

Asthma attack

Advice for Parents and Carers

What is an acute exacerbation of asthma?

A worsening of your child's asthma caused by exposure to one of their triggers. These vary between children but the most common ones are coughs and colds, cold weather, cigarette smoke, pet fur or feathers and pollen.

Asthma Action Plan

Keep this plan with you and take it every time you see the doctor or nurse at your GP surgery (or Hospital). This plan is for patients with asthma – your GP/doctor (or nurse) will fill it in and explain the different medicines to control your asthma. It will also show you how to recognise when the asthma or wheeze is getting worse and what to do about it. By taking steps early – acute attacks can usually be prevented.

When should you worry?

If your child is:

Too breathless to talk / eat or drink

Has blue lips

Having symptoms of cough/wheeze or breathlessness which are getting worse on not improving despite 6 puffs blue ([salbutamol](#)) inhaler every 4 hours

Confused and drowsy

Their peak flow measurement less than 1/2 of their usual reading

Ring 999 for immediate help

Give 1 puff of blue (salbutamol) reliever inhaler every minute until ambulance arrives
Keep child in upright position and reassure them

If your child is:

Wheezing and breathless and blue (salbutamol) reliever inhaler 2-6 puffs is not lasting 4 hours

Having a cough or wheeze/tight chest during the day and night

Too breathless to run / play / do normal activities

Their peak flow measurement is less than 3/4 of their usual reading

Immediately contact your GP and make an appointment for your child to be seen that day face to face

Increase blue (salbutamol) reliever inhaler 6-10 puffs every 4 hours
If using 10 puffs every 4 hourly and symptoms are not improving or getting worse, move to RED

If your child starts to cough, wheeze or has a tight chest but can continue day to day activities; if this continues for more than 5 days contact your GP

Self care

Give 2-4 puffs blue (salbutamol) reliever inhaler every 4 hours until symptoms improve
If you require more puffs and/or have to use your blue inhaler more frequently than every 4 hours move to AMBER

What do I do if I am worried my child has sepsis?

Get advice from a doctor or healthcare professional or ring 111

Your child will need to be examined and have a set of vital signs measured (temperature, heart rate and blood pressure)

Remember most children with fevers or who are unwell, don't have sepsis

Tests

There is no one test to see if your child has sepsis. The tests to look for the infection will vary depending on their age, symptoms and medical history. They can include blood tests, urine tests, chest X-rays and occasionally lumbar puncture (needle in the back to collect spinal fluid)

Your healthcare team should talk to you about any tests or procedures they would like to do, what will happen and what they are for

Remember

If you're worried that your child or baby is not getting better, still seems unwell or is not themselves, you should talk to a doctor or other healthcare professional. It is important to ask for advice if you're worried, even if you have already seen a doctor, are still having treatment, or are back home. This is because the problems caused by sepsis can come on very quickly, and you may need more (or different)

treatment. You should always feel that you can ask questions at any point in your care.

[Symptoms of sepsis - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[Sepsis: what to look out for and what care you should expect \(nice.org.uk\)](https://www.nice.org.uk)

[Paediatric-Leaflet.pdf \(sepsistrust.org\)](https://sepsistrust.org)

Standard technique for use of inhaler and spacer



Choose appropriate sized spacer with mask (or mouthpiece if child is over 3 years with good technique and is not significantly short of breath).



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1. Shake the inhaler well and remove cap
 2. Fit the inhaler into the opening at the end of the spacer
 3. Place mask over the child's face or mouthpiece in their mouth ensuring a good seal
 4. Press the inhaler once and allow the child to take slow breaths between each dose
 5. Remove the inhaler and shake between every puff. Wait 1 minute between puffs

Repeat steps 1 – 5 for subsequent doses

Plastic spacers should be washed before 1st use and every month as per manufacturer's guidelines

For videos on using your child's inhaler and spacer correctly see

goo.gl/235DQf



Treatment over next few days



You may have previously been issued with advice to gradually reduce the number and frequency of puffs of their blue ([salbutamol](#)) rescue inhaler over a few days (a weaning plan). We now recognise that 'weaning plans' may hide the more serious symptoms which should be reassessed earlier by the GP or in hospital for further potential treatment. As a result, we now use personalised asthma action plans that tailor the amount of rescue medication to your child based on how comfortable they are with their breathing.

Following discharge from hospital you should expect that your child will still require further doses of their rescue inhaler. You should check how they are at least every 3-4 hours to assess whether they need another dose. It may take 2-3 days for symptoms to settle fully.

If they are still having symptoms, give 2 puffs of the rescue inhaler, increasing up to 6 puffs if needed. If this does not settle their symptoms or they need the inhaler more often than every 4 hours you should seek urgent advice.

Other concerning symptoms (as outlined in the table above) include: drowsiness, change in colour, being too breathless to speak or eat, persistent cough or worsening wheeze. If this occurs you should follow the emergency plan and given 10 puffs of the inhaler and call an ambulance.

In the event that your child has been started on steroid tablets, these should be continued once daily (usual treatment course is 3-5 days). You should continue your child's normal preventer treatment(s) during an acute exacerbation of asthma

You must arrange a GP appointment within 48 hours of discharge to check that their original asthma attack has subsided.

In some circumstances you may be advised to have a higher dose of rescue medication for 1-2 days prior to following your personal asthma action plan.

Looking after yourself or your child with asthma



Ensure your child always has access to their reliever (blue) inhaler and spacer

Start reliever treatment early at the start of cold symptoms (such as runny nose). Be vigilant for worsening symptoms and follow the green/amber/red traffic lights on your child's personalised asthma action plan

Remember to leave a spare reliever inhaler (with/without spacer) at school for your child and ensure that it is kept in date

Remember to take inhaler with you or your child on any trips away from home

Always use the correct inhaler device as prescribed for you or your child

Remember a spacer is the best way to deliver reliever treatment in an emergency

Remember to keep any follow up appointments and attend their annual GP asthma review and flu vaccine

If your child has been discharged from hospital following an exacerbation, you should arrange for them to be seen in the next 48 hours by the GP/Practice nurse

It is important that your child takes their steroid (preventer) inhaler regularly if one is prescribed to reduce the number of exacerbations

Make sure your child is not exposed to tobacco smoke. Passive smoking can seriously damage your child's health. It makes breathing problems like asthma worse. Remember smoke remains on your clothes even if you smoke outside. If you would like help to give up smoking you can find information [here](#)