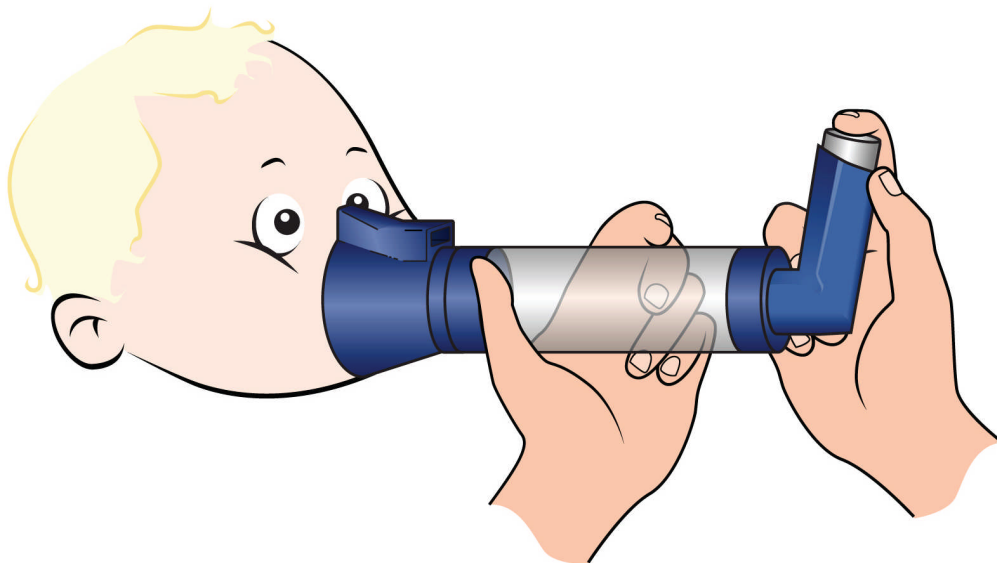




Children's Asthma Resource Pack for Parents and Carers



Paediatric Asthma Clinical Nurse Consultants from Sydney Children's Hospital Randwick, The Children's Hospital at Westmead, and Kaleidoscope Hunter Children's Health Network developed the Children's Asthma Resource Pack for Parents and Carers.

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(For use by preschools, kindergarten, before & after school care and vacation care facilities, and schools.)

REFERENCES:

1. National Asthma Council Australia website: www.nationalasthma.org.au
2. National Asthma Council Australia. (2006). Asthma Management Handbook.
3. Reference: Brand et al (2008). Definition, assessment and treatment of wheezing disorders in preschool children: and evidence-based approach. *Eur. Resp.J* 32, (4), 1096- 1110
4. National Health and Medical Research Council (NHMRC). The Australian Immunisation Handbook. 9th edn. Canberra: NHRMC, 2008.
5. NSW Dept of Environment, Climate Change and Water www.environment.nsw.gov.au
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ACKNOWLEDGEMENT: John Fleming, Consumer Representative, Sydney Children’s Hospital “Aiming For Asthma Improvement In Children” Committee for his assistance with review of this pack.

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Introduction

This resource pack has been designed, using current and best practice asthma information, to help you manage your child's asthma. The information is for educational purposes only and does not replace individual medical advice.

***Your feedback is valued – if you would like to comment on this pack or would like further information please email Christine.Burns@sesiahs.health.nsw.gov.au**

It is recommended that you read the information in this resource pack, and also talk to your child's Asthma Educator and Doctor for further information or explanation. Do not be afraid to ask questions if you do not understand.

DISCHARGE CHECKLIST

Before your child goes home make sure you have received the following:

- a discharge letter for your child's doctor
- a short term reducing medication plan ***Read the note below**
- asthma medications and/or prescription
- a written Asthma Action Plan
- instruction on how to use a spacer device with a puffer
- asthma education from a health professional.

It is recommended that you make an appointment with your child's family doctor within a week following discharge from hospital and take with you your child's:

- discharge letter
- short term reducing medication plan ***Read the note below**
- Asthma Action Plan
- spacer device & puffer.

*** NOTE:** Not all hospitals use a short term reducing medication plan – check with medical and nursing staff. Read **page 15** for further explanation.

Contact List for Further Information

Important Telephone Numbers:

Ambulance: 000

Child's doctor:

Local hospital:

Local asthma educator:

Health Direct Line – 24-hour Health Advice Line: 1800 022 222

National Asthma Council Australia www.nationalasthma.org.au

Monday to Friday 9am to 5pm

Tel: 1800 032 495

- A wide range of information, brochures, papers, programs and other asthma resources. It provides the latest information on asthma to health professionals, people with asthma and their carers.

Kids with Asthma www.kidswithasthma.com.au

- An interactive child friendly website developed by the National Asthma Council Australia
- asthma games for children
- asthma Information for parents/carers
- printable resources.

Asthma Australia www.asthmaaustralia.org.au

Tel: 1800 645 130

- Asthma information and resources
- provides links to local State Asthma Foundations
- provides links to asthma information in languages other than English.

Australian Society for Clinical Immunology & Allergy (ASCIA) www.allergy.org.au

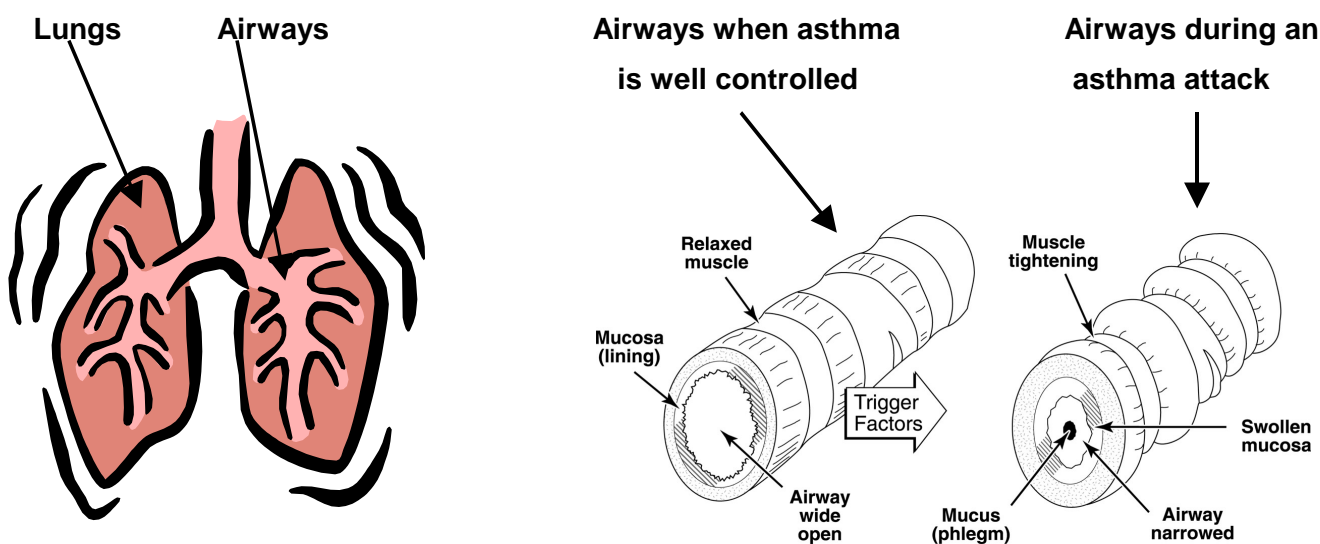
Provides up to date, reliable information on asthma, allergy and immune diseases for health professionals, patients and carers.

Asthma resources available in languages other than English

- Parents and Carers Asthma Information Pack available in Chinese and Arabic.
 - NSW Health Multicultural Health Communication Service: www.mhcs.health.nsw.gov.au/mhcs/topics/Asthma.html
- Asthma information available in the following languages; Indonesian, Italian, Greek, Vietnamese, Chinese, Arabic, and Turkish.
 - The Asthma Foundation of Victoria: <http://www.asthma.org.au/Default.aspx?tabid=92>
- Multilingual health resources in which you can search by language and topic.
 - Health Translation Directory: www.healthtranslation.vic.gov.au

What is Asthma? ¹

- Asthma is a breathing problem that affects one in nine children in Australia.
- Asthma can be managed effectively but there is no known cure.
- Children with asthma have sensitive or “twitchy” airways in their lungs.
- When exposed to certain trigger factors, these sensitive airways react causing them to narrow inside. This narrowing is due to inflammation and swelling inside the airways, tightening of the muscles around the airways, and an increased production of mucous (phlegm).
- Common asthma symptoms include shortness of breath, wheezing, coughing, and a feeling of tightness in the chest.



(Adapted version of Airway illustration, Prince of Wales Hospital Dept Respiratory Medicine.)

Asthma in Young Children ^{2, 3}

The symptom of wheezing is very common in children in the first few years of life. Wheezing (a whistling sound heard when breathing out), caused by a narrowing of the lower airways in asthma, can also be due to a number of other things. Children who have wheezing episodes when they have an upper respiratory tract viral infection (common cold) do not necessarily have “classical asthma”. These children are often well in between the viral infections, do not have a history of allergy, and may not go on to have asthma into adulthood. However, as most children under the age of 6 years will have between 6 -10 upper respiratory tract infections a year, this group of children may be susceptible to many episodes of wheeze, cough and breathlessness. These episodes will require asthma medications to treat them.

Assessing The Severity of Your Child's Asthma Attack ^{1, 2}

When an asthma attack occurs, it is important to be able to assess the severity. Below is a checklist of asthma symptoms for **mild, moderate, and severe attacks**.

Mild	Moderate	Severe
Mild difficulty in breathing	Obvious difficulty in breathing, using stomach muscles to breathe, child may complain of a "sore tummy". Caving in and around rib cage	Great difficulty in breathing with short, quick breaths "Sucking In" at the throat and chest Very distressed and anxious Pale and sweaty May have blue lips
Soft wheeze	Loud wheeze	Often no wheeze
Dry cough	Persistent cough	Persistent cough
No difficulty speaking in sentences	Speaks in short sentences only	Speaks no more than a few words in one breath

Responding to Asthma Symptoms – Asthma First Aid

Follow your child's **Asthma Action Plan** if any of the above symptoms occur. If you do not have an **asthma action plan** for your child, follow the **Standard Asthma First Aid Plan** ² listed below.

If you are concerned, have any doubts, or your child is experiencing SEVERE symptoms seek medical attention immediately: DIAL 000

The Standard Asthma First Aid Plan

- Step 1. Sit the child upright and reassure. Do not leave the child alone.
- Step 2. Give 4 separate puffs of a blue reliever puffer, Asmol, Ventolin, Airomir or Epaq, one puff at a time through a spacer, with 4 breaths in between each puff. Use the blue puffer on its own if a spacer is not available.
- Step 3. Wait four minutes
- Step 4. If there is little or no improvement, repeat steps 2 and 3.

If there is still little or no improvement, call an ambulance - DIAL 000

Continue to repeat steps 2 and 3 until an ambulance arrives.

Asthma Trigger Factors ^{1, 2}

Understanding what triggers your child's asthma can take time. Asthma triggers may not be the same for each child and children often have more than one trigger. You may not always be able to avoid your child's asthma triggers but knowing what they are may assist you in taking steps to manage them. The most common triggers are listed below.



Colds and Flu

Common childhood respiratory viruses are the most common trigger for an acute asthma attack. As young children may experience between 6 – 10 respiratory viral infections every year, they are a very difficult trigger to avoid.

What you can do.....

Always be prepared by ensuring that your child has an updated asthma action plan for you to follow at the first sign of a runny nose or cold. If you don't have an asthma action plan ask your child's doctor for one.

Anyone with cold or flu symptoms are encouraged to cover their nose and mouth when coughing or sneezing, use tissues and dispose afterwards, wash their hands in soap and water thoroughly afterwards.

Current Australian Immunisation guidelines suggest a flu vaccination for children over 6 months of age who may be at risk of developing severe complications eg. children diagnosed with asthma, especially those identified as having persistent or severe asthma.⁴



Air Environment

Changes in weather, for example going from low humidity to high humidity, changes in air temperature, and windy conditions can be a trigger for a child with asthma. Poor air quality (air pollution) can also be trigger. Often asthma may get worse during a change of season.

What you can do.....

Be aware of any predicted changes to the weather forecast.

Monitor the air quality index (AQI) through your local weather forecasts, by accessing the following website www.environment.nsw.gov.au or by ringing 131 555.

The lower the index value the better the air quality. See AQI table below.⁵ If levels are high or there are changes in temperature especially during thunderstorms, and this is a trigger for your child, it is recommended they remain indoors with windows and doors closed.

VERY GOOD	GOOD	FAIR	POOR	VERY POOR	HAZARDOUS
0 - 33	34 - 66	67 - 99	100 - 149	150 - 199	200

There is currently lack of evidenced based research to support the use of humidifiers for children with asthma as being beneficial.

Inhaled Allergens

Everyday substances in the environment that cause an allergic reaction in some susceptible people are referred to as allergens. When inhaled (breathed in), these allergens can trigger asthma symptoms in a vast majority of children with asthma. Inhaled allergens include dust and dust mites, moulds, animal hair and dander (cat & dog), & pollens.

Not all children react to the same allergens, so it is important to identify the ones that may cause a reaction and avoid or reduce exposure to them. Your child's doctor can arrange a simple skin prick test to detect if your child has any allergies.

What you can do.....

Dust mites



Use a dust mite resistant cover, for mattresses, pillows and quilts (available from pharmacies). These should be washed every 2 months along with soft toys and furnishings. Feather bedding is preferable to sheepskin or woollen underlays.

Shake and air pillows and quilts in the sun weekly and wash sheets and pillowcases weekly. Washing at usual water temperature will remove more than 95% of allergens but this does not kill the dust mites so regular washing is required.

Vacuum carpets and soft furnishings weekly. The child should avoid re-entering the room for approximately 20 minutes after the vacuuming. If possible, reduce clutter from the bed and bedroom by removing soft toys and soft furnishings.

Dust

Wipe hard surfaces, including hard floors, with a damp or electrostatic cloth weekly rather than dusting, sweeping, or vacuuming.

Mould

Reduce humidity by having a dry, well-ventilated house with adequate natural insulation. Dehumidifiers have not been shown to be of any benefit in controlling asthma.

Remove visible mould, clean refrigerator drip trays regularly, keep air conditioning units clean, remove indoor plants, and avoid working with garden compost and mulch.

On cold days try to keep the inside temperature at least 5°C higher than the outside temperature and provide continuous low level dry heat. Continuous, even heating will allow warmth to penetrate walls and ceilings.

Cats, dogs and other pets



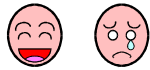
Where possible keep pets out of the house, or if not possible, keep them out of the bedroom and living areas. Where possible, wash pets and vacuum carpets weekly.

Pollens



Find out which grasses and plants in your area have wind-borne pollens and where possible try to avoid them. Encourage your child to remain indoors during windy, high pollen count days and after thunderstorms. Also avoid outdoor activities where there is high exposure to pollen e.g. mowing of lawn.

Emotions



Anxiety, stress, distress and laughing can be asthma triggers.

What you can do.....

Provide reassurance and relaxation for your child.

Exercise and Play



Exercise is a common asthma trigger with symptoms occurring either during the exercise or some time after. This is known as exercise induced asthma. When exercising or playing, children breathe more quickly and often breathe through their mouth. This results in breathing air that remains cool and dry, causing a loss of moisture from the airways, and leading to the development of asthma symptoms. Exercise is important for normal growth and development and should be encouraged, but when it triggers asthma symptoms, can be a reason why children avoid it. Simple steps can be taken to manage exercise induced asthma. Ask your child's doctor if exercise becomes troublesome.

What you can do.....

Begin exercise and play with warm-up exercises and finish with cool-down exercises. Administering the blue reliever medication 5 – 10 minutes prior to commencing exercise may be helpful. Speak with your child's doctor about this.

It is recommended that your child avoid exercise or play outside when the level of air quality is high (see table on page 6) or if your child is unwell with cold or flu symptoms.

If symptoms develop during exercise, it is important that your child stops the exercise and their blue reliever puffer is administered according to the child's asthma action plan. If the asthma action plan is unavailable commence the Standard Asthma First Aid Plan listed on **page 5**.

Some Foods and Additives

Food allergies are uncommon triggers for asthma. Food additives that may trigger asthma include metabisulfite/sulphur dioxide (220-228), tartrazine (synthetic yellow dye [102]), monosodium glutamate (621) and acetylsalicylic acid ([ASA]. Some of these additives may also occur naturally in some foods.

What you can do.....

As food allergies are uncommon, a healthy diet should be encouraged. Only avoid those foods your child is known to be allergic to. Seek a detailed assessment from an Allergy specialist.

Certain Medications / Herbal Remedies

The non-steroidal anti-inflammatory drugs such as Ibuprofen, Nurofen, and Aspirin may be potential asthma triggers.

The natural remedies Echinacea, Royal Jelly, Willow Tree bark extracts, and Camomile may also be potential triggers.

What you can do.....

Avoid known medications that are a trigger. Speak to your child's doctor about these medications and remedies.

Environmental Tobacco Smoke 6, 7

Tobacco smoke contains over 4,000 chemicals and the effects on your child's health can be very serious. When a person smokes near a child, it is exposed to passive smoking (breathing in smoke from other peoples' cigarettes). The smoke that the child breathes in is commonly known as Environmental Tobacco Smoke (ETS). There are two forms of Environmental Tobacco Smoke - main stream smoke is breathed out by a smoker and side stream smoke is from the burning end of a cigarette. The side stream smoke tends to remain in a room longer than mainstream smoke and also contains many cancer causing substances.

For children, exposure to ETS can result in:

- a higher risk of having asthma symptoms before the age of 5 years
- an increase in asthma attacks and an increase in the severity of those attacks
- respiratory infections such as bronchiolitis
- middle ear infections
- sudden infant death syndrome.

What you can do.....

The most important thing you can do for the health of your child is to stop smoking.

Help is available for you from:

NSW QUIT Line - 13 QUIT (13 7848) www.13quit.org.au

- A free, confidential telephone service designed to help smokers to quit smoking.
- Open 24 hours a day, 7 days a week for recorded information and to order a Quit Kit.

OR

Talk with your doctor, paediatrician, specialist, asthma educator for further information on how to quit smoking and keeping car and home smoke free.

If you are a smoker and not ready to give up smoking and if your friends and family smoke around your child:

- Make your car and home smoke free:
 - do not smoke in your car.
 - ask people who smoke to go outside. Remember opening windows and doors will not protect your child from ETS.
 - wear additional clothing then remove it after smoking and wash your hands before returning to your child.
 - display signs and or stickers that your home and car is a smoke free zone.
- Avoid taking your child to smoky places.
- It is important that women do not smoke when pregnant or breastfeeding.

From 1st July 2009 smoking in a car with child under the age of 16 years incurs a \$250 on the spot fine.

Asthma Medications Commonly Used For Children ^{1, 2}

Medications used in the treatment and management of asthma either relax the tight muscles around the airways and reduce or prevent inflammation of the inside airway lining. These medications relieve asthma symptoms and may prevent asthma attacks.

The aim is to gain the best asthma control with the least amount of medications and side effects. It is important to understand what the medications do, when they should be taken, possible side effects, and correct use of the most appropriate delivery device for taking them.

****Please note: Whilst the most common possible side effects have been listed below for each medication group, some children may experience others not listed. Always discuss any concerns about your child's medications, their side effects and the delivery device with your child's doctor or asthma educator.***

RELIEVERS – blue and grey colours eg. Asmol, Ventolin, Airomir, Epaq, Bricanyl

USED FOR WHEN MILD, MODERATE OR SEVERE SYMPTOMS ARE PRESENT

- Relieve asthma symptoms by relaxing the tight muscles and opening airways.
- Work within minutes and usually effective for up to 4 hours.
- Used when symptoms are present and may also be used before exercise or play.
- If needed more often than 3-4 times per week (excluding exercise or play) your child's asthma may not be well controlled and it is recommended that your child's asthma be reviewed.
- Always carry your child's blue reliever medication to ensure immediate access to it.

Possible side effects:

- fast heart rate, shaky hands, hyperactivity, excitability.
- possible side effects can vary between children and subside without any harmful effects.

RESCUE MEDICATIONS - ORAL CORTICOSTEROIDS

Prednisone (tablet); Prednisolone (tablet or syrup); Predmix, Redipred (syrup)

- Used if symptoms are worsening and there is little or no response to inhaled reliever medication.
- Decrease airway Inflammation.
- This medication is taken orally (tablet or liquid) and may be given to your child in hospital or by the child's local doctor.
- Generally only used for short periods up to 3 to 5 days.
- May be included as part of your child's asthma action plan

Possible side effects:

- hunger
- puffy face, weight gain, mood swings – these are unlikely to occur if only used short term (3-5 days). However if they do occur they will resolve once the medication has stopped.

Children with persistent asthma or difficult to control asthma who may require long term or frequent courses of oral corticosteroids may require regular review by a respiratory specialist or paediatrician.

PREVENTERS - autumn colours – yellow, white, brown, burgundy, orange

Non-steroid medication – *Intal Forte, *Singular*

Steroid-based medication – *Flixotide, **Alvesco, **Pulmicort, ** Qvar.***

USED IN THE DAILY MANAGEMENT OF ASTHMA CONTROL

- Prevent the likelihood of asthma symptoms and reduce the risk of an asthma attack by decreasing the inflammation (swelling) and making the airways less sensitive to the trigger factors.
- Preventers are often prescribed when symptoms are frequent and troublesome.
- To be effective, preventers need to be taken every day, even if symptoms are not present – to be stopped only on medical advice.
- May take up to 2 to 3 weeks before the medications start working.
- Not every child requires a preventer medication.

Possible side effects:

- unpleasant taste and cough with non-steroid medication.
- oral thrush (sore mouth) and/or voice change with steroid-based medication.

To reduce the risk of side effects it is recommended that your child:

- rinses their mouth with water, spits out and or cleans teeth after taking their inhaled preventer medication.
- uses a spacer device with the puffer medication. Depending on child's age and needs your child could also choose a suitable alternative device but rinsing of the mouth is still required.

* **Singular** is a non-steroid chewable tablet taken orally once a day. Potential side effects may include a headache.

****Pulmicort, Flixotide, Qvar and Alvesco** are inhaled corticosteroids. It is important to discuss with your child's doctor how to maximise the benefits of these medications whilst reducing the risk of side effects.

Additional Asthma Medications

Some children need additional medication to give greater control of their asthma. **Combination medication** is an **inhaled corticosteroid + symptom controller** (long acting reliever medication) in the one device, making it a more convenient way to take both medications. The addition of a symptom controller eg. Serevent or Oxis is recommended when the use of an inhaled corticosteroid alone is not achieving asthma control and is prescribed usually for children with **persistent asthma** (asthma attacks occurring more than 3 times per week).

Combination medications include **Symbicort**, a combination of **Pulmicort & Oxis** (available in a Red and White Turbuhaler) and **Seretide**, a combination of **Flixotide and Serevent** (available in a purple puffer or accuhaler). Possible side effects are the same as for inhaled corticosteroids and therefore similar precautions for taking these medications is required.

Symptom controllers are used in the daily management of asthma in conjunction with an inhaled corticosteroid and should not be used as a stand alone medication.

Giving Your Child Asthma Medications

The most common way for your child to take their asthma medication is by breathing it directly into their lungs through their mouth or mouth and nose. During an asthma attack, the best way for your child to take their medication is with a puffer and spacer device. For other times e.g. before exercise and play, or in the daily management of asthma, and depending on your child's age and ability, other devices may be an appropriate alternative. Speak with your child's doctor or asthma educator to determine the most suitable device. Step by step instructions for using alternative devices for children seven years and above can be found on [page 14](#).

Spacer Devices

A spacer device is a plastic holding chamber that helps children with asthma to use their aerosol inhalers or metered dose inhalers (puffers) effectively. It is highly recommended that spacers be used by all children who require a puffer as this will allow more medication to be delivered directly to the airways.

Using a spacer to deliver your child's asthma medication has many advantages:

Easy to use

Easy to clean

Inexpensive

Portable

Spacers come in two sizes – small volume (e.g. Breath a Tech, Aero Chamber, Space Chamber, Able Spacer) and large volume (e.g. Volumatic). Check with your local pharmacy or hospital which spacers are available.

Nebulisers are not commonly used for children in the home setting as spacers have been found to be as effective.

Cleaning Spacers and Puffer Canisters

Spacers

- Take the spacer apart if possible.
- Wash in warm soapy water (dishwashing liquid).
- Do not rinse.
- Allow the parts to air dry. Rinsing and drying with a cloth may cause static electricity to build up resulting in the medication clinging to the inside of spacer.
- When dry put spacer back together ready for use.

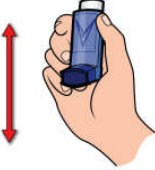
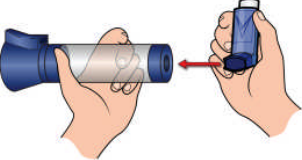


Puffers

- Remove the canister from the plastic holder.
- Do not wash the canister.
- Rinse the plastic holder under warm running water.
- Shake out excess water and dry.
- Place the canister back in the holder.
- Keep the cap in place when not using puffer.

- **Clean your spacer and puffer canister regularly and whenever the puffer does not spray well.**
- **Change and wash Intal and Intal Forte plastic holders daily to prevent blockage (an extra holder is supplied).**
- **Do not wash Seretide and Qvar plastic holders – just wipe the mouthpiece of the plastic holder with a cloth.**
- **Store puffer below 20 degrees Celsius and regularly check the expiry date, which can be found on the side of the canister.**

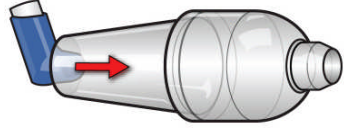


Using a Puffer with a Spacer Device

For Children Aged 4 Years and Under Small Volume Spacer with a Mask Attachment

<p>1. Remove cap and shake the puffer.</p> 	<p>2. Fit the puffer into the end of the spacer.</p> 
<p>3. Gently place the attached facemask over the mouth and nose of the child. Ensure there are no gaps around the edges of the mask.</p> 	<p>4. Release one puff of medication into the spacer by pressing down on the top of the puffer. Watch the child breathe normally in and out 4 to 6 times before removing the mask.</p> <p>If more than one puff is required repeat step 4.</p> 



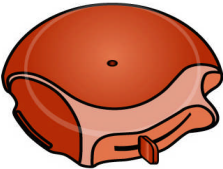

For Children Aged 4 Years and Over Small or Large Volume Spacer WITHOUT a Mask Attachment

* The below diagrams depict a large volume spacer being used however a small volume can also be used.

<p>1. Remove cap and shake the puffer. Insert puffer into the spacer as shown.</p>	
<p>2. Place mouthpiece between the teeth and close lips around it. Release 1 puff of medication into the spacer by pressing down on the top of the puffer.</p>	
<p>3. Breathe in and out normally through the mouth 4 times.</p> <p>If more than one puff is required, repeat steps 2-3.</p>	

Illustrations courtesy of Medical Illustrations Unit. UNSW Faculty of Medicine and Teaching Hospital, Randwick. NSW.

Using Other Asthma Inhalation Devices

Autohaler 	Turbuhaler 	Accuhaler 	Metered dose inhaler (puffer) 
Recommended for children 7 years of age and above	Recommended for children 7 years of age and above	Recommended for children 7 years of age and above	Puffers are <u>NOT RECOMMENDED</u> to be used on their own. Puffers require good coordination and children under 8 years cannot successfully manage them.
<ol style="list-style-type: none"> 1. Remove autohaler cap. 2. Shake autohaler. 3. Holding autohaler upright, push the lever on top up. 4. Breathe out away from the autohaler 5. Place the autohaler in mouth, between teeth and close lips. 6. Breathe in slowly and deeply, continuing to breathe in after hearing the click. 7. Remove autohaler from mouth and hold breath for up to 10 seconds. 8. Breathe out. 9. Push the lever back down. 10. If more medication is required repeat steps 2 to 9. 11. Replace autohaler cap. <p>“Using Other Asthma Inhalation Devices” adapted from the Greater Western Child Health Network June 2005.</p>	<ol style="list-style-type: none"> 1. Unscrew the turbuhaler cap. 2. Holding turbuhaler upright, turn the coloured base to the right as far as it will go and then turn back to the left until it clicks. 3. Breathe out away from the turbuhaler 4. Place the turbuhaler in mouth, between teeth and close lips. 5. Breathe in fast and deeply. 6. Remove the turbuhaler from mouth. 7. Breathe out. 8. If more medication is required repeat steps 2 to 8. 9. Replace the cap <p>*The Bricanyl turbuhaler has a dose indicator window. When the red line appears at the top of the window there are 20 doses left. When the red line is at the bottom of the window the turbuhaler is empty.</p> <p>*The Symbicort turbuhaler has a dose counter on the side indicating the number of doses left.</p>	<ol style="list-style-type: none"> 1. Place thumb in groove and open accuhaler by pushing the groove to the right until it clicks. 2. Slide lever to the right until it clicks. 3. Breathe out away from the accuhaler. 4. Place the accuhaler in mouth, between teeth and close lips. 5. Breathe in slowly and deeply. 6. Remove the accuhaler from mouth and hold breath for up to 10 seconds. 7. Breathe out. 8. Close accuhaler by pushing thumb groove to the left. 9. If more medication is required repeat steps 1 to 8. <p>*Accuhalers have a dose counter. The last 5 doses appear in red.</p>	<p>A puffer should always be used with a spacer device as more medication gets into the lungs.</p> <p>If a spacer device is unavailable, follow the steps below:</p> <ol style="list-style-type: none"> 1. Remove inhaler cap. 2. Shake the inhaler. 3. Breathe out gently. 4. Keeping the inhaler upright, tilt head back and place in mouth between teeth and close lips. 5. To give 1 puff of medication push the top of the inhaler down whilst breathing in 6. Continue to breathe in slowly and deeply. 7. Remove inhaler from the mouth and hold breath for up to 10 seconds. 8. Breathe out. 9. If more medication is required repeat steps 2 to 8 10. Replace inhaler cap

Helpful Tips For Managing Your Child's Asthma



Seek Regular Medical Review

To ensure that your child's asthma is well controlled, it is important that their asthma management is reviewed regularly, even when well, at least every 6 months or more often if your child's asthma is severe or not well controlled. This will enable your child's **Overall Asthma Severity** to be assessed and monitored. The severity of your child's asthma can change from season to season. Recording your child's asthma symptoms in a **Symptom Diary** (see below) will assist your child's doctor in determining if any changes to your child's medications or **Asthma Action Plan** (see below) are needed.

Overall Asthma Severity

Overall Asthma Severity refers to your child's pattern of asthma symptoms rather than the severity of those symptoms during an asthma attack. In other words, how often do the asthma attacks occur? How long do they last? Do asthma symptoms occur in between these attacks? When do these symptoms occur i.e. daytime, night time, or early morning? Assessment of the **Overall Asthma Severity** will provide information on how well controlled your child's asthma is as well as determining their day to day treatment.

Symptom Diary

A **Symptom Diary** is a record of the type of symptoms that your child experiences, during the day and night, whether their sleep is disturbed due to symptoms, and how often they need to take their reliever medication due to symptoms. Providing this information to your child's doctor will assist in prescribing appropriate medication as well as developing a written Asthma Action Plan specifically designed for your child. An example of a Symptom Diary can be found on **page 17**. Discuss with your child's doctor or asthma educator how often and when to record your child's asthma symptoms in a diary.

An Asthma Action Plan

This is a written plan designed especially for your child to help you manage their asthma. It is based on changes in your child's asthma symptoms and will give you information on what to do when your child is well, if their asthma worsens, and when their asthma improves. It provides information about the type of medication your child is prescribed, how much, and how often they need to take it. It also gives you a clear understanding of when to seek medical advice or help from a hospital Emergency Department.

It is important that you take your child's Asthma Action Plan with you every time your child visits their doctor so that the Asthma Action Plan can be reviewed and updated if necessary. Ask your child's doctor to provide you with an understanding of how the plan works and how best to use it.

If you do not have an **Asthma Action Plan**, ask your child's doctor to write one for you at their next visit. An example of an Asthma Action Plan for a child can be found on **page 16**.

Short Term Reducing Medication Plan

Depending on which hospital your child attends, you may receive a **Short Term Reducing Medication Plan** at the time your child is discharged following an acute asthma attack. It outlines specific instructions to follow for the 3 to 5 days after discharge and provides a transition to your child's Asthma Action Plan. It includes details of how much and when to give reliever medication, oral steroids, and preventer medication, as well as when to make an appointment with your child's doctor.

Childcare, Schools, and Before and After School Care

To assist children's services and school staff, it is important they are aware that your child has asthma, or has previously been treated for asthma, and what first aid instructions you would like them to follow if your child has asthma symptoms in their care. It is recommended that a detailed written record of this information be provided to the children's service or school and updated regularly if your child's asthma management changes. A blank copy of a **Child/Student Asthma First Aid Record** is provided on **page 18** for your use. Providing the Children's Service or school access to your child's reliever medication, spacer device, or alternative reliever medication delivery device, clearly labeled with the child's name, enables staff to provide prompt treatment to your child if required. It is also recommended that your child's reliever medication be clearly labeled with the dose to be given as well as the expiry date of the medication. Always discuss any concerns that you may have with staff caring for your child.

DAILY ASTHMA SYMPTOMS DIARY

Name:

Every evening (for each symptom below) record the number (0, 1, 2, or 3) that best matches how you/your child felt in the last 24 hours. *(Please photocopy as required)*

SYMPTOMS	Date																
Sleep disturbance due to asthma	Write number in box																
Slept well last night (no asthma)	0																
Slept well but tended to wheeze or cough	1																
Woke up twice or more with wheeze or cough	2																
Bad night, mostly awake with asthma	3																
Cough	Write number in box																
None	0																
Occasional	1																
Frequent	2																
Most of the time	3																
Wheeze	Write number in box																
None	0																
Mild	1																
Moderate	2																
Severe	3																
Breathlessness on exertion	Write number in box																
None	0																
Mild	1																
Moderate	2																
Severe	3																
Runny, snuffy or blocked nose	Write number in box																
None	0																
Mild	1																
Moderate	2																
Severe	3																
Reliever Medication	Record the number of times Reliever medication was used during the last 24 hours.																
1.																	
2.																	

CHILD'S NAME:	DATE OF BIRTH:/...../.....
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Child/Student Asthma First Aid Record

Asthma is a serious and potentially life-threatening condition. Asthma symptoms or an asthma attack can occur at any time without warning. It is important that the Children's Service and/or School has been informed if your child has a diagnosis of asthma or has previously been treated for asthma. In addition, the Children's Service and/or School need to know your child's asthma first aid instructions so staff can provide prompt treatment should your child require it. To assist staff, could you please complete this record, preferably in consultation with your child's doctor and return the form to the Children's Service and/or School as soon as possible. It is important to ensure that the information on this form is current so please update it if any of the details change.

Emergency Contact Details

Name:	Relationship:
Best Contact Number:	Alternative Contact Number:
Name:	Relationship:
Best Contact Number:	Alternative Contact Number:
Child's Doctor:	Telephone:

In the event that my child experiences asthma symptoms and requires asthma first aid I authorise staff to manage my child as per the ticked box:

Standard Asthma First Aid Plan ¹

<p style="text-align: center;">Step 1</p> <p>Sit the child upright, remain calm and provide reassurance.</p> <p>Do not leave the child alone.</p>	<p style="text-align: center;">Step 2</p> <p>Give 4 puffs of a blue reliever inhaler (Salbutamol eg. Ventolin, Asmol, Airomir, Epaq), one puff at a time, preferably using a spacer device (including a mask if required). Ask the child to take 4 breaths from the spacer after each puff.</p>	<p style="text-align: center;">Step 3</p> <p>Wait 4 minutes.</p>	<p style="text-align: center;">Step 4</p> <p>If there is little or no improvement repeat steps 2 and 3. If there is still little or no improvement, call an ambulance immediately (DIAL 000). Continue to repeat steps 2 and 3 whilst waiting for the ambulance.</p>
<p>In the event that the difficulty in breathing was not due to asthma, no harm is likely to result from giving reliever medication used in the Standard Asthma First Aid Plan to someone who does not have asthma.¹</p>			

Other (please attach a detailed plan that has been developed for your child in consultation with their doctor)

If your child requires regular asthma medication (eg before play or exercise), please complete the below:

Name Of Medication	Medication Dose (Eg 2 puffs)	Delivery Method (Eg puffer, spacer and mask)	Time Medication is Due

Please provide your child's asthma medication and delivery device(s) clearly labelled with their name and medication expiry date.

Parent/Guardian Signature: _____ **Dated:** _____

Doctor's Signature (recommended): _____ **Dated:** _____

"Child/Student Asthma First Aid Information" adapted from "First Aid For Asthma", National Asthma Council Australia 2006 Asthma Management Handbook, Pages 45 & 130.

Disclaimer: The information contained in this form has been developed from current evidence based practice. It does not replace individual medical advice / treatment. The Sydney Children's Hospital, Children's Hospital Westmead, & Kaleidoscope Hunter Children's Health Network expressly disclaims all responsibility (including negligence) for any loss, damage or personal injury resulting from reliance on the information contained herein.