Asthma (Short of Breath) in Children
You have two lungs.

They sit inside your chest, above your stomach and surround your heart.

The lungs have a very important job inside your body.
When we breathe in air it enters our body as oxygen.

The air enters in through our mouth/nose and travels down our main windpipe (trachea).

The wind pipe then divides into two smaller air tubes.

One air tube goes into the left lung and one into the right lung (left and right bronchus).

The air tubes then branch out into smaller air tubes (bronchioles).
• The smaller air tubes (bronchioles) look like the branches of an upside down tree. At the end of the bronchioles are tiny little air sacs that look like tiny bunches of grapes, these are called air sacs (alveoli).

• The air sacs have an important job of giving the good air (oxygen) to our blood and taking the used air (carbon dioxide) out.
The good air (oxygen) we breathe in goes into our lungs then into our blood. Oxygen gives our body energy to work properly.

We breathe in good air called oxygen and we breathe out used air called carbon dioxide.
What is Asthma?

Asthma is when the breathing tubes in the lungs are sick and it is hard for air to be breathed in and out.

In Asthma:
- Swelling of the small breathing tubes (bronchioles) in the lung
- Muscles around the small air tubes get tight
- Extra spit is produced inside the air tubes
What causes Asthma?

- No-one knows what causes a child to start having asthma
- Asthma tends to be in families with allergies
- Smoking when pregnant can put your baby at risk of asthma
What happens with Asthma?

- Lots of coughing and hard to talk
- Short of Breath and become tired easily
- Feeling tight in chest and/or hard to breathe
- Wheezing or whistle sound when breathing

Your child might have only one of these things or he/she may have all... everyone is different.
Triggers for Asthma in children

- Fever Medicine
- Pollens from tree and plant flowers
- Some fever medicines
- Too much takeaway food and drink
- Cold night air or weather changes
- Pollens from tree and plant flowers
- Some cleaning products and strong smells
- Dust mites in bedding (too tiny to see)
- Cigarette smoke, even on clothes, skin and hair of other people, bush fire and campfire smoke
- Active play or sport
- Colds and chest infections
- Animal hair (dogs and cats)
How do we treat asthma?

- Take child to clinic or doctor

- The Doctor will write an Asthma Action Plan. The plan helps you to know what to do every day and when your child’s asthma is worse.

- The doctor may give medication for your child’s asthma.
How does asthma medicine work?

Relievers e.g. Ventolin
- Work fast
- Help child’s short wind, cough, wheeze
- Always carry blue puffer & spacer with you

Preventers e.g. Flixotide
- Make airways less sensitive
- Reduce breathing tube swelling
- Dry up thick spit
- Take every day (rinse, gargle and spit after taken)
- Work best when taken over a long time

Combination medications e.g. Seretide
- Make airways less sensitive
- Reduce breathing tube swelling
- Dry up thick spit
- Take everyday (rinse, gargle and spit after taking)
- Work best when taken over a long time
- Used for very bad asthma

Puffers to be used with a spacer

Always carry blue puffer & spacer with you

Used for very bad asthma
How to use puffers with a spacer and mask

Asthma puffer medicine is best taken using a spacer (and mask for small children) to get more medicine into the lungs.

1. Remove the cap from the puffer
2. Shake puffer well and put it into the hole at the end of the spacer
3. Put the mask on the mouthpiece of the spacer and place over the child’s mouth and nose so there are no gaps
4. Hold the puffer upright
How to use puffers with a spacer and mask:

5. Press down on the puffer once to spray medication into the spacer.

6. Let the child breath in and out 4 times.

7. For more puffs, take out the puffer and shake then re-attach to spacer.

8. Repeat from step 3 for more puffs.
How long will your child be sick with Asthma?

- Some children feel better within minutes of taking reliever puffer
- Some children start to get better within 3-4 days
- Sometimes children get worse and may need other medicines
- Some children get very sick and need to go to hospital
- Most children have a full recovery from their asthma symptoms in about 1-2 weeks
When should you take your child to the doctor/clinic?

When he/she:

- Has lots of shortness of breath, wheezing or coughing or finds it hard to exercise
- Wakes up at night with asthma
- Needs the blue reliever puffer more than 3 times in one week (except for play & sport)
- Misses a lot of school because of asthma
How bad is your child’s Asthma?

Feel Good 😊
- No need to use blue reliever puffer more than 3 times a week (except for exercise)
- Not waking up coughing or wheezing

Feel a bit short of breath 😞
Go to clinic for check up
- Hard to breathe
- Bit more spit
- Lots of coughing with or without spit
- More blue reliever puffer to help short wind
- Quiet wheeze, a little bit hard to talk

Very Short of Breath 😞
CALL AMBULANCE 000 – GO TO HOSPITAL
- Very hard to breathe and talk
- Lot more coughing, maybe with lots of spit
- Lot more blue reliever puffer for short wind
- Blue lips, sucking in at neck & chest
- Loud wheeze

If there is a chest infection with the asthma, antibiotics may be prescribed
- May need to stay in hospital
- May have to take prednisone medicine
What to do for an Asthma emergency (very short of breath)

Use blue puffer, spacer and mask

1. Sit the child upright (hold a baby in sitting position)

2. Give blue reliever puffer, through spacer with mask:
   - shake the blue puffer and put in spacer with mask attached
   - give 4 separate puffs into the spacer (shake puffer before each puff)
   - get child to take 4 breaths from the spacer after each puff

3. Wait 4 minutes
   - if there is no improvement repeat step 2 and wait another 4 minutes

4. If there is still no improvement, call 000 or send someone to the clinic to get help
   - say it’s an asthma attack
   - keep giving 4 puffs every 4 minutes while waiting for ambulance

If a child’s asthma suddenly gets worse at anytime, call 000.
Keeping your child well

- See your Health Worker for information and check ups and for your puffer medicines before they run out
- Give your child his/her preventer puffer every day as ordered by the doctor
- Your child should use the blue reliever puffer & spacer when they start to get short wind
- Keep up to date with vaccinations e.g. flu needle
- Breast feed your baby
Keep your child’s lungs healthy

• Having plenty of good tucker will help your child to grow strong
• Keep children away from cigarette and open fire smoke
• Don’t let children smoke
• Arrange for your child to have the flu needle every year
• Encourage your child to be active and play sports
Follow your child’s Asthma Action Plan every day and especially if they start to become sick and are getting short of breathe

Asthma can affect anyone in the community at any age. Have a yarn with your local Health Worker.

Use asthma medicine as advised by the doctor
The Asthma flipchart is a project of the Queensland Health Statewide Respiratory Clinical Network, through its Indigenous Respiratory Outreach Care (IROC) Program, the Asthma Foundation Northern Territory and Menzies School of Health Research.

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- Asthma Work Group, Queensland Health Statewide Respiratory Clinical Network
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