Inhaled treatments are given by two different types of devices:

- **Aerosol:** Metered Dose Inhaler (MDI), Evohaler, Easi-Breathe.
- **Dry powder for inhalation:** Turbohaler, Clickhaler or Accuhaler.

The type of inhaler device recommended for your child will depend on their age. Type of device recommended:

Holding chamber: Yes / No
If yes, state colour:

The asthma/allergy nurse will show you how to use your treatments.

Holding chambers or 'spacers' should be maintained as follows:

- Soak the chamber for 15 minutes in lukewarm water with mild detergent approximately every 2 weeks.
- Shake out excess water and air dry upright.
- Replace holding chamber every 6–12 months.

Other airways treatments

- **Montelukast (Singulair)** Available as granules or tablets. Singulair helps to calm the airways of the lungs.
- **Theophylline (Slo-phyllin)** Theophylline capsules are used as a bronchodilator for asthma.
- **Antihistamine tablets/solutions (Xyzal, Cetirizine, Neoclarityn, Telfast, Piriton)** Antihistamines are used in the treatment of allergies and are used to help control your child's trigger factors.
- **Nasal sprays (Avamys, Nasonex, Beconase)** Nasal sprays are used to treat inflammation of the nasal passages (allergic rhinitis).

This is to confirm that I have received information on managing my child's asthma.

Signature:

-- Date: ----------------------

Asthma information for parents

Child's name: --

Address: ---

DOB: ---

GP: --

Telephone: ---

Asthma/allergy nurse: --

Telephone: ---

Hospital consultant: ---

For further information on asthma visit:
- www.asthma.org.uk
- www.lunguk.org

What is asthma?

Asthma is an inflammatory disease of the airways. The inflammation causes the airways to narrow, which can make it difficult to breathe.

What are the symptoms of asthma?

- Wheezing (a whistling sound when breathing).
- A cough which is worse at night, after physical activity or which keeps coming back.
- Shortness of breath, especially after physical activity.
- A tight chest − some children may describe this as having a sore tummy or tight pain in their chest.

Your child may not have all these symptoms.

What causes an asthma attack?

An asthma attack can be triggered by various factors, including:

- a cold
- animals
- pollen
- tobacco smoke
- sprays, eg perfume or polish
- physical activity
- house dust mites
- changes in weather.

How can I help my child's asthma?

Using the medication prescribed in the **green** section of your asthma action plan should keep your child's asthma under control, although he or she may still experience occasional symptoms.

You can also help your child's asthma by:

1. Making sure your child takes all medication prescribed.
2. Stopping smoking. Failing this, do not smoke indoors or in cars.
3. Reducing house dust mites by:
   - damp dusting;
   - cutting down clutter;
   - vacuuming soft furnishings regularly with a high filtration (HEPA) vacuum cleaner;
   - vacuuming the mattress every two weeks;
   - using hypoallergenic pillows and duvets and using pillow, duvet and mattress covers for added protection;
   - placing cuddly toys in a plastic bag in the freezer for six hours once a month and then defrosting and vacuuming them.

What if my child's symptoms get worse?

When your child's symptoms get worse (eg coughing a lot, wheezing, getting breathless), use the reliever and any other medication as instructed in the **amber** section of your action plan.

If your child doesn't respond well or responds well but:

- continues to need the reliever every four hours; or
- needs the reliever before the four hours are up;

contact your GP/out-of-hours GP or asthma nurse that day.

What if my child has a dangerous asthma attack?

If your child has any of these signs:

- coughing or wheezing all the time;
- tired and too breathless to talk;
- using his or her tummy muscles to help breathing;
- shows a change in skin colour, such as paleness or a blue tinge;

you should:

- give reliever as instructed in the **red** section of your asthma action plan;
- loosen any tight clothing;
- give your child space to breathe, encourage him or her to sit in an upright position;
- **take your child to hospital immediately (or ring 999 for an ambulance).** On the way to hospital or while waiting for an ambulance, give further doses of reliever as instructed in the **red** section of your asthma action plan.

Treatments

Inhaled treatments fall into three main groups:

1. **Relievers (bronchodilators): (blue in colour)**
   Relievers open up the airways to make it easier to breathe. They act quickly and aim to give relief for up to four hours. They should only be taken when needed.
   The main relievers are: Salbutamol (Ventolin) and Terbutaline (Bricanyl).

2. **Preventers: (brown or orange in colour)**
   Preventers are steroid based and reduce airway inflammation. Preventers must be taken every day even if your child is well. A drink is recommended after inhaled steroids; side effects can include a sore throat or oral thrush. If using a facemask, wipe your child's face after treatment with a damp face cloth.
   Types of preventers: Beclomethasone (Clenil, Qvar), Budesonide (Pulmicort), Fluticasone (Flixotide), Ciclesonide (Alvesco).

3. **Combined treatments: (red/white or purple in colour)**
   Combined treatments contain a steroid and long-acting reliever; their aim is to reduce airway inflammation. Combined treatments are taken twice daily (unless indicated otherwise by your doctor).
   Types of combined inhalers: Budesonide/ Formoterol fumarate (Symbicort) and Fluticasone/Serevent (Seretide).