

Asthma Friendly Schools Programme - Parent / carer guidance

Asthma is a long-term lung condition

It affects the airways (breathing tubes) that carry air in and out of your lungs causing them to become swollen. This makes the airways narrower, so less air gets into and out of the lungs.

If your child has asthma, they may present with various symptoms, some being:

- Wheezing
- Coughing
- Feeling short of breath
- A tight chest.



Sometimes your child might also:

- Complain of a tummy ache
- Lose their appetite
- Say their ribs ache
- Seem more tired than normal
- Breathe faster or more shallow
- Be unable to complete sentences.

Sometimes symptoms can get worse quickly. This is an asthma attack. Symptoms can be triggered by lots of different things and your child will have their own set of triggers, some of which are listed below:



Flu/Chest infections



Hay fever



Thunderstorms



Air pollution/traffic fumes



Cold weather



Pets



Humid or warm weather



Certain foods



Exercise



Alcohol and drugs



Cigarettes and vaping



Obesity



Emotions e.g. stress, excitement, laughing, fear



The best way to lower the risk of your child having an asthma attack or prevent their asthma from getting worse is to make sure:

- They take their medicines as prescribed, even if they feel well
- Your child always has their rescue inhaler with them
- Your child always uses a spacer if their inhaler is a pressurised metered dose inhaler (pMDI). Spacers are not needed with dry powder inhalers.





It can be helpful to monitor your child's asthma symptoms over time to work out what their triggers might be, or if their asthma is getting worse.

Using an asthma care plan helps you to look after your child's asthma, so they're less likely to have an asthma attack. Your child's school should always keep an up to date copy of your child's asthma care plan.



Speak to your GP if your child:

- Needs to use their reliever inhaler more than three times a week
- Wakes up at night coughing or wheezing once a week or more
- Struggles to do exercise
- Needs time off school or nursery because of their asthma.



If your child is having a severe asthma attack, they might:

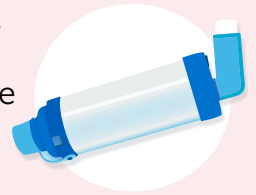
- Breath very fast and with effort
- Flare their nostrils
- Be unable to talk or complete sentences (some children will go very quiet)
- Appear exhausted
- Have a blue/white tinge around their lips
- Go blue
- Collapse.

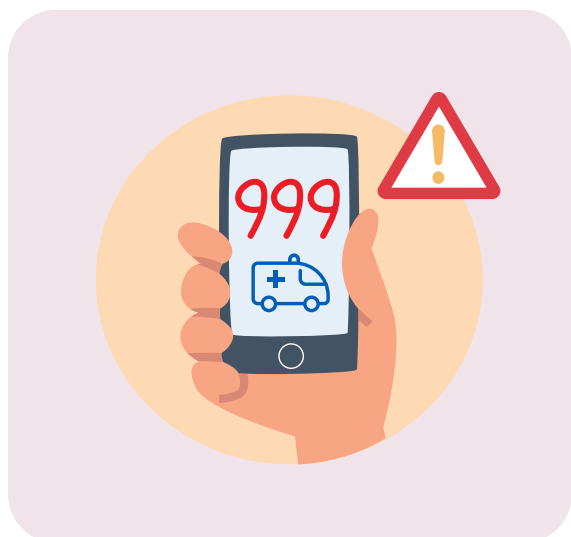
In the event of an asthma attack you should:

- a. Keep calm and reassure your child
- b. Encourage your child to sit up and slightly forward, loosen any tight clothing.

If using a blue pressurised Metered Dose Inhaler (pMDI):

1. Always use your child's inhaler with a spacer
2. Shake the rescue inhaler and insert the inhaler mouthpiece into the hole in the end of the spacer device
3. Put the mouthpiece of the spacer into your child's mouth and ask them to close their lips around to ensure a good seal. If using a mask, place the mask securely over the nose and mouth (spacer with mask is only usually used for a child under 4 years)
4. Press the inhaler canister down to release 1 puff of medicine into the spacer and ask your child to breath in and out of the spacer 5 times
5. Remove from the child's mouth/face, wait 30-60 seconds then repeat from step 4 onwards and give another puff (total of 2 puffs now given)
6. If there is no improvement after 5 -10 minutes, give a further 2 puffs following steps 4-5 (total of 4 puffs now given)
7. If no improvement after 5-10 minutes, give a further 2 puffs following steps 4-6 (total of 6 puffs now given)
8. Stay calm and reassure your child. If your child has responded allow to sit for 15-20 minutes while you observe them. Your child can return to normal activities when they feel better
9. If your child has not responded to 6 puffs stay calm, continue to give 1 puff every 30 to 60 seconds following steps 4-6 up to a total of another 10 puffs
10. If your child does not feel better or you are worried at **anytime** call **999 for an ambulance**
11. If an ambulance does not arrive in 10 minutes give another 6 puff/inhalations in the same way and call **999 for an ambulance** again.





If using a Dry Powder Inhaler:

1. Load the dose in the inhaler according to the device instructions
 2. Ask your child to breathe out completely, but not into the inhaler
 3. Ask them to tilt their chin up slightly and place the inhaler mouthpiece into their mouth, ensuring a tight seal with their lips
 4. Ask your child to breathe in quickly and deeply
 5. Remove the inhaler from your child's mouth and ask them to hold their breath for 5-10 seconds to allow the medication to settle in their lungs
 6. Repeat steps 1-5 (total of 2 inhalations now given)
 7. If there is no improvement after 5 minutes, give a further 1 inhalation following steps 1-6 (total of 3 inhalations now given)
 8. If no improvement after 5 minutes give a further 1 inhalation following steps 1-5 (total of 4 inhalations now given). Continue to give up to a total of 6 inhalations if required
 9. Stay calm and reassure your child. If your child has responded allow to sit for 15-20 minutes while you observe them. Your child can return to normal activities when they feel better
 10. If your child has not responded after 6 inhalations stay calm, continue to give 1 inhalation up to another 6 inhalations (12 inhalations in total)
11. If your child does not feel better or you are worried at **anytime** call **999 for an ambulance**
 12. If an ambulance does not arrive in 10 minutes give another 6 inhalations in the same way and call **999 for an ambulance** again.



You can find more information about asthma at www.asthmaandlung.org.uk

