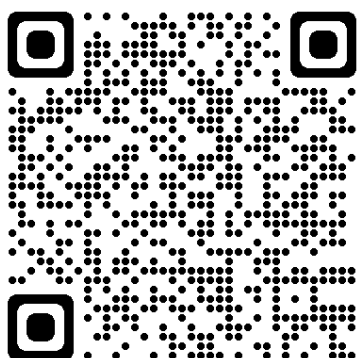


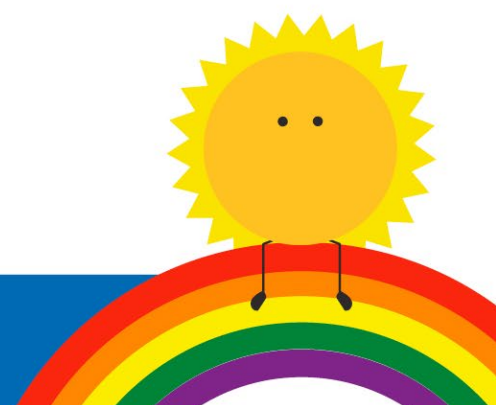
Patient information

# Asthma & Wheeze

## How to keep your child well

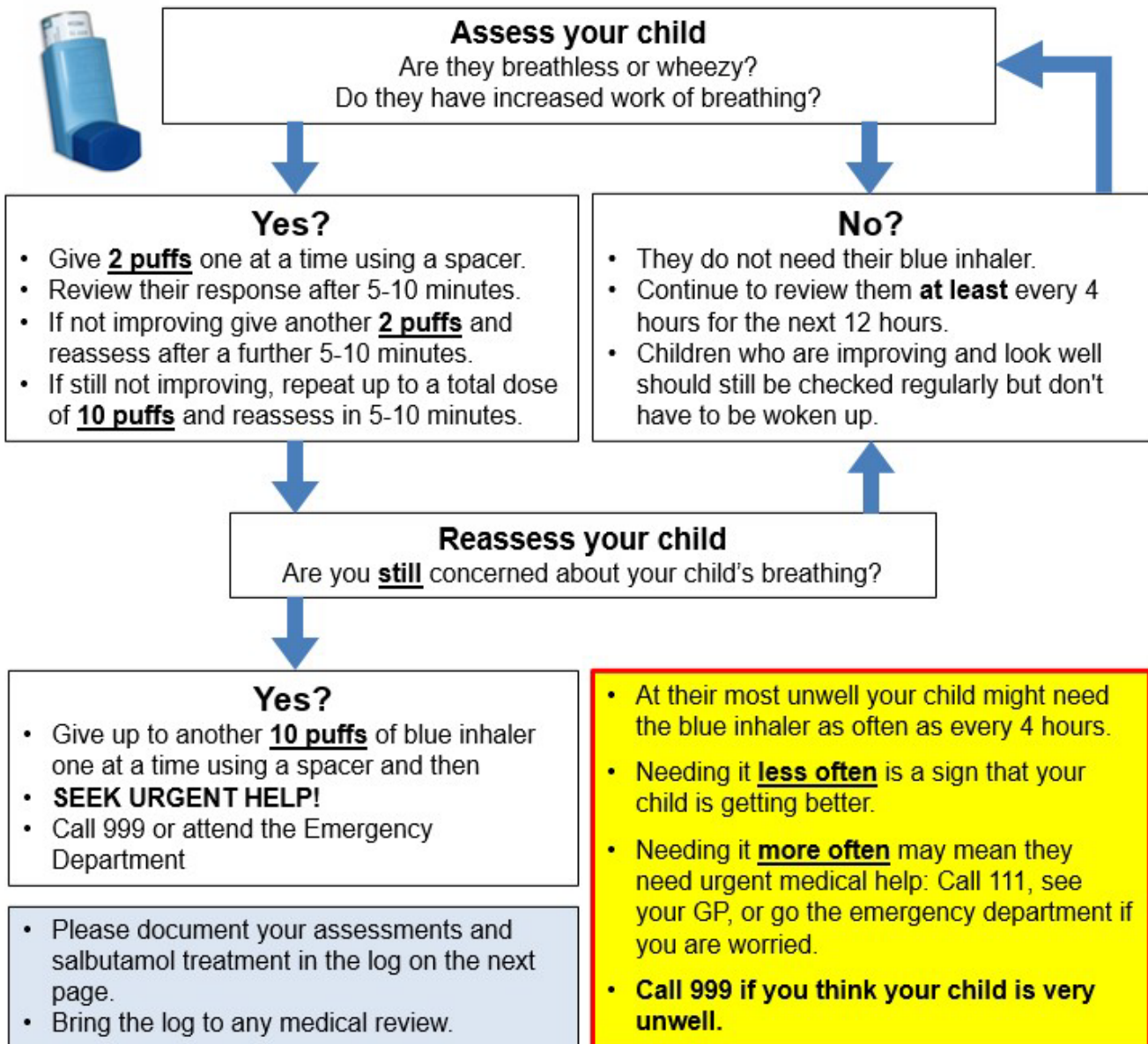


Young Barts Health



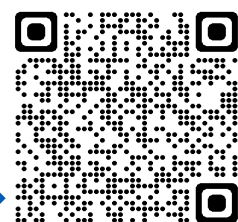
## Using Salbutamol (blue inhaler) to treat wheeze at home

When your child is wheezy it is important to use the blue inhaler to treat their symptoms. This flow chart can guide treatment during an asthma attack, and can help you reduce treatment safely as your child recovers. It is important to assess your child's symptoms regularly and at least four hourly to be sure they are getting better. This is particularly important at night and first thing in the morning.



If you cannot hear a wheeze, an increase in your child / young person's work of breathing can also be a useful sign of airway narrowing. Scan the QR code for an example

or visit: <https://tinyurl.com/breathlesschild>



## Record of symptoms and inhaler use:

This is designed for use while recovering from a wheeze attack, whether your child has needed hospital or not. You can take this to your child's post attack review \*

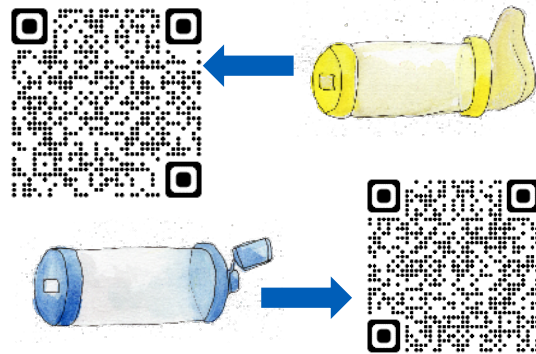
Date	Time	Any symptoms?	Number of puffs given
<p>It's been 1 day since discharge from hospital -the number of puffs you are needing to give should be decreasing. If you are still giving 10 puffs 4 hourly please return to the Emergency department.</p>			
<p>It's been 2 days since discharge from hospital - The number of puffs and how often they are needed should be decreasing. If not contact your GP, 111 or go to the Emergency department.</p>			
<p>Are you happy that your child / young person is getting back to normal or are they still needing a lot of blue inhaler? If you are concerned please contact your GP or 111</p>			

It is important to be reviewed by your G.P. practice after an attack - turn to page 5 for more information.



## How to take an inhaler with a spacer

Scan these QR codes with a smartphone camera, or look at the link below to see inhaler technique with mask and mouthpiece spacers:



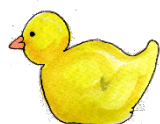
<https://www.asthma.org.uk/looking-with/inhaler-videos/spacer-no-mask>

1. Shake the inhaler and remove cap.
2. Fit the inhaler into the opening at the end of the spacer.
3. Place the mask over the child's face or mouthpiece in their mouth, ensuring a good seal (most children aged over 3 years should be able to manage without a mask).
4. Press the inhaler once and allow the child to take 5 slow breaths  
or  
slowly count to 10 whilst they breathe through the spacer.
5. Remove the inhaler and shake it. Wait 1 minute before giving a second puff

Repeat steps 1 – 5 if more puffs are needed.

Plastic spacers should be washed before being used for the first time and then monthly according to manufacturer's guidelines.

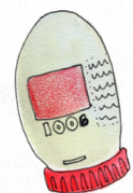
**Your spacer should be washed monthly.** Take your spacer apart and wash it in warm, soapy water (like your dishes).



Leave it to drip dry, please don't rub it dry or use a cloth – it makes the inside static and the medicine will stick to the inside of the spacer!

If your inhaler doesn't look like the one in the photo above, or it doesn't seem to work with a spacer, you should check with your doctor or nurse that it is OK for your child.

[www.asthma.org.uk](http://www.asthma.org.uk) have videos showing how to use inhalers.



## What do do after an asthma / wheeze attack

If your child has had an asthma/wheeze attack, whether they have needed hospital or not, they need to be seen within a few days at the G.P. practice. This is sometimes called the post-attack or "48 hour" review.

### This is to:

- Check they are recovering well
- To understand what caused the attack and help prevent another
- To see whether your child might need their everyday medicines changed, and make sure you have enough at home to keep them well
- Update your child's asthma plan, and help you feel confident using it.

## Videos: using a spacer in different languages

Scan this QR code with a smartphone to find guidance in your language.

There are videos for checking your child's breathing, inhaler technique and advice.

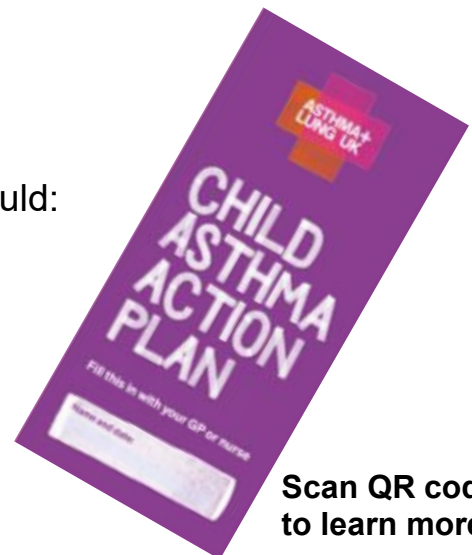


<https://tinyurl.com/NELasthma>

## Asthma friendly schools

Is your school asthma-friendly? The school should:

- Know you have asthma and have a copy of your asthma / wheeze plan
- Know where your emergency inhaler and spacer are, and how to use them.
- Know who to tell if they are worried about your child
- Know when it's an emergency



Scan QR code to learn more

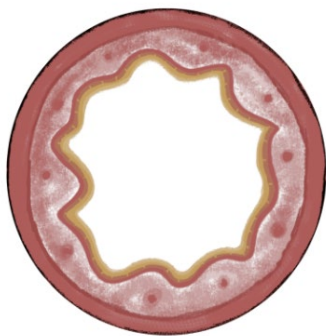
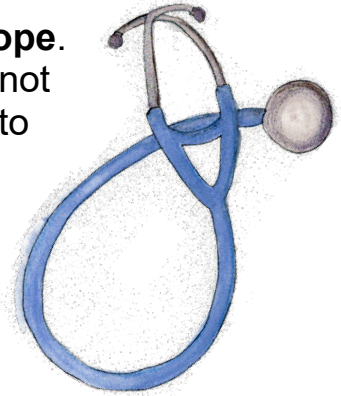




## What is wheeze?

Wheeze is one of the main symptoms of asthma, but it also happens in other conditions that are not asthma. It can happen at any age. It is a whistling sound caused by narrowing of the airways (breathing tubes).

This can sometimes only be heard through a **stethoscope**. It has many causes including viral infections. If you cannot hear a wheeze, noticing that your child is working hard to breathe can be a useful sign of airway narrowing.



### Well-controlled asthma

Having asthma or wheeze doesn't mean your breathing will always be a problem. If you use your medicines as prescribed you can breathe easily all the time.



### Poorly-controlled asthma

When things are not under control, the breathing tubes become inflamed (red, sore, swollen and sensitive). They will also make more mucus and twitch more, meaning you might cough.



### Asthma attack

This shows the airway of someone having an attack. The inside of the tube is so red, sore and swollen that air gets trapped, and can't get in and out easily. Air will squeeze through, making a wheezing (whistling) sound. There is much more mucus than before which adds to the feeling of chest tightness.



## How, why and where the medicines work:

The controller inhaler is **LIFE SAVING**. It only works if used every day:



It is **SAFE**, stops you needing your blue rescue inhaler, and keeps you well.

- It makes the blue rescue inhaler **work better in an asthma attack**
- It stops your asthma triggers causing an attack
- It stops you needing steroid tablets or going to hospital
- It goes straight to the lungs where it's needed
- **It doesn't work fast but it works well – use it regularly**

The **blue inhaler** is a **RESCUE** treatment, only use it if you have symptoms:



### **REGULARLY OVERUSING:**

Shows poor asthma control if used more than twice a week.

Can hide symptoms that show your asthma is worse

Can make the salbutamol (blue inhaler) work less well

Can cause side effects like a fast heart rate and shakiness.

### **IN AN ASTHMA ATTACK:**

Use **UP TO 6 puffs every 4 hours** for up to 24 hours if needed.

**Needing more is an emergency.**

You must follow your wheeze plan and seek help

**Repeated** high doses (6-10 puffs) need hospital monitoring.

### **IN RECOVERY:**

Use the blue inhaler up to 6 puffs as needed until back to normal. Needing it 4 hourly or more means the asthma attack is ongoing – seek medical attention.



## The Preventer or Controller Inhaler

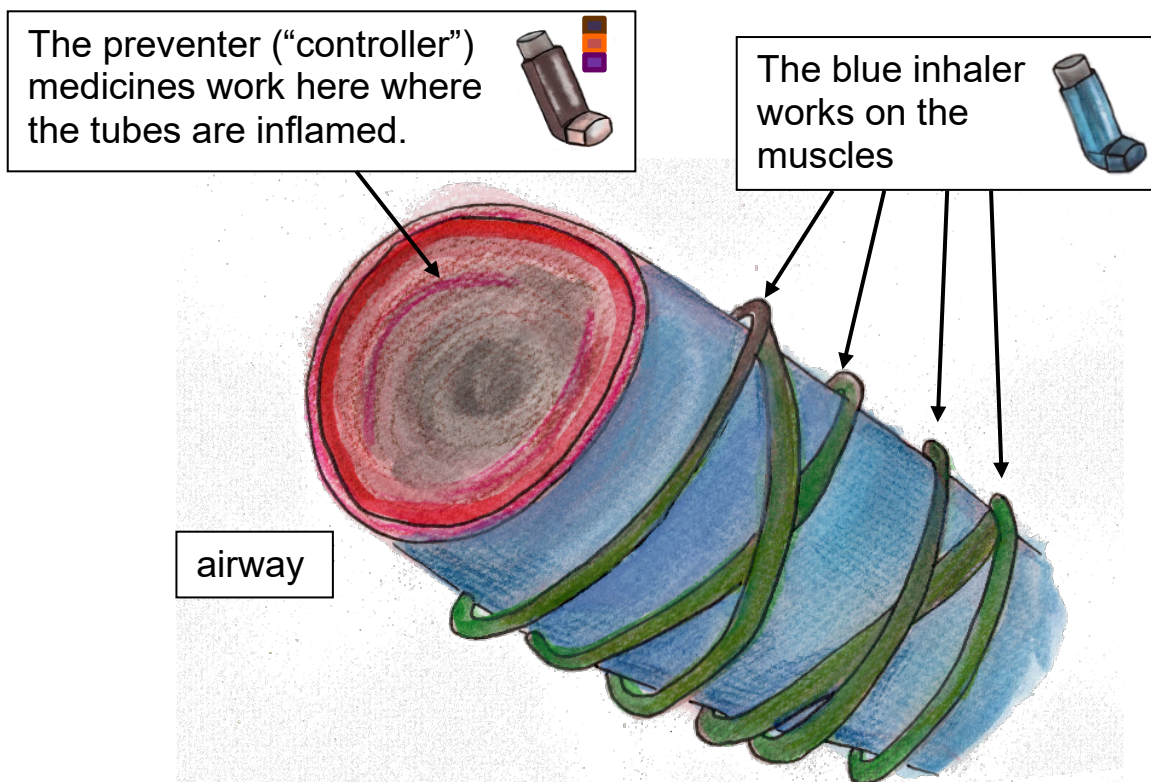
This inhaler (usually brown, purple or orange) settles down the inflammation in the airways. It works slowly but this is the treatment that deals with the main problem. This is why we MUST give it, with a spacer, every day, even when we are well.

## The Rescue or Reliever Inhaler

This inhaler is usually blue. It works on the muscles wrapped around the breathing tubes. These are like elastic bands; they are usually relaxed, but during an attack they can tighten and squeeze the airways, making it hard to breathe. The air squeezing through makes a whistling noise called a wheeze.

Wheeze is a sound that comes from the lower airways, when we breathe out through narrowed airways.

The inhaler tells the muscles to relax, which opens the tubes and allows air to move through normally. This inhaler works fast when it is needed, but doesn't help prevent attacks like the controller does.





## Triggers

Common triggers include things like weather (this can be hot, cold, dry, humid, thunderstorms – anything, really...). For some people with asthma changes in weather patterns are a bigger problem than the weather itself.

Other triggers include food allergies, dust, animal fur, feathers, pollen, exercise, reflux, emotions, hormonal cycles, colds and other viruses. These are different for everyone. It is important to know your triggers and how to avoid or minimise them.

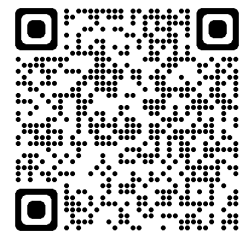
Environmental irritants affect everyone's airways but they can be especially tricky for people with asthma. These irritants include tobacco smoke, e-cigarettes, air pollution, damp and mould.

Air Pollution is a trigger we are learning more about every day. Vehicle exhausts are a major cause of air pollution and can affect passengers as well as pedestrians.

### Tips to reduce the impact of air pollution:

Use quieter roads and paths to keep away from traffic (this is especially important on the way to and from school if possible). Travel outside of rush hour where possible. Encourage the whole family to walk, cycle or scoot more - air pollution can actually be higher inside a car than outside. It also helps reduce pollution for everyone else.

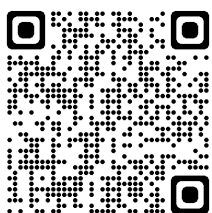
You (or your grown-up) can sign up for safe air pollution alerts to come to a mobile phone [www.cleanairhub.org.uk](http://www.cleanairhub.org.uk) Try to use fragrance-free and low-chemical cleaning products. These will help your indoor environment.



<https://www.cleanairhub.org.uk/tower-hamlets> for tips, and to sign up to alerts

## Smoking

We know that cigarette smoke is bad for our lungs. For help quitting smoking, go to [www.smokefree.org](http://www.smokefree.org) or speak to your GP who will be happy to help.



Scan the QR code to visit the site



## The Digital Health Passport

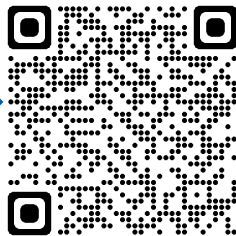
The Digital Health Passport is a mobile app for children, young people and their grown-ups.

### Your asthma care at your fingertips:

- Carry your asthma plan with you
- Know what to do in an attack
- Remind yourself to take your medicines
- Get alerts for pollen and pollution where you are.

### Download it here:

Scan the QR code to download in the App store & Google Play



TinyMedicalApps.

UCLPartners  
Academic Health Science Partnership

NHS

England



Digital Health Passport

## Asthma + Lung UK

This is a charity with lots of helpful advice for you and your family.

They have helplines via email, telephone and whatsapp:

Email: [helpline@asthmaandlung.org.uk](mailto:helpline@asthmaandlung.org.uk)

Whatsapp: 07999 377 775

Phone: 0300 222 5800



### If English is not your first language:

They also offer support in other languages.

Call and tell them your name, telephone number and which language you need. They will call you back with an interpreter. They have specialist nurses on the telephone and whatsapp line who can help guide you to videos, help you use your inhalers, and can send you information.



## Assessing difficulty with breathing

It is important to know how to tell your child is having trouble breathing. There are a few signs that we can spot in a child that is struggling:

- **Recession** – this is when you can see the skin pulling in either in between or under the ribs. Sometimes this might be in the middle of the chest and this is a worrying sign.
- **Tracheal Tug** – this is when the neck **pulls in over the windpipe**.
- **Babies** might also bob their heads and **flare their nostrils wide**.
- **Can they speak or eat?** It is important to notice whether your child is able to speak in their usual way- can they speak in full sentences, or are they just using single words- or not speaking at all?

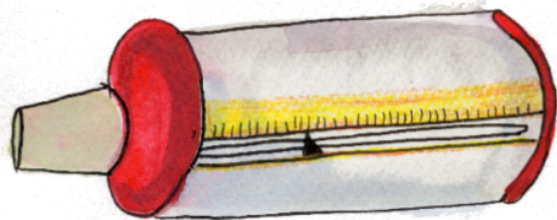
## Peak Expiratory Flow (“Peak Flow”)

When your child is able to do the technique, we might try using Peak Flow.

Peak flow is a measurement of how **fast** air moves through the airways (breathing tubes). It is measured in litres per minute (l/min). You can get different kinds of peak flow meter, but you will always get a number as a result. It is helpful to know what your usual and best numbers are.

We often use peak flow as a test to measure **how narrow the airways are**. We know that when someone with asthma or wheeze comes into contact with a trigger it can make the muscles around the airways squeeze them tight. If airways are already inflamed they can be quite twitchy and tight already.

We measure peak flow against your height, to see what we expect you to blow. If you know your personal best, you can use peak flow at home to tell if you need your blue inhaler.



One type of peak flow meter.



## Large print and other languages

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিন্টের মত বিকল্প ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যেতে পারে। আরো তথ্যের জন্য আপনার ক্লিনিক্যাল টিমের সাথে কথা বলুন।

Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

یہ معلومات متبادل فارمیٹس میں دستیاب کی جا سکتی ہیں، جیسا کہ پڑھنے میں آسان یا بڑا پرنٹ اور درخواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید معلومات کے لیے، اپنی کلینکل ٹیم سے بات کریں!۔

## Tell us what you think

Tweet us [@NHSBartsHealth](https://twitter.com/NHSBartsHealth)

Talk to us via [facebook.com/bartshealth](https://facebook.com/bartshealth)

Leave feedback on NHS Choices [www.nhs.uk](http://www.nhs.uk)

## Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services: [www.bartshealth.nhs.uk/pals](http://www.bartshealth.nhs.uk/pals)

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All our patient information leaflets are reviewed every three years.

