

ASTHMA CARE TIPS

Asthma is a very common chronic illness in children. Fortunately many children with asthma will outgrow their illness and their need for medication. Until they do, and for the few who have more serious asthma, it is important to understand:

- What are the things that trigger my asthma? How can I avoid the triggers?
- What are my medicines and how do I use each one?
- When do I need to call my doctor?
- When do I need to go to the emergency room?
- Do I have a working Asthma Action Plan?

Diagnosis:

Many infants will have episodes of wheezing, often called **bronchiolitis**, sometimes associated with an **RSV infection**. Only some of these infants will go on to be diagnosed as having asthma. Making a diagnosis of asthma can be tricky and time-consuming because kids with asthma can have very different patterns of symptoms. For the typical child with asthma a common cold will trigger an asthma attack with obvious wheezing and shortness of breath. Other times a child simply has a chronic night time cough but is fine during the day. Another child might have chest colds that last too long. Some children and adolescents only have obvious symptoms with exercise (**EIA**). Many children, especially if they do not have a family history of asthma and allergies, often outgrow their asthma.

Many children with asthma also have **eczema**. Some go on to develop allergies as they get older. Kids with a family history of asthma, allergies, worse symptoms, may continue to have problems with attacks of wheezing requiring more intensive monitoring and medications.

All children with asthma should be able to participate fully in all activities of childhood and adolescence.

Treatment:

- Identify and avoid **triggers** when possible – this is possible if your child is allergic to cats (find the cat another home or put it outside) or milk (offer a milk substitute), but not so easy if the trigger is viral colds or springtime pollens. There are things that can be done in the home to minimize triggers. The place to focus is the child's bedroom as that is where he/she spends nearly half the time. Ask your child's doctor for information about "trigger proofing" your child's bedroom with such things as pillow and mattress covers, reducing dust collectors such as toys and stuffed animals, cleaning carpet and window coverings, etc.
- **Reliever medications** – Reliever medication treat the wheezing symptom itself and are used at 4-6 hour intervals during an asthma attack. Albuterol is the generic name for the most commonly used reliever medication. It is given in inhaled form, either with a **puffer** or with a nebulizer. Some brand names are Ventolin, Proventil, and ProAir. Infants can use puffers with a **spacer** and a **mask**. These medications tend to increase the child's heart rate and can cause them to be hyper for a while. They should not be given at less than 4 hour intervals and the need to do so indicates increased severity of the attack. This is an indication to call the doctor.
- **Controller medications** – These are usually a form of steroid that is inhaled with a puffer and spacer/mask or put in a nebulizer. They are used by children with recurrent or persistent asthma symptoms and are given on a daily basis regardless of symptoms. If your doctor prescribes one of these medications, be sure to get a clear answer as to when to stop taking it. If

you run out, call to find out if you should get a refill. Some controller inhalers have reliever medication in them as well. These inhalers look a bit different. The steroid in this inhaled medicine does not lead to the side effects that taking steroids by mouth for a prolonged period can cause. Their benefit in controlling the child's asthma outweighs the side effects. One side effect is **thrush** in the mouth. This can be prevented by rinsing the child's mouth after using the inhaler.

- **Allergy medications:** Children with asthma who also have significant allergies will benefit from being evaluated and treated by an allergy specialist. Controlling the child's allergies often leads to fewer problems with the asthma. Examples of allergy medications include Singulair, Cromolyn, and **immunotherapy**.
- Every child with asthma should have an **Asthma Action Plan**. This is a one page form that is completed with the help of the child's doctor and includes information specific to the child. The top part lists the child's health care contacts, medications, and triggers. The next three sections are organized like a traffic light into green, yellow, and red zones. In each zone there is a list of typical symptoms for that zone, what medications or other treatments should be used, and when to call the doctor or go to the emergency room. The Plan should be kept up to date and a copy should be given to the child's daycare, school nurse/office, and grandparents or other caregivers. The following is a link to a sample Asthma Action Plan available on the Seattle Children's Hospital website. Feel free to download and make a copy to take to your doctor's appointment.
http://kidshealth.org/PageManager.jsp?dn=seattlechildrens&article_set=41793&lic=57&cat_id=20399

REMEMBER

All children with asthma should be able to participate fully in all activities of childhood and adolescence.

Their asthma should be controlled such that they sleep well at night, don't miss school days due to prolonged colds or asthma attacks, can concentrate well while at school, and can be competitive in sports and other extra curricular activities if that is their wish.

Seattle Children's Hospital and the American Academy of Pediatrics both have websites with excellent resources and more detailed information about asthma, including sections for kids and teens and informative handouts.

http://www.seattlechildrens.org/child_health_safety/info/parents/diseases_conditions/asthma.asp

<http://www.aap.org/healthtopics/asthma.cfm>

See glossary, next page, for definitions and explanation of highlighted words/phrases in this document.

GLOSSARY

Action Plan: This one page has information to treat the child's asthma. The plan is personalized for each child.

Asthma: A chronic respiratory condition with repeated bouts of wheezing treated with inhalers. Some people only have chronic cough, especially at night. It's harder to breathe out when you have asthma.

Bronchiolitis: Wheezing in an infant, usually caused by a virus. RSV is an example. Often, bronchiolitis does not respond to asthma medications.

Controller Medication: This kind of asthma medicine is used to prevent future attacks. Controller medicine is taken every day regardless of symptoms. They make it less likely that a trigger will lead to an asthma attack. Your child's doctor will explain when your child needs to use this medicine and when to stop it. Most of the time controller meds are a form of steroids that go into the lungs directly (by inhaler). Other controller medications include Singulair and Cromolyn.

Eczema: a chronic skin condition with dry skin that itches then becomes red and irritated when scratched. It is treated with skin moisturizers and topical steroid creams. It may be associated with allergic conditions in children.

EIA: This is a condition where the child or adolescent wheezes during or after exercise. It is often prevented by using an inhaler or puffer a short time before exercise. Some people have stand alone EIA, others have other times when they get asthma symptoms.

Immunotherapy: This is also known as allergy shots. This treatment is provided by an allergy specialist. The child is gradually "desensitized". They get shots containing bigger and bigger amounts of what they are allergic to. This usually tricks the immune system into gradually ignoring that substance.

Inhaler: Also called a puffer. This device turns compressed asthma medicine into a mist that is breathed directly into the lungs. It holds about 200 puffs or doses. Both albuterol and steroids come as inhalers. The name on the cylinder and the color of the cap help distinguish which is which. Young children attach a spacer to the inhaler to get more of the medicine into their lungs. Even infants can be treated with inhalers with a spacer and a mask.

Mask: This is a plastic/rubber device that attaches to the mouthpiece end of a spacer and fits over a child's mouth and nose to help small infants get more of the puffed asthma medicine.

Nebulizer: This is a little box/device that is an air compressor to which one attaches tubing and a medication chamber. The liquid medication is put into the chamber and when the machine is turned on it turns the liquid into a mist that is then breathed in by the patient.

Prednisone: An oral form of steroid given for 3-5 days to treat a more serious asthma attack. Used for this short period of time, this steroid treatment has few serious side effects.

Puffer: See inhaler.

Reliever Medication: This type of asthma medicine is used to treat an asthma attack. It is typically some form of albuterol and is given by inhaler/puffer or nebulizer.

RSV: Respiratory Syncytial Virus, a wintertime virus that causes a wheezing illness in infants. It can be very serious in the very young or premature infant. It can cause very tiny infants, less than 6 weeks old, to stop breathing. There is a vaccine for RSV called Synagis that is given to high risk infants (premies and infants with congenital heart disease). Older children and adults just get common cold symptoms from the RSV virus.

Spacer: This is a plastic cylinder with a mouth piece on one end and a place to attach a puffer/inhaler on the other end. It is used to help people get more of the puffed asthma medicine into their lungs.

Thrush: White patches on the tongue and insides of the cheeks, sometimes seen as a side effect of using inhaled steroids. Thrush can be prevented by rinsing the mouth after each inhaled steroid dose.

Triggers: These are things that tend to cause an asthma attack. Examples are dust mites, mold and mildew, pollens, grasses, animals (especially cats). Although foods are less likely to be a problem, milk and soy can cause wheezing in infants.