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## Asthma in children

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### Summary

- If your child has an asthma attack and breathing is difficult, call triple zero (000) for an ambulance.
  - Take your child to the doctor if you are concerned about any breathing problems they have.
  - If your child has asthma, know the signs of an asthma attack or asthma emergency and know how to administer asthma first aid.
  - Make sure your doctor completes an Asthma Action Plan for your child.
  - Understand your child's asthma triggers to reduce the risk of an asthma attack.
  - Asthma is one of the most common reasons that children visit a doctor or go to hospital.
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Asthma is a common disease of the airways – the structures through which air passes when moving from your mouth and nose down to your lungs.

It causes the muscles in the airways to tighten, and the lining of the airway to become swollen and inflamed, producing sticky mucous. These changes cause the airways to become narrow, making it difficult to breathe, and can lead to coughing, wheezing, shortness of breath and chest tightness.

Asthma is one of the most common reasons that children visit doctors, miss days at school or are admitted to hospital. In fact, it is estimated that around one in ten Australian children have asthma. If your child's asthma is well managed, they should be able to lead a healthy, active life.

### Causes of asthma in children

The reason some children develop asthma is not fully understood, but risk factors include:

- family members with asthma, eczema or hay fever – potential genetic factors
- obesity
- having a mother who smoked during pregnancy.

### What you need to know about your child's asthma

There are many things to think about and plan for when your child has asthma. It is important to learn as much as you can about the condition. Your doctor and pharmacist are there to help you. Talk to them about any concerns you may have about your child's asthma.

To manage your child's asthma effectively, it is important to know:

- the pattern of their asthma
- their asthma triggers
- their asthma symptoms
- their **asthma medications** – what they do and how to help your child take them properly
- what to do if they have an asthma attack – know and follow **asthma first aid**.

Make sure you have an updated written Asthma Action Plan and understand how to use it.

### Asthma patterns in children

Every child's asthma is different. Some children have mild, occasional episodes of asthma or only show symptoms after exercising, or when they have a cold. Some experience daily symptoms, while others have symptoms continuously, which limit their level of activity.

Each pattern of asthma requires a different treatment approach. It is important to remember that children can still

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have a severe and even life-threatening attack, even if they generally have mild or occasional asthma.

### Triggers for asthma in children

Asthma triggers are substances, conditions or activities that lead to asthma symptoms. These include (among others):

- exposure to cigarette smoke
- airway infections such as the common cold, especially during infancy
- indoor and outdoor air pollution
- allergy triggers, such as dust mites, animals, pollen or mould
- weather conditions, such as cold air
- exercise.

Triggers for asthma vary among children, and symptoms can be delayed after exposure to the trigger. This can make diagnosis difficult.

Your child may have several asthma triggers and they may vary from those of another child. Find out what triggers your child's asthma so that you can avoid **asthma triggers** where possible.

### Symptoms of asthma in children

Common asthma symptoms include:

- chest tightness or pain (often described by young children as a 'sore tummy')
- shortness of breath
- difficulty breathing
- wheezing – whistling noise when breathing
- coughing (particularly at night).

Your child may have all of these symptoms or just a few. Symptoms are often worse at night, in the early morning, during exercise or due to other triggers.

### Diagnosis of asthma in children

**Diagnosing asthma** in children younger than six years can be difficult because children cough or wheeze for many different reasons.

Take your child to the doctor if:

- the wheezing happens more than once – with or without an illness
- constant coughing or bouts of coughing become worse at night
- you are concerned about any breathing problems in your child.

Keep a diary of symptoms to discuss with your doctor. The diary could include:

- a video or audio recording of the wheezing – you could use your mobile phone
- when the symptoms occur – such as during the day or worse at night
- how bad the symptoms are and how often they happen
- how long the symptoms remain and whether they change with time
- whether the symptoms are worse after exercise, playing or after an infection (colds or flu)
- whether the symptoms are worse after exposure to animals, pollens or mould.

Your doctor will ask you whether you have any family history of asthma, eczema or hay fever.

In children, doctors assess the severity of the asthma based on the pattern and frequency of the symptoms.

Lung function tests (such as **spirometry**) are difficult to perform in children younger than six years and so are usually only used to diagnose severity in children six years and older.

It is recommended that a paediatrician (specialist children's doctor) or paediatric respiratory specialist diagnose

and manage asthma in infants under 12 months. If your infant is wheezing your doctor should refer to you one of these specialists.

### **Everyday treatment for asthma in children**

The main aims of day-to-day asthma treatment are to:

- keep symptoms under control
- prevent flare-ups or 'attacks'
- keep lungs as healthy as possible
- stop asthma from interfering with school or play
- help your child enjoy a full and active life.

Your doctor will help you to develop a plan to manage your child's asthma (known as an Asthma Action Plan), and will prescribe the correct medication to help you do so.

### **Asthma medication**

Asthma can be well controlled with the appropriate medication in almost all people. The main types of **asthma medications** are:

- **relievers** that act quickly to relax the tight muscles around the airways – this is the medication used during asthma first aid
- **preventers** that slowly make the airways less sensitive to triggers by reducing swelling and mucus inside the airways – these are taken daily. (Depending on the trigger of the asthma symptoms in your child, some children may only need preventer medication during certain seasons – for example during pollen season or during winter when they pick up a cold or flu. Others may need preventers all year round.)

Best medical practice is to give only the smallest doses of medication required to keep your child's asthma symptoms under control. Your doctor will tell you how much this is. Never reduce the dose of medication without speaking with your doctor.

There are many different types of **asthma medication**, but they are often in the form of inhalers (or puffers). **Asthma Australia** has more information about your asthma medication.

Ask your doctor or pharmacist about practical ideas for encouraging your child to take their asthma medications.

#### **Spacers and asthma medication**

For all people with asthma, it is recommended that asthma puffer medication be taken through a spacer (a specially designed container that attaches to a puffer and has its own mouthpiece to breathe through).

Using a spacer helps the medication to go where it is supposed to – into the small airways in the lungs – rather than ending up coating your child's mouth, tongue and throat. It is much more effective than using a puffer on its own.

Babies and young children may need a spacer with a special face mask attached to inhale asthma medicines effectively. These fit tightly around your child's mouth and nose to make sure none of the medicine leaks out. Talk to your pharmacist for advice and to have your technique checked.

#### **Side effects of asthma medication**

If you are worried about possible side effects from asthma medication, speak to your doctor. Do not stop or reduce doses of medication for your child without speaking with your doctor.

The most common side effects from inhaled asthma medication are:

- hoarse voice
- sore mouth and throat
- fungal throat infections.

Using a spacer reduces the risk of these side effects, as does rinsing the mouth with water (and gargling, and spitting it out) after using an inhaler.

## Asthma emergencies in children

Symptoms of an asthma attack can worsen and develop into an **asthma emergency**. To prepare for an asthma emergency, make sure your child's doctor has written them an Asthma Action Plan.

Have a copy of your child's Asthma Action Plan pinned up somewhere easy to access at home, and send a copy to anyone who cares for your child, including their school, kinder, childcare service, family members and friends. You may like to take a photo of their Asthma Action Plan so you always have a copy with you.

### Asthma Action Plans for children

An **Asthma Action Plan** is a clear written summary of your child's asthma management. Everyone with asthma should have a personalised Asthma Action Plan written by their doctor.

Your child's Asthma Action Plan will tell you:

- how to recognise when your child's asthma is getting worse or an 'attack' is developing, and the steps you should take to manage it
- symptoms that are serious, indicating a need for urgent medical help (with emergency information on what to do if your child has an asthma attack)
- your child's asthma triggers
- how to care for day-to-day asthma.

Make sure you follow the Asthma Action Plan from your doctor.

### Symptoms of asthma emergencies in children

The signs of an asthma emergency include when the child:

- finds it very difficult to breathe or is not breathing
- is unable to speak comfortably or if their lips are turning blue
- has symptoms that get worse very quickly
- has 'tugging in' of the skin between ribs or at the base of the neck
- is getting little or no relief from their reliever inhaler, or their reliever inhaler is not available.

### Treatment for asthma emergencies in children

An asthma attack can quickly become an asthma emergency, but if you take quick action, you can reduce the risk of this happening. So, if the symptoms of an asthma attack appear, follow your child's asthma action plan.

**If your child is experiencing a severe or life-threatening asthma attack, call triple zero (000) for an ambulance and then start asthma first aid.**

To perform **asthma first aid**:

- Sit the child upright.
- Give four puffs of reliever medication (one at a time), taking four breaths for each puff. Use a spacer and mask if one is available.
- Wait four minutes – if the child still cannot breathe normally, give four more puffs.
- Call triple zero (000) for an ambulance. Tell the operator that a child is having an asthma emergency.
- Continue to give four separate puffs of reliever medication, taking four breaths for each puff, every four minutes until the ambulance arrives.

### Asthma information for childcare, kinder or school

To assist childcare and preschool workers and school teachers in the care of your child with asthma:

- Tell them that your child has asthma (even if it is mild or occasional).
- Provide them with a copy of your child's asthma action plan, including emergency contact details. Make sure you provide an updated plan every year, or if your child's medication changes.

- Show staff members how to use the medication devices, such as spacers and puffers.
- Make sure your child has an up-to-date supply of medication and a spacer at the centre or school.
- Notify staff if your child's asthma changes.
- Tell the staff about any concerns you may have.

### Where to get help

- In an emergency, always call triple zero (000)
- Emergency department of your nearest hospital
- Your **GP (doctor)**
- The **Royal Children's Hospital** has produced a number of videos to help you better understand and manage your child's asthma
- **NURSE-ON-CALL** Tel. **1300 60 60 24** – for expert health information and advice (24 hours, 7 days)
- **National Home Doctor Service** for after-hours home doctor visits (bulk billed) Tel. 13 SICK (**13 7425**)
- **Asthma Australia** Tel. 1800 ASTHMA (**1800 278 462**)
- **National Asthma Council of Australia** Tel. **1800 032 495**
- **Allergy and Anaphylaxis Australia** Tel. **1300 728 000**

**This page has been produced in consultation with and approved by:**

Asthma Australia

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