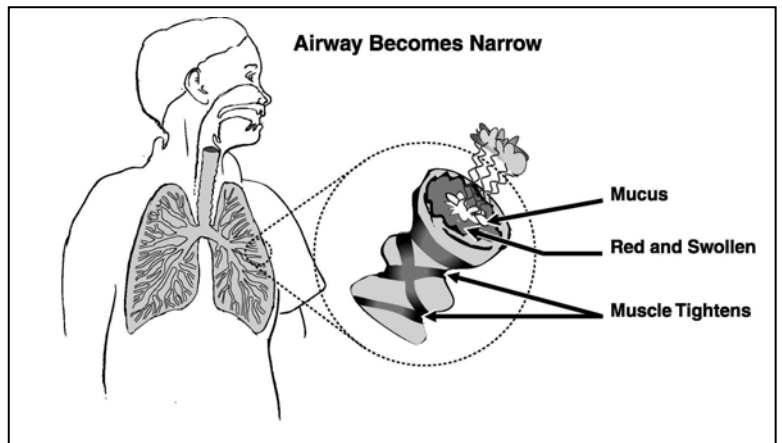
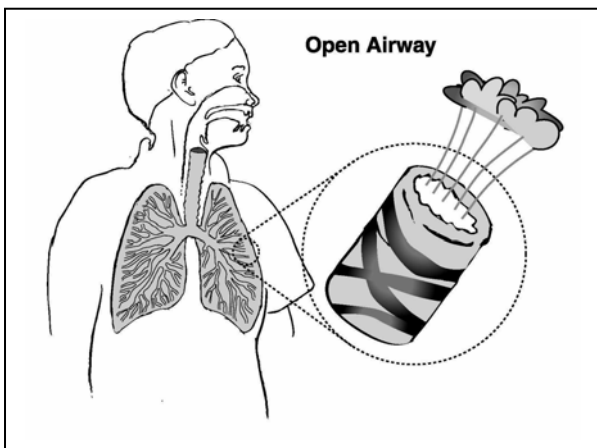


Asthma Attacks

Emergency Treatment

What is an asthma attack?

During an asthma attack the airways inside the lungs become narrow, making it harder to breathe. This can cause wheezing, shortness of breath, chest tightness and coughing.



Common triggers in children

- viral infections (colds and flu)
- allergic reactions
- exercise
- inhalation of cigarette smoke
- weather changes
- emotional stress



Emergency medications

Your child will be given asthma medication through a spacer and puffer. Research shows that using a spacer and puffer is just as effective as a nebuliser and they are also easier and quicker to use.

	Ventolin (Reliever)	Atrovent (Reliever)	Prednisolone (Corticosteroid)
How it works	<ul style="list-style-type: none"> • Opens up the airways to make breathing easier 	<ul style="list-style-type: none"> • Given with Ventolin to help open up the airways • Not all children will need Atrovent 	<ul style="list-style-type: none"> • Reduces the swelling and build-up of mucus in the airways • May help to prevent and/or shorten child hospital admissions • NOT an anabolic steroid (the kind sometimes used by athletes to build up muscle)
How given	<ul style="list-style-type: none"> • Puffer and spacer 	<ul style="list-style-type: none"> • Puffer and spacer 	<ul style="list-style-type: none"> • Syrup or tablets given by mouth
How much	<ul style="list-style-type: none"> • Usually 6 or 12 puffs every 20 minutes, for the first hour • The nurses and doctors will check to see how well the Ventolin is helping 	<ul style="list-style-type: none"> • 4 or 8 puffs • Not usually continued for children admitted to the ward with asthma 	<ul style="list-style-type: none"> • Once a day for 3 days • Some children will need to take it for longer • A short course is considered safe
How fast they work	<ul style="list-style-type: none"> • Within a few minutes 	<ul style="list-style-type: none"> • About 30 minutes 	<ul style="list-style-type: none"> • At least 3 to 4 hours
Side effects (these are short term and not harmful)	<ul style="list-style-type: none"> • Tremor (“the shakes”) • A faster heartbeat • Hyperactivity (being “hyper”) 	<ul style="list-style-type: none"> • Dry mouth • Unpleasant taste 	<ul style="list-style-type: none"> • Increased appetite • “Moodiness”

If your child uses a preventer, these should be continued as usual (eg Flixotide, Qvar, Alvesco, Seretide, Singulair, Intal Forte, Tilade)

Treatment at home after discharge from Emergency Department

- Before you go home, one of the nurses or doctors will show you how to use the spacer and puffer properly. You can also get information sheets on spacers from Emergency Department staff.

Spacers have static, which makes the medicine stick to the insides of a spacer. To get rid of the static, wash your child's spacer like this:

- Wash in warm soapy water (use dish washing liquid).
- **Do not** rinse the soap off.
- Leave to drip dry (**do not** rub dry).

By getting rid of the static you will help to get even more medicine down into your child's lungs

Action plan

You will be given an action plan for your child, this will tell you

- what medication to give your child over the next few days,
- when to see your family doctor and
- what to do if your child ever has another attack of cough and wheeze.

Show this action plan to the GP at your child's follow-up.

Follow these instructions:

1. Give your child the Ventolin puffer through their spacer every 3 – 4 hours. Continue this until the child's cough and wheeze has gone.

Should you wake your child to give the Ventolin?

- No – if your child is sleeping peacefully
 - Yes – if your child is coughing, wheezing or breathing heavily while asleep.
2. Continue the course of Prednisolone as instructed by the doctor.

IMPORTANT!
Do NOT expose your child to cigarette smoke.



Wheezing Child Action Plan

What should I do if my child has another attack of cough and wheeze?

- Give 2 puffs of Ventolin through the spacer as needed, if severe, give 6 puffs

If your child needs Ventolin every 3-4 hours

- See your doctor

If your child needs Ventolin more than every 3 hours

- Your child starts working harder to breathe (fast breathing, sucking around the tummy and ribs, or sucking at the throat)

See your own doctor as soon as possible or return to Hospital

Call an ambulance if your child:

- Needs Ventolin more than every ½ hour, or
- is blue at the lips or
- is scared or frightened because they can't breathe properly or
- is exhausted or
- has difficulty speaking due to breathlessness.

**While waiting for the ambulance:
Give Ventolin - 4 puffs every 4 minutes - through the spacer or
continuously through a nebuliser**

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