

Dr Jenny Gregor  
Neonatologist & Paediatrician  
Suite 3, Ground Floor  
271 Clayton Rd  
CLAYTON VIC 3168  
Ph: 1300 657 257  
Fax: 03 8526 0302  
[www.carepaediatrics.com.au](http://www.carepaediatrics.com.au)



## **Asthma**

Asthma is a common condition caused by narrowing of the small air passages in the lungs. The narrowing happens because the air passages become swollen and inflamed. This causes wheezing, coughing and problems with breathing. Asthma is very common and up to 25 % of children will have wheezing at some time. The most common symptoms you may see if your child has asthma is wheezing (whistles) increased effort when breathing particularly when your child is exercising or has a cold (chest and tummy muscle suck in) and coughing (often at night when it is cooler). If your child is struggling to breathe always seek medical attention and please call an ambulance if you are concerned. Symptoms of asthma will often go on for at least a few days. Your child may need ventolin every few hours until they improve. Some children also need a three day course of prednisolone (steroid) medication to help the inflammation and swelling in the airways settle down.

### **Causes:**

Asthma often runs in families and can be related to other allergic conditions like eczema, hayfever, and food allergies.

### **Triggers:**

Common triggers for asthma are viral infections (colds and flu). Viruses are very common in the under 5-year old age group. Your child may become wheezy and cough more if they develop a runny nose and a fever. There is no cure for viruses therefore antibiotics that treat bacterial infections are unlikely to be helpful. Exercise is also a common trigger and children who have asthma made worse by exercise will often need ventolin given just prior to exercise and during their sport if they develop symptoms. If your child is allergic to pollens, grasses, pets they can also develop problems with breathing if they are exposed to these allergens. Smoking should be avoided around children with asthma and even if you smoke outside the smoke particles in clothing can trigger an asthma attack.

### **Treatment:**

There are two main types of treatment for asthma: relievers and preventers. Asthma can usually be well controlled in most children.

Relievers assist asthma symptoms during an attack. These include ventolin (most common), Bricanyl, and Respolin. These are called bronchodilators and they work by relaxing the narrowing of the breathing tubes. Prednisolone is a type of steroid that is used in acute attacks of asthma that require frequent

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ventolin (less than three hours apart). Prednisolone reduces the swelling of the air passages but will take around six hours to work. Side effects from prednisolone are very unlikely when it is only used for a few days.

Preventers help prevent attacks from happening or decrease the frequency of attacks and are usually inhaled. These include Flixotide, Pulmicort (both inhalers), and Singulair (tablet). Preventative medicines have to be taken every day to work and are prescribed if your child is having frequent attacks. It is very important that unless a doctor tells you otherwise to continue to give your child the preventer medication even when they are well.

Most children with asthma who only wheeze when they have a viral infection do not need any treatment between the attacks. Inhalation is the best way to take most asthma medicines. Spacer devices are usually equally as effective as nebulisers and are more portable therefore are easy to take to school and childcare in your child's bag. Most children will get used to using the spacer pretty quickly. Make sure that your school-aged child understands how important the medication is and to tell an adult if they are feeling unwell.

If your child is having problems with catching their breath or are unable to speak in sentences or are looking blue you need to administer ventolin as per plan below. If you are worried at any point in time call an ambulance 000.

### **Asthma action plan:**

I will develop an asthma action plan that is tailored to suit your child. This will tell you which symptoms to look out for and how to treat mild symptoms at home. The plan will also let you know when an attack seems to be more severe and when to take your child in to see either myself, your family doctor or when to take your child to an emergency department to be reviewed. Please make sure that anyone who cares for your child in your absence (childcare, teachers at school) have a copy of the action plan and know where to find your child's inhaler medication. The plan will tell you how to prevent asthma attacks and how to manage asthma attacks when they happen. The plan should be kept in a place where you can find it easily.

### **General plan for asthma attacks:**

1. Sit your child down and keep calm yourself.
2. Immediately shake a blue reliever puffer and give 6 separate puffs (12 puffs if your child is 6 years old or older). Use a spacer if possible.
3. Wait four minutes and if there is no improvement in your child's asthma repeat step 2.
4. If still no improvement after four minutes, call an ambulance immediately on 000. State that your child is having an asthma attack. Continuously repeat steps 2 and 3 while waiting for the ambulance.