

Asthma

What is asthma?

Asthma is a medical condition that affects the airways (breathing tubes that carry air to the lungs). It can be controlled with medication so that children can lead normal active lives.

What causes it?

Children with asthma have sensitive airways that overreact when exposed to certain triggers such as a cold or cigarette smoke. The muscles in the walls of the airways tighten, the lining of the airways swell (become inflamed) and extra secretions are produced making it hard to breathe. This is called an episode of asthma, asthma flare up or asthma attack.

It is not clear why some children have sensitive airways. There is evidence that exposure to cigarette smoke during pregnancy and early childhood increases the risk of a child developing asthma.

Asthma is more common in children whose family members also have asthma and those with allergic conditions including eczema and hay fever.

What is a trigger?

A trigger is something that brings on an asthma attack. Colds or chest infections are the most common triggers. Other triggers include smoke (cigarette or fire), animals, dust, pollen, mould, exercise, changes in temperature and emotions (such as stress or laughter).

Signs and symptoms

- wheeze (a high-pitched raspy sound or whistle when breathing out)
- shortness of breath
- tightness in the chest
- cough, especially at night, early in the morning or with exercise

Symptoms vary between children and between attacks. Life-threatening attacks are always possible.

How is it diagnosed?

A doctor can diagnose asthma by listening to your child's chest and talking to you about your child's symptoms. When well, older children may do breathing tests with their GP to measure how much air is getting into the lungs.

What is the treatment?

Asthma is controlled with medications including relievers, preventers and steroids. Your child's doctor will tell you what medication is needed. Your child should only take the asthma medication the doctor has recommended.

Relievers and preventers are usually inhaled (breathed in) using a puffer so the medicine goes straight into the lungs. Children should always use a spacer (cylinder-shaped device) with a puffer. See [puffers and spacers fact sheet](#).

Relievers e.g. Ventolin, Asmol, Bricanyl

- relieve asthma symptoms by quickly opening the airways
- work very quickly (in about four minutes) and last up to four hours
- can be purchased from a pharmacy without a prescription when you run out

Preventers e.g. Pulmicort, Flixotide, Singulair

- prevent asthma attacks by reducing the swelling and mucus in the airways
- take a few weeks to work
- only available on prescription
- can cause oral thrush – rinse mouth thoroughly after use to avoid this

Steroids

- treat asthma symptoms in some children during, and for a short time after, an asthma attack
- only available on prescription



When should I use medication?

Relievers

- when your child has symptoms
- if directed by the doctor, before exercise

Preventers

- every day, even if your child feels well

Steroids

- if needed, as directed by your doctor

Care at home

- make sure your child knows how to take their medication and always has it with them
- follow the Action Plan prepared for your child by their doctor
- keep the Action Plan in a safe place so you can find it easily and quickly
- share the Action Plan with anyone who cares for your child e.g. relatives and teachers
- encourage your child to exercise (fitter children cope better with an asthma attack)
- keep your child away from cigarette smoke
- talk to your GP about vaccination against the flu (children with severe asthma are more likely to get sicker with the flu)

Things to remember

- Always follow your child's Action Plan.
- Use reliever medication to treat asthma symptoms.
- Take preventer medication every day even if your child is well.
- Make sure your child always has their reliever medication and spacer with them.
- Life-threatening asthma attacks are always possible.

Further information

Fact sheets and videos on the Children's Health Queensland Hospital and Health Service website www.childrens.health.qld.gov.au/. Search for "CHQ factsheets" or scan the QR codes below:



**Pre-school
wheeze**



**Puffers and
spacers**



**Asthma
video series**

National Asthma Council of Australia

www.nationalasthma.org.au/

When should I see a doctor?

Call 000 immediately and continue using the reliever if your child has:

- **a lot of trouble breathing or talking**
- **blue lips**
- **symptoms that get worse very quickly**

See your local doctor or visit the emergency department of your nearest hospital if:

- the reliever is needed more than every 3 hours
- your child wakes at night with wheezing
- the reliever is needed at least every 3 hours for more than 24 hours

Your child should have regular checks by their GP as symptoms and medications may change. If your child has been in hospital, they should see their doctor within a week of going home.

FS055 developed by Emergency Department, Queensland Children's Hospital. Updated: August 2019. All information contained in this sheet has been supplied by qualified professionals as a guideline for care only. Seek medical advice, as appropriate, for concerns regarding your child's health

