breathing, chest tightness), especially if they:

- are frequent
- are worse at night or early in the morning
- happen after your child has come into contact with a trigger (see page 8)
- still happen when your child doesn't have a cold.



Why did my child get asthma?

It's hard to say for sure what causes asthma. But we do know that someone's more likely to develop it if they:

- have a family history of asthma, eczema or allergies
- have eczema or an allergy, such as hay fever (an allergy to pollen)
- had bronchiolitis (a common childhood lung infection) as a child
- were born prematurely and/or had a low birth weight.

Also:

- It's thought that many of the lifestyle choices we make today – our housing, diet and more hygienic environment, for instance – may have added to the increasing numbers of people with asthma over the past few decades.
- Smoking during pregnancy or exposing your child to cigarette smoke early in life increases their risk of asthma.

Children under five

It's difficult to tell if children under five have asthma because:

- nearly one-third of very young children will have wheezing at some point. Over time, most of them will stop wheezing as their airways grow; for others, early wheezing can be a sign they will get asthma in later childhood or adult life.
- it isn't easy to measure how well a young child's lungs are working because a peak flow meter isn't suitable for children under the age of five.

If your child is under the age of five, your GP or asthma nurse will keep an eye on them and help you manage any symptoms until they're old enough to work out whether or not they have asthma.



"What's really helped us is the Asthma UK children's pack. I think it helped Emelia to understand the condition and to feel more in control. And it's really useful for us to take the chart to her reviews at least once a year so we can show the doctor when her symptoms have been worse or when she's been using her inhaler more often."

Maria Brain,
mother to Emelia, seven

Get a copy of the My Asthma pack free of charge – call 0300 222 5800 (9am - 5pm; Mon - Fri)

Asthma triggers explained

A child with asthma has 'sensitive' airways that are inflamed and ready to react to things that can irritate the airways even more. These things are known as triggers.

A trigger is anything that can set off your child's asthma by irritating their sensitive airways. It's possible to have several triggers.

How can you deal with asthma triggers?

Many common triggers aren't things you can avoid – such as pollution, pollen and cold weather. But you can stop your child's airways being so sensitive and inflamed (and less likely to react to these triggers), by using their asthma medicines as prescribed. Find out more about asthma medicines on page 12. Protecting your child's airways with their medicines means they can enjoy the outdoors, play at other people's houses and get on well at school.

Some asthma triggers can be avoided more easily. If you understand which things trigger your child's asthma you might be able to help them avoid them. For example, colds and flu, or food allergies. If your child is taking their medicines as prescribed but is still having asthma symptoms, speak to their GP or asthma nurse about the best ways to help them.

Work out your child's triggers

Obvious triggers Often it's clear which things trigger your child's asthma – e.g. when symptoms start after they've been near a cat or dog.

Other triggers Sometimes it's not easy to pinpoint exactly what triggers your child's asthma because some triggers are invisible (such as grass pollen); plus they may have more than one trigger; and/or have a delayed reaction. A bit of extra detective work may be needed. Try keeping a diary of activities and symptoms to help spot any patterns.

Some common asthma triggers

Colds and viruses can increase the risk of asthma symptoms. The exact reason why isn't yet understood, although some research shows it's because having a cold or flu sets off inflammation in the body, including in the airways.

TOP TIP: Speak to your GP or asthma nurse to see if your child needs a flu vaccination every year – usually between September and early November.



House dust mites – tiny, invisible creatures that live in the dust in carpets, bedding, cushions and soft furnishings can increase the risk of asthma symptoms because their droppings contain substances that can irritate the airways.

TOP TIP: Dust mites are everywhere so you can't avoid them! The best way to prevent your child reacting to them is by making sure they're in a good routine with their preventer medicines.

Pets, or other animals, are a common asthma trigger. Your child might react to just one animal, most commonly a cat, dog or horse, but rabbits, mice, hamsters, guinea pigs, gerbils and birds can all make asthma symptoms worse too.

TOP TIP: The best way to confirm if your child has an animal allergy is by getting their doctor to refer them for a skin prick test and/or blood test.

Exercise can trigger asthma symptoms in some children because when they breathe in through their mouth, the air is colder and drier (rather than in through their nose, when the air is warmed up in the nostrils). In some people with asthma, the airways are sensitive to these →

changes in temperature and humidity and they react by getting narrower.
TOP TIP: If your child regularly has asthma symptoms when they exercise, it may mean their asthma isn't well managed. Speak to their GP or asthma nurse who can check their treatment.

Cold or damp can enter your child's airways and trigger them to tighten up suddenly, causing asthma symptoms, such as coughing, wheezing, shortness of breath and tightness in the chest.
TOP TIP: Get your child to wrap a scarf loosely over their nose and mouth on cold or damp days – this will help to warm up the air before they breathe it in.

Smoking around your child can trigger their asthma symptoms because the chemicals in tobacco smoke irritate the airways and the lungs.
TOP TIP: Using stop smoking treatments doubles your chances of successfully giving up – talk to your GP or pharmacist about all the different options available.



Food allergies – research shows that people with asthma and a food allergy are seven times more likely to visit A&E for their asthma than those with asthma who do not have a food allergy.
TOP TIP: Ensure your child has the right food allergy diagnosis so you can help them avoid the trigger food – your doctor will advise you.

Pollen is a tiny powder-like substance produced by certain types of trees, grasses and weeds. It is spread by insects and the wind. An allergy to any of these types of pollen is known as hay fever. Roughly 62 percent of people with asthma tell us they also have hay fever (and their asthma symptoms are triggered by pollen).
TOP TIP: Ask your GP or asthma nurse to refer your child for a test to find out which type(s) of pollen they're allergic to. Once you know, you can help prevent symptoms by giving them the hay fever treatment they've been recommended two weeks before the pollen that affects them comes into season.

Emotions, such as laughter, excitement or anger, can affect the way we breathe, especially if we're laughing uncontrollably or sobbing, because we tend to breathe more quickly. This can trigger asthma symptoms in some children.
TOP TIP: Children often feel lots of intense emotions – bursting into tears one minute, laughing the next – so make sure your child always has their reliever inhaler (usually blue) with them so they can deal with any asthma symptoms quickly.

TOP TIPS

5 simple ways to help your child with asthma triggers

Every day

1. use your child's written asthma action plan – find out more on page 27
2. watch your child take their preventer medicine every day as prescribed to make their airways less sensitive
3. make sure your child always has their reliever inhaler (often blue) with them to use if they have any symptoms

At least once a year

4. take your child for an asthma review with their GP or asthma nurse
5. at the asthma review, ask your GP or asthma nurse to check your child is taking their inhaler(s) correctly

Find out more about asthma triggers at www.asthma.org.uk/advice/triggers

Asthma medicines for children

Starting treatment

The good news for anyone with asthma in the UK is that there are lots of really effective treatments on offer.

When your GP or asthma nurse was still unsure whether or not your child had asthma, they might have prescribed one or more asthma medicines to see if they helped symptoms (known as a trial of treatment).

If your child's symptoms improved they may have been told to carry on taking the same medicine(s) once their asthma was confirmed with tests.

The aim of treatment is to manage your child's asthma so that:

- they get no daytime symptoms
- they get no night-time waking due to asthma
- they don't need to use reliever inhalers (usually blue)
- they don't have any asthma attacks
- asthma doesn't limit their daily life (including exercising and going to school).

What you can do

The medicines your child has been prescribed can't work unless your child takes them in the right dose, in the right way, every day. Ask yourself these eight questions to see if you're doing everything you can to help them stay on track.

Does your child:

✔ use an up-to-date written asthma action plan?

➜

✔ go for an asthma review at least once a year?
✔ take their asthma medicines regularly as prescribed – even when they're feeling well?
✔ have their reliever inhaler (usually blue) with them wherever they go?

Do you:

✔ help your child learn about their triggers? (See page 8)
✔ watch your child take their preventer inhaler every day?
✔ take your child to see their GP or asthma nurse if you notice they're using their reliever inhaler three or more times a week?
✔ keep an eye on their inhalers so you can organise a new prescription before they run out?

GPs, asthma nurses and specialist consultants prescribe treatment based on the gold standard guidelines for asthma care, which take into account the very latest clinical evidence.





"Rosemary's asthma symptoms used to be very unpredictable, but getting into a routine with her preventer medicine and taking her for reviews at least once a year means we're really on top of things now. We keep a blue inhaler at the end of her bed so we can get to it easily in the night, in her pink back-pack which she takes everywhere, and in school on a filing cabinet in her classroom where she can see it."

Tammy, mum to Rosemary, six

Ease your worries about asthma medicines

Worrying about your child's asthma medicines might mean you're less likely to make sure they take them as prescribed, so they won't be able to work as well. We explore some of your common concerns...

I don't like my child taking medicines every day

Some parents worry about giving their child medicines for a long-term condition such as asthma. Ask your GP or asthma nurse, or a pharmacist, to run through all the benefits of your child's medicines with you, to remind you why they need to take them. You might also find it useful to consider what might happen if your child *doesn't* take their medicines – such as breathlessness, wheezing, coughing at night, not feeling well enough to play in the park, or missing school if they have an asthma attack and need to spend time in hospital.

TOP TIPS

So your child dislikes taking their inhaler and/or spacer? Some parents share their top tips:

"My four-year-old son didn't like taking his inhaler until we made it fun. Now we pretend the spacer's a trombone and sing some songs first! He's okay taking it now."

"We give one pretend puff to teddy and one real puff to my daughter – it works every time!"

"When my sons put on their inhaler masks, they like to pretend they're firemen, pilots or spacemen."

I'm concerned my child might get side effects if they use their blue inhaler

Reliever inhalers (usually blue) are safe and effective and won't harm your child. Though relievers can temporarily increase your child's heartbeat, give them mild muscle shakes or make them hyperactive, this is normally just when they have to take more than a couple of puffs. If your child does have these side effects, they will usually wear off quickly. If they don't wear off or they happen frequently, tell your GP or asthma nurse.

Remember, though, that if your child is using their reliever inhaler three or more times a week, it's likely their asthma isn't well controlled and they have a higher risk of an asthma attack. Book an appointment so their GP or asthma nurse can see how they're doing and assess their treatment.

→

I'm worried my child's preventer inhaler will cause side effects

If your child is taking a low-dose preventer inhaler, the risk of side effects is low because the medicine goes straight to their airways, where it's needed – very little medicine is absorbed into the bloodstream. Saying that, some children get a sore tongue or throat, a hoarse voice and/or a mouth infection called thrush from using preventer inhalers. You can help prevent these possible side effects by making sure your child uses a spacer and rinses out their mouth and brushes their teeth after using their inhaler. It's also worth remembering that your child is less likely to get side effects if they're using their inhaler in the correct way – get their technique checked regularly either by their GP, asthma nurse or a pharmacist.

I don't like giving my child medicines when they're well

Your child's preventer inhaler contains a dose of steroid medicine that controls the inflammation and swelling in your child's airways and reduces the risk of their triggers causing asthma



symptoms. Although it doesn't have an immediate effect, it has a protective effect that builds up over time and works away in the background. This cuts your child's risk of asthma attacks and means they're less likely to have other symptoms, such as breathlessness.

If your child stops using their preventer inhaler, the protection it gives their airways will start to reduce, raising their risk of a potentially life-threatening asthma attack. That's why it's really important for them to use their preventer inhaler every day exactly as it's prescribed. If they're well, it means their medicine is working. And if they stay well, their GP or asthma nurse may be able to reduce the dose of their preventer medicine at their next review.

→



I hate the thought of my child taking steroids

Many parents worry about their child taking steroids, so you're not alone. It's important to remember that the steroids used to treat asthma are corticosteroids, which are a copy of the substances the body makes naturally. They are completely different to the anabolic steroids used by bodybuilders.

Many children with asthma take low-dose steroids through inhalers – these are unlikely to cause side effects. That's why your GP or asthma nurse will always prescribe the lowest possible dose needed to manage their asthma – make sure your child goes for their regular asthma review (at least once a year) to check they're on the right dose.

If their symptoms get worse or they have an asthma attack, your child may need to take a short course of steroids in tablet form alongside their usual inhalers. The tablets might cause your child's mood to go up and down, and they might be hungrier than usual. These effects will go away when your child stops taking the tablets. Some children may become more unwell if they catch chickenpox. Speak to your child's GP or asthma nurse if you know your child has come into contact with the chickenpox virus.

A few children might need to take high-dose steroids in the long-term. These can have some side effects – your child's GP, asthma nurse or consultant will talk to you about how to manage them.

But if your child does need steroid tablets, it's important to remember that they are a powerful and effective treatment, and that they'll only be prescribed if your healthcare professional thinks that the benefits outweigh the risks.

Speak to your child's GP or asthma nurse about any concerns you have, or you can speak to one of our friendly asthma nurse specialists on 0300 222 5800 (9am – 5pm; Mon – Fri).

My child is embarrassed about using inhalers

If your child is self-conscious about using inhalers in front of people, you can ask your GP or asthma nurse if they can prescribe a more discreet device. Remind your child, too, that if they take their preventer medicine every day at home as prescribed, this may mean they're less likely to need to use their reliever inhaler (usually blue) when they're out and about.

It's also worth mentioning to your child that lots of children have asthma (1 in 11) and need to use inhalers. Try to reassure them that taking medicine isn't anything to be embarrassed about. If anything, they can feel proud that they're taking care of their health.

What if other people who look after my child don't understand my child's asthma medicine?

Other people who look after your child – family members, friends, nursery staff or teachers – can help your child stay well with their asthma by making sure they take their preventer inhaler regularly as prescribed and checking their reliever inhaler (usually blue) is always in easy reach in case they have any symptoms.

Before you hand your child's care over to them, make a copy of your child's asthma action plan (or get them to take a photo of it on their smartphone) and talk them through it. This will tell them when your child needs to take their medicines and what to do if their asthma gets worse. And if your child's old enough, give them their own copy too, so they can feel confident about looking after their own asthma and get into good habits.

Continuing treatment



Common asthma medicines

Your child's GP or asthma nurse will prescribe a treatment 'package' for your child's individual asthma symptoms and needs. These packages are all different but may include:

Reliever inhalers – everyone with asthma needs a short-acting reliever inhaler (usually blue). They give on-the-spot relief from asthma symptoms and asthma attacks, relaxing your child's airways very quickly.

DID YOU KNOW? If your child uses their reliever inhaler three or more times a week, this can be a sign their asthma isn't well managed and you need to book an appointment with their GP or asthma nurse as soon as possible so their treatment can be reviewed.

Preventer inhalers – some children with asthma are prescribed a preventer inhaler. They help prevent asthma symptoms by reducing swelling and inflammation in the airways. There are several kinds of preventers.

DID YOU KNOW? Your child needs to take their preventer inhaler every day (usually twice a day) even if they're feeling well, because the protective effect builds up over time.

LTRAs – some children with asthma might be prescribed a leukotriene receptor antagonist (LTRA), usually Montelukast, as an add-on treatment to take alongside their preventer inhaler. This is available as a chewy tablet or granules to mix with food. LTRAs help with the inflammation in your child's airways.

DID YOU KNOW? The soluble granules are not meant to be dissolved in liquid. Instead give them to you child mixed with a spoonful of cold (or room temperature) food, for example pureed fruit or yoghurt.

Thinking of trying a complementary treatment for your child's asthma?

Although you can find lots of promising claims about complementary therapies on the internet and in forums, they haven't been studied as much as conventional medicines, so there's not very much scientific evidence to show they work or that they're even safe. It is very important that you check with your GP or asthma nurse before your child tries a new complementary therapy and that you don't stop giving your child their prescribed medicines (unless your GP or asthma nurse advises you to do so).

Find out more about complementary therapies at www.asthma.org.uk/advice/inhalers-medicines-treatments/other/complementary-therapies

Combination inhalers – some children with asthma are prescribed a combination inhaler. These contain both a long-acting reliever to relieve ongoing symptoms and a preventer medicine to prevent inflammation in your child's airways over the long-term.

DID YOU KNOW? Even though there's reliever medicine in a combination inhaler, your child still needs to make sure their usual reliever inhaler (usually blue) is always in easy reach. This is because the long-acting reliever medicine in the combination inhaler does not give quick relief. If asthma symptoms come on or if your child's having an asthma attack they need their reliever inhaler for immediate relief.

Steroid tablets – if your child's asthma symptoms become severe or they have an asthma attack, your GP or asthma nurse may give them a short course of steroid tablets (called prednisolone). These help to calm swollen airways and stop inflammation.

DID YOU KNOW? A short course of steroids, if your GP or asthma nurse thinks your child needs it, can help them avoid an asthma attack. Attacks are usually treated with larger doses of steroids.



Don't forget! You can:

- **Book asthma reviews at least once a year.** Your child's GP or asthma nurse will monitor your child to make sure they're always taking the lowest dose of medicines possible to manage their symptoms well.
- **Have an appointment four to eight weeks after your child's been given new medicines** to check they're working well for them.
- **Book extra appointments if you need them.** For instance, if you've noticed that their symptoms are getting worse, or that they haven't had symptoms for three months, book an extra appointment.

Feel confident with your child's medicines

1. **Your GP or asthma nurse can answer any questions you have about your child's asthma medicines.** If you understand why they're taking them, how often they need to take them and the best way to take them, you can make sure your child gets the maximum benefits from their medicines.
2. **A pharmacist can answer any medicine-related** questions you have. And the great thing is you don't need an appointment – just go to the pharmacy counter when you're next in the supermarket, or pop into a high street pharmacy when you're in town.
3. **Call our friendly asthma nurse specialists on 0300 222 5800** (9am – 5pm; Mon – Fri) with any questions or concerns about your child's medicines.
4. **Find lots of really useful information on our website:** www.asthma.org.uk/advice/inhalers-medicines-treatments

The Asthma UK Helpline nurses all agree:

"Encourage your child to take their medicines by themselves (with your support) as early as possible. Then it becomes part of their daily routine, which they can continue through their teenage years into adulthood."

TOP TIPS

Feeling overwhelmed? Parents share how they cope caring for a child with asthma:

"Don't panic! Even if your child's given lots of medicine when they're diagnosed, the doctor might be able to reduce it when things settle down."

"Ask what you would say to a friend or loved one who felt overwhelmed. Could the advice you'd give them be useful for yourself?"

"You'll probably be angry or in disbelief when your child is diagnosed, but this will pass in time. Follow the suggested treatment regardless of your reaction. You'll soon find out what works and what doesn't."

"Tell yourself you can do it! If you feel it's all too much, recall a time you coped with a new challenge – becoming a parent, for example. Remember how you got through it. Are there things you did then that could help you now?"

"It's normal to feel stressed sometimes. The important thing is to make time for yourself. The more you take care of yourself, the more energy you'll have to take care of your child."

"Joining a Facebook group and talking to other mums and dads who have children with asthma has helped me greatly."



Using inhalers and spacers

Although there's no cure for asthma, there are now lots of incredibly effective medicines to help relieve the symptoms and cut the risk of asthma attacks.

Inhalers

Most asthma medicines come inside inhalers so that the medicine can be breathed into the lungs and go straight to the airways where it's needed.
Most children with asthma are prescribed the two main types of asthma inhaler – a reliever inhaler (usually blue) to help relieve symptoms when they happen, and a preventer inhaler to help protect the airways and reduce the chance of triggers causing asthma symptoms.

Inhalers come in different types. Most children will be prescribed what's called a metered dose inhaler (also known as an MDI) with a spacer. Some older children may be prescribed what's called a 'breath actuated' inhaler.

Your child's GP or asthma nurse will explain which type(s) of inhaler they need and why.

Check it!

Whatever type(s) of inhaler (and spacer) your child's using, it's very important that their inhaler technique is checked regularly – by their GP, asthma nurse or a pharmacist. If your child is using their inhaler(s) correctly, they'll get the full benefits of the medicine and they'll be more likely to stay well with their asthma. Even if your child has been using an inhaler for ages, they might have slipped into bad habits or benefit from a tiny tweak, so it's always worth another check.

Spacers

Lots of children use a spacer to take their asthma medicines. These are large, empty containers that are usually made out of plastic. They can be used with a metered dose inhaler (an MDI), which delivers the medicine in a fine spray (aerosol) form.
Your child's GP, asthma nurse or pharmacist should show you how to use and care for your child's inhaler and spacer properly, so that every dose is effective.

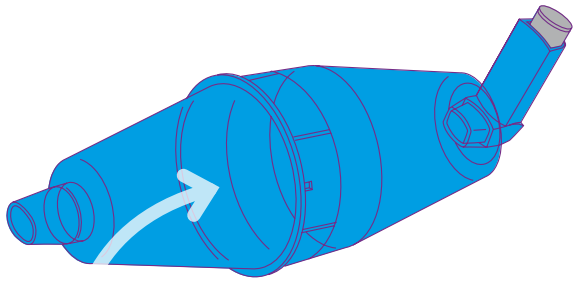
Using a spacer means:

- it's easier for your child to get the right dose of medicine
- your child may need to use less medicine
- there's a lower risk of side effects (such as a sore throat and a fungal infection called thrush) because they help stop the medicine sticking to the back of your child's throat.

Spacers with facemasks can be used with babies or with younger children who find it hard to use an ordinary spacer with a mouthpiece.

TOP TIPS

1. *Check with your child's GP or asthma nurse at each asthma review that they're using the right spacer for their age.*
2. *If your child's using a facemask, wipe their skin under the mask with a damp cloth after every use.*
3. *Wash your child's spacer at least once a month. Use washing up liquid and leave to air-dry.*
4. *Make sure your child's spacer is replaced at least once a year.*



Using a spacer with an inhaler makes it more effective

Find out more about asthma inhalers at www.asthma.org.uk/advice/inhalers-medicines-treatments

Staying on top of your child's asthma

Help your child stay well with asthma

If your child takes the right medicine(s) in the right way, their asthma doesn't need to hold them back from doing all the things they want to do. And what's great is that, as a parent or carer, there are loads of proven, simple sthings you can do to give them the best chance of living a symptom-free life.

At home

Use your child's asthma action plan – one of the best ways to look after your child's asthma and cut their risk of an asthma attack is to make sure they're using an up-to-date written asthma action plan. Fill it in with their GP or asthma nurse, and keep a photo with you on your phone.

Talk to your child – even if your child is still young, explain to them how their asthma medicine helps them to stay well. This will help them understand why they have to take it and feel more motivated to remember to take it. Try giving their inhalers and spacers pet names or decorating them with stickers. Reassure your child that it's fine for them to talk to you about any worries they've got about their asthma.

Get into a good routine – getting your child to take their preventer inhaler at the same times, in the same place every day, means it will become part of their everyday routine, and they'll be less likely to forget to take their medicine. If your child needs to take their preventer medicine twice a day, for example, why not put a sticker on their toothbrush to remind them to take it before they clean their teeth every morning and evening?

Make spotting symptoms fun – our My Asthma pack comes with a calendar and set of stickers to encourage your child to keep an eye on their asthma symptoms. It's useful for parents too – take it to show your child's GP so they can see how your child's asthma has been.

Quit smoking – if you're a smoker, or anyone else in the family smokes, your child's asthma will be harder to control and their asthma medicine will not be able to work as well. Ask your GP or a pharmacist for advice about giving up.

Coping with childcare

Ask some key questions – when you're choosing childcare, whether it's with a childminder or at a nursery, you might like to ask:

- ***Do you have an asthma policy?*** This is a set of guidelines that covers how your child will be cared for.
- ***Are you able to provide the individual care that my child needs?*** You need to make sure your child's carer understands that each child with asthma is different and has specific healthcare needs.
- ***Do you recognise and know how to deal with an asthma attack?*** Your child's carer must recognise the symptoms of an asthma attack and know exactly what to do – quickly. There's more information about this on page 29.

Hand over a copy of your child's asthma action plan – it's important that whoever's looking after your child knows what your child's triggers are and what they need to do if your child gets asthma symptoms. Your child's written asthma action plan has details of all the information they need.

Check your childminder doesn't allow anyone to smoke around your child – being around tobacco smoke will make your child's asthma symptoms worse and put them at risk of an asthma attack.

→



At school

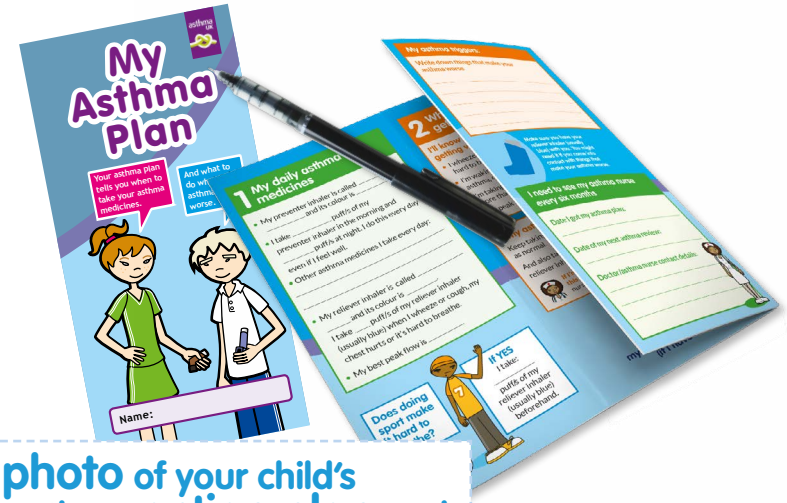
Arrange to see your child's new teacher – keeping in touch with the school will help put your mind at rest when you drop your child off every day.

Talk through your child's asthma action plan – use it to help your child's teacher understand what positive things your child's doing to manage their asthma.

Ask how the teacher can let you know if your child has any asthma symptoms at school or has used their reliever inhaler (usually blue) during the day. Your child may not remember to tell you. Make sure your child knows they can approach any adult at school if they're having symptoms and need help.

Check your child can always get to their reliever inhaler (usually blue) quickly – for instance, who will be responsible for taking your child's reliever inhaler to the sports field or on a school trip?

Ask where your child can keep a spare reliever inhaler and spacer (if they use one) — maybe there's a shelf in the classroom? Or a special cupboard in the school office? These inhalers need to be clearly labelled with your child's name and regularly checked to make sure they're always in date.



Take a photo of your child's written asthma action plan and keep it with you on your phone

Why your child needs a written asthma action plan

Alongside your child's birth certificate and passport, their written asthma action plan is a very important document and can help your child stay well. You should update it with their GP or asthma nurse when you go for your child's review appointment every six months.

Your child's asthma action plan contains all the information you (or anyone else who's looking after your child) need in one place, including:

- the number of puffs of preventer inhaler your child needs to take and how often (usually twice a day)
- the things that make your child's asthma worse (their triggers)
- the symptoms that mean your child needs their reliever inhaler (usually blue)
- the signs and symptoms that mean your child needs to see their GP or asthma nurse
- the signs and symptoms that your child is having an asthma attack, plus what you need to do (including when you need to call 999).

Get the best from your child's action plan

Children under 12 can benefit from our award-winning My Asthma plan. **Children 12 and older** might prefer to use our asthma action plan for adults. You can download both from our website: www.asthma.org.uk/advice/resources

- **Fill it in with your child's GP or asthma nurse –** they'll make sure each section is personalised for your child.
- **Take it to all your child's asthma reviews and appointments –** your GP or asthma nurse may need to update it.
- **Keep it where you can find it easily –** on the fridge, for example, or take a photo of it on your smartphone so you can take it with you everywhere.
- **Share lots of copies –** you can give a paper copy or email a photo of it to anyone who looks after your child, such as grandparents, family friends, neighbours and teachers. If your child's old enough, get them to take a photo of it on their phone, too.

Call the friendly, expert nurses on our Helpline on 0300 222 5800 (9am – 5pm; Mon – Fri) if you have any questions about your child's written asthma action plan, or anything else to do with their asthma.



Feel more confident

Knowing what to do if your child's asthma gets worse helps you feel more in control, and able to take action if you need to. Here's what you need to know...

Q How do I know if my child's asthma is getting worse?

For a small number of children, asthma symptoms can come on quickly. But for most children, symptoms rarely just come 'out of the blue'. They build up gradually over a few days, and research shows that symptoms often rapidly increase two or three days before an asthma attack. This means it's usually possible to look out for the signs and ward off an asthma attack.

The signs that your child's symptoms are getting worse include:

- needing to use their reliever inhaler (usually blue) three or more times a week
- wheezing
- waking in the night with coughing or wheezing
- having shortness of breath or feeling tight in the chest
- having to take time off nursery or school because of asthma
- feeling they can't keep up with their normal activities or exercise
- a drop in their peak flow meter readings (see page 29)
- not being able to walk as far or as fast as usual, or being breathless when they do.

Q What should I do if my child has an asthma attack?

1. Get your child to sit up straight – don't let them lie down. Try to keep calm.
2. Get them to take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. If they feel worse at any point while they're using their inhaler, or they don't feel better after 10 puffs, or you're worried at any time, call 999 for an ambulance.
4. If the ambulance is taking longer than 15 minutes you can repeat step 2.

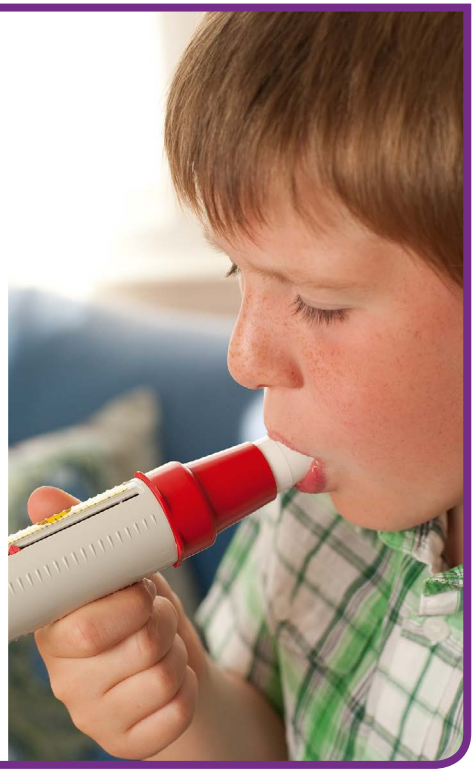
- If your child's symptoms improve and you don't need to call 999, you still need to make an urgent same-day appointment with your child's GP or asthma nurse.
- If your child needs to go to A&E, try to remember to take their written asthma action plan with you so staff can see details of your child's asthma medicines.

➜

What you need to know about peak flow

The peak flow test is a way to measure how fast your child can breathe out – so the doctor can see how well your child's lungs are working. Your child takes a full breath in, then blows out as fast as they can into a small, hand-held plastic tube called a peak flow meter. The measurement taken is called their peak flow.

Some children over the age of five are given a peak flow meter on prescription so they can record their peak flow scores in a diary. This can help you manage their asthma by understanding if their lungs are not working as well as they should be. Your child's GP or asthma nurse will tell you if your child needs one.



Q What are the signs of an asthma attack?

Your child is having an asthma attack if any of the following things happen:

- their reliever inhaler (usually blue) isn't helping or lasting over four hours
- their symptoms are getting worse (cough, breathlessness, wheeze or tight chest)
- they're too breathless or finding it difficult to speak, eat or sleep
- their breathing is getting faster – it will feel like they can't get their breath in properly
- they may complain of a tummy ache.

Q What should I do if my child's asthma is getting worse?

If your child's asthma symptoms are getting worse or they're using their reliever inhaler three or more times a week, don't ignore it. Make an urgent appointment to see your child's GP, asthma nurse or specialist consultant within 24 hours. They will be able to help you take action to ward off an asthma attack.

Q What's the best way to help my child stay well after an asthma attack?

One in six people who have an asthma attack need to go to hospital again within just two weeks. If your child's been in hospital with an asthma attack, it's important to know what you can do to help avoid another one and cut their risk of ending up back in hospital.

You can:

- Make an appointment with your child's GP or asthma nurse within two working days of their attack.
- Before they leave hospital, make sure you've been given a written asthma action plan or updated their current asthma action plan.
- Have another asthma review with a hospital specialist after one month to check your child's taking the right treatment, and double check their asthma is well managed. Your GP or asthma nurse can arrange this – make sure you mention it if they don't.

If your child is overweight, your GP or asthma nurse will support them to lose weight in a sensible, healthy way. Losing weight may help improve your child's asthma control.

Don't let asthma hold your child back!

With a bit of planning, a child with asthma can do everything they want to do...

Above all:

- use your child's written asthma action plan
- watch your child taking their preventer inhaler every day as prescribed
- make sure they always have their reliever inhaler (usually blue) with them
- take your child for asthma reviews at least once a year.

Remember – helping your child stay as symptom-free as possible means their asthma is well controlled and their lungs are less likely to react to triggers.

Say YES to EXERCISE

Whether they're running around in a play park, having a kick about with their friends or playing sport for a team (or doing any other activity for that matter), asthma doesn't have to stop your child from exercising. Far from it! Did you know, for example, that some well-known sports personalities have asthma, including footballer David Beckham and cyclist Laura Trott?



What you need to know:

- Your child *must* keep their reliever inhaler (usually blue) with them at all times, but especially when they're exercising, so they can deal with any asthma symptoms quickly.
- If your child's exercising outside in winter when it's really cold, getting them to cover their mouth and nose with a scarf can help because it warms up the air before they breathe it in and it hits their sensitive airways.
- If exercise often triggers your child's asthma it might mean their asthma isn't as well managed as it could be, so book an appointment with their GP or asthma nurse. They can update their written asthma action plan, check their inhaler technique and review their asthma medicines.

TOP TIPS

Parents tell us:

"It makes me feel more in control if I get organised with my daughter's repeat prescriptions and appointments."

"Acting calmly and confidently helps my son feel reassured when I'm leaving him at school or with friends."

Say YES to SLEEPOVERS

Staying overnight at a friend's house or at Cub or Brownie camp is an important event on any child's social calendar, and just because your child has asthma doesn't mean they need to miss out. Just make sure they pack their medicines and their asthma action plan (to give to their host or group leader) alongside their pyjamas and snacks for a midnight feast.

What you need to know:

- Some people don't realise that asthma is a serious condition. It is. Make sure the parent or leader who's looking after your child knows how to deal with an asthma attack. A few days before the sleepover, write down and give them our website address (www.asthma.org.uk) so they can read up a bit about the condition.
- When you drop your child off, double check that the parent or group leader knows where your child's written asthma action plan is so they can refer to it quickly in an emergency. You can also make sure they've got your contact numbers so they can call you if they need to.
- If you know what your child's asthma triggers are – bonfires or animals, for example – it's a good idea to check with the parent or leader if they're likely to come across any of them during their stay. That way you can let them know if they need to be extra alert if your child comes into contact with them.

Say YES to SCHOOL TRIPS

From sports days and coach outings to residential trips further afield, a child with asthma can hand in their trip booking forms with confidence.

What you need to know:

- On school trips, there's usually a teacher who looks after children with medical needs. They will carry your child's medicines, including a spare reliever inhaler (usually blue) and spacer (if they use one). They will need a copy of your child's written asthma action plan. Make sure your child knows and recognises this member of staff.
- Tell the school you'll put in writing any extra medicine(s) your child needs to take, how often, how much and for how long they need to take them. For example, as well as their usual asthma medicines, your child may have a cold or hay fever that needs treatment.
- Discuss with the school how you can help your child remember to take their medicines – perhaps a teacher can remind them or, if they're older, you can get them to download a reminder app on their phone.
- When they get home, encourage your child to be honest with you about whether they took their medicines every day and whether or not they had asthma symptoms while they were away.



Find out more about looking after your child's asthma at www.asthma.org.uk/advice/manage-your-asthma/children



Make life easier

All the information and ideas in this booklet are designed to be as helpful as possible. But it can feel a bit challenging to work out how to fit it all into your daily routine.

Using these five steps gives you a proven way to make it easier to stick to your plans and achieve what you set out to do. Don't be tempted to do this just in your head – writing or typing gives you something to refer back to.

STEP 1 Create your own day-to-day plan

Think about **what** you want to do and **how** you're going to do it so you know how you'll fit things into day-to-day life. Create two columns. These are just examples, so when you fill in yours, make them really personal to you and your life.

WHAT I'll help my child with:	**HOW** I will fit this into my routine:
Take their preventer inhaler as prescribed	When my child brushes their teeth every morning and evening, I'll make sure they take their preventer inhaler. I'll put a sticker on their toothbrush to remind them
Always have their reliever inhaler (usually blue) handy	Before we step outside the front door, I'll check my child has their blue reliever inhaler in their bag. I'll make it fun by getting a special Spiderman or Miffy lunchbox for it
See our GP or asthma nurse straight away if they're using their blue reliever inhaler three or more times a week	When my child gets in from school, we'll have a drink and snack in the kitchen and fill in their My Asthma calendar. I will find out if they needed to use their blue reliever inhaler that day

STEP 2 Keep going!

Once you've got into a good routine, stick with it – soon, helping your child manage their asthma will just become part of daily life. If you've ever learned to drive, had to get the hang of a new mobile phone, or even started a new job, you'll know that what seems strange at first can soon feel much smoother. You can do it!

STEP 3 Troubleshoot

Planning ahead for any problems can help you stay on track. Create another two columns. Use them to think about **what** might get in the way of your plan, and **how** you could sort it out. Remember, these are just examples to get you started:

WHAT potential problems:	**HOW** I will solve them:
We get out of our routine with medicines on holiday	Order a new prescription two weeks before we travel and buy an exercise book to use as a 'holiday record'
I lose my child's written asthma action plan	Stick a plan on the fridge and keep a photo of it on my phone
My child loses their reliever inhaler (usually blue)	Keep spare reliever inhalers at school and in kitchen drawer
I forget to take my child to their asthma review	Write appointment on calendar or record it in my phone diary and ask the GP surgery to call or text with a reminder

STEP 4 Deal with unhelpful thoughts

The way you think about asthma and any worries you have can affect how well your child sticks to their medicine routine. For example, if you generally don't like taking medicines, you might be less worried about them skipping doses. Or if you had side effects from a medicine in the past it might put you off giving your child their medicines.

Make a list of all your concerns

- You can now work through the list, addressing each concern.
- Reading pages 12 – 17 of this booklet may help.
- You can talk things through with your child's GP or asthma nurse, or our friendly asthma nurse specialists on 0300 222 5800 (9am – 5pm; Mon – Fri).
- See how other parents cope at www.facebook.com/AsthmaUK.

STEP 5 Reward yourselves

Rewarding yourself and your child for achieving what you set out to do can help you stay motivated to keep going with your plan. And planning treats that help ease stress or lift your spirits gives you more energy to cope well – always important for parents and carers! Write down the ways you're going to reward yourselves when you stick to your plan – for example:

- If my child takes their blue inhaler everywhere for a month, we will get cinema tickets
- If my child remembers to take their medicines every day on holiday we will have takeaway pizza the day we get home
- If my child takes their preventer inhaler twice a day for a week, we'll treat ourselves to a comic and a magazine

Use your support network

Caring for a child with asthma can be challenging sometimes, especially if your child's diagnosis is new, or if your child's been having a lot of symptoms lately. Make sure you always get the help you need by taking five minutes to write down a list of who you can call...

Friends, family and colleagues can sometimes help just by listening. Don't be afraid to share with them how you're feeling.

Your healthcare team – GP, asthma nurse, specialist consultant and pharmacist – is on hand to provide whatever care and support you need.

Asthma UK's friendly expert nurses will ease any worries or concerns about asthma.
Just call 0300 222 5800 (9am – 5pm; Mon – Fri).

Your online asthma community will be there whatever time of day:

Swap ideas with other parents and carers: **www.facebook.com/AsthmaUK**

Get information, tips and ideas on everything from inhalers to triggers and asthma safety at school: **www.asthma.org.uk**

Get the latest news and asthma weather alerts by following us on Twitter: **@AsthmaUK**

Get more health advice and asthma news with Asthma UK email updates **www.asthma.org.uk/sign-up**

Any asthma questions?
Call our friendly expert nurses
0300 222 5800
(9am – 5pm; Mon – Fri)

asthma UK

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