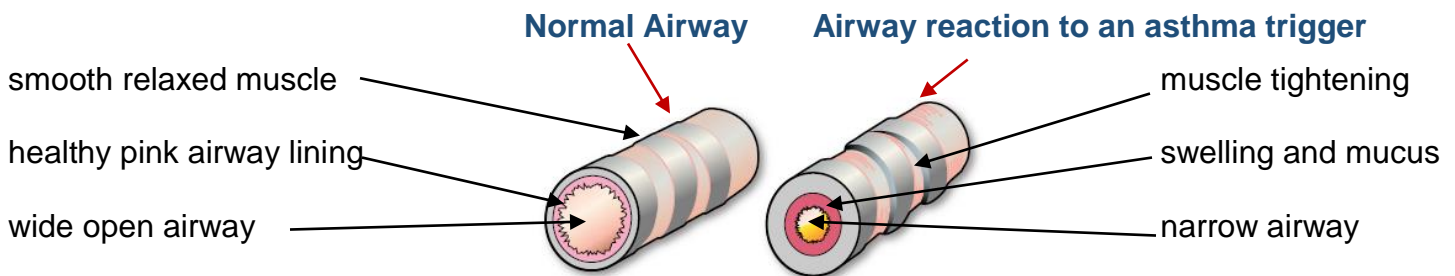


### What is asthma?

Children with asthma have inflamed and sensitive airways (breathing tubes) in their lungs. When exposed to certain triggers, the airways react abnormally and become narrow on the inside. As a result, asthma symptoms are experienced. This narrowing is due to swelling of the inside lining of the airways, an increase of mucus (phlegm) inside the airways, and tightening of the muscles around the outside of the airways.



### How common is asthma?

In Australia, asthma currently affects 1 in 10 children. The prevalence of asthma in Australian is amongst the highest in the world, and is a common reason why children visit their doctor or are admitted to hospital. Visits to local emergency departments and hospitalisations increase at the beginning of each school year (Australian Institute of Health and Welfare, Asthma in Australia, 2011).

### Can children with asthma lead normal lives?

Yes. When children have Good Asthma Control they can participate in all the usual activities that children without asthma do, including exercise and sport.

When your child has Good Asthma Control:

- they will have daytime asthma symptoms on no more than 2 days per week, and these symptoms will be quickly relieved by asthma reliever medicine
- they will not have asthma symptoms during the night or upon waking.
- they will be able to participate in normal activities without having asthma symptoms.

### But asthma can ruin their day.....

When children have poorly controlled asthma, they may be tired, irritable, lack concentration, have increased school absenteeism, and decreased participation in sport.

# SCAMP SNIPPETS

## A NEWSLETTER FOR PARENTS/CARERS OF SCHOOL AGED CHILDREN WITH ASTHMA

### **Achieving and maintaining good asthma control**

It is important that your child is reviewed regularly by their doctor to assess and monitor their asthma control. A stand-alone appointment, best attended when your child is well and free from asthma symptoms, is an ideal time to do this and provides an opportunity to discuss any concerns about your child's asthma management. Children who have been assessed as having good asthma control should be reviewed at least every 6 months. Children whose asthma is partially or poorly controlled should be reviewed more often.

Ask your child's doctor to provide you with an individualised written Asthma Action Plan for your child if they don't already have one. It is important to have this reviewed at each visit as from time to time your child's asthma management may change. Keeping a diary of your child's asthma symptoms will assist your child's doctor to assess the current level of asthma control. Take this with you to each visit, as well as your child's asthma medicine delivery device/s so that their inhaler technique can be checked.

#### **Avoid the common cold.....**

The common cold is one of the biggest causes of lost school days each year, and it is one of the commonest triggers for asthma flare-ups. Be prepared by having your child's Asthma Action Plan updated so you can follow this at the first sign of a runny nose or cold.

- Encourage children to cover their nose and mouth when coughing or sneezing, use tissues, and dispose of afterwards.
- Washing hands with soap and water thoroughly is a good way to prevent infection spreading from person to person.
- Where possible, avoid your child having contact with anyone with obvious cold or flu symptoms.
- Speak with your child's doctor for further information regarding vaccination before the flu season arrives.

#### **Managing exercise induced asthma.....**

Exercise is a common asthma trigger, and if not managed well, can have an impact on your child's participation at school. Asthma symptoms that occur either during the exercise or sometime after is known as exercise induced asthma. It is often worse in cold weather.

When exercising or playing /sport, children breathe more quickly and often breathe through their mouth. This results in breathing air that remains cool and dry, which can trigger muscle tightening, leading to the development of asthma symptoms.

Exercise is important for normal growth and development and should be encouraged, but when it triggers asthma symptoms, can be a reason why children avoid it. Simple steps can be taken to manage exercise induced asthma.

- Begin and finish exercise and play with warm-up exercises and cool-down exercises.
- Your child's doctor may also recommend taking blue reliever medicine prior to exercise.
- Speak with your child's doctor about this.

# SCAMP SNIPPETS

## A NEWSLETTER FOR PARENTS/CARERS OF SCHOOL AGED CHILDREN WITH ASTHMA

### SCHOOL ASTHMA TIPS

- Inform the school if your child has a diagnosis of asthma or has previously been treated for asthma.
- Provide the school with a written copy of your child's asthma first aid management, signed by their doctor. The **NSW Health Schools and Child Services Action Plan for Asthma Flare-Up** is the recommended form to be used within NSW schools and can be downloaded from [www.asthmainchildren.org.au](http://www.asthmainchildren.org.au)
- Notify the school without delay if your child's asthma first aid management changes, and provide written updated information.
- If your child has had a recent asthma flare-up, or has been admitted to hospital due to their asthma, it is important to notify the school on your child's return and discuss your child's asthma management as well as any concerns you may have.

### SPACERS-WHAT'S THE BIG DEAL?

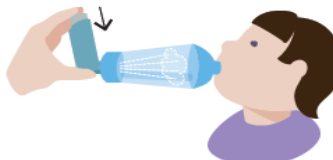
For some time the asthma experts have recommended the use of spacer devices when delivering inhaled medicines from a puffer (metered dose aerosol inhaler). When inhaled medicines are taken using a puffer alone there is only one chance to breath the medicine in, making the technique quite tricky. With a spacer more time can be taken, allowing the drug to reach the airways more effectively, and preventing it from getting lost in the mouth and throat. It is for this reason that spacers used with a puffer are the most effective way to deliver inhaled medicine in emergency asthma management. School staff are trained in the correct use of a puffer and spacer and are advised to use these asthma devices when providing asthma first aid to students.

#### INSTRUCTIONS FOR USING A PUFFER WITH A SPACER DEVICE

- 1** Remove cap, shake puffer well and insert into spacer.



- 2** Place mouthpiece of spacer between teeth, closing lips to form a seal. Push down on top of puffer to release 1 puff of medicine into spacer.



- 3** Take 4 normal breaths in and out through spacer. For each additional puff of medicine shake puffer and repeat steps 2 & 3.



# SCAMP SNIPPETS

## A NEWSLETTER FOR PARENTS/CARERS OF SCHOOL AGED CHILDREN WITH ASTHMA

Below is the treatment plan that school staff are trained in and advised to follow if your child requires asthma first aid. It has been adapted from the \*National Asthma Council Australia "Kids' First Aid for Asthma" poster which depicts the nationally recognised asthma first aid procedure to be followed in a community setting and forms the basis of the NSW Health Schools and Child Services Action Plan for Asthma Flare-Up. Should your child's asthma first aid instructions differ from this, please provide the school with written detailed instructions that have been developed in consultation with your child's doctor. For a child who is not diagnosed with asthma, but experiences difficulty in breathing with symptoms consistent with having a "first-time" asthma flare-up, it is the recommended procedure that staff have been advised to follow. In this case, an ambulance will also be called and you will be notified as soon as practicable.

### ACTION FOR A MILD TO MODERATE ASTHMA FLARE-UP

**Be calm and reassuring, if available, get someone to help you**

**STEP 1:** Place the child in a seated upright position

**STEP 2:** Give 4 separate puffs of a blue reliever puffer (e.g. Ventolin®, Asmol®, Airomir®), preferably with a spacer device, and shake puffer before each puff.

**STEP 3:** Wait 4 minutes. If symptoms have not improved and child still cannot breathe normally, give another 4 puffs of the blue reliever puffer as in STEP 2.

**STEP 4:** If symptoms continue and there is little or no improvement in the child's breathing, **CALL AN AMBULANCE – DIAL 000** and continue to give 4 separate puffs of blue reliever puffer every 4 minutes until the ambulance arrives.

### ACTION FOR A SEVERE OR LIFE THREATENING ASTHMA FLARE-UP

**Place child in a seated upright position, be calm and reassuring, if available, get someone to help you**

**CALL AN AMBULANCE – DIAL 000**

Give 4 separate puffs of a blue reliever puffer (e.g. Ventolin®, Asmol®, Airomir®), preferably with a spacer device, every 4 minutes until the ambulance arrives. Shake puffer before each puff.

**^NOTE:** If child with known anaphylaxis to food/s, insects or medication/s has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms **ALWAYS** give adrenaline autoinjector **FIRST**, if available, then asthma reliever

\* National Asthma Council Australia [www.nationalasthma.org.au](http://www.nationalasthma.org.au) ^ Acknowledgement: Australasian Society of Clinical Immunology and Allergy.

#### **For more information on children's asthma:**

Sydney Children's Hospital "Aiming for Asthma Improvement in Children" (AAIC): [www.asthmainchildren.org.au](http://www.asthmainchildren.org.au)

Asthma and Your Child – A Resource Pack for Parents and Carers: [www.schn.health.nsw.gov.au/fact-sheets](http://www.schn.health.nsw.gov.au/fact-sheets)

National Asthma Council Australia: [www.nationalasthma.org.au](http://www.nationalasthma.org.au)

Australasian Society of Clinical Immunology and Allergy (ASCI): [www.allergy.org.au](http://www.allergy.org.au)

SCAMP Snippets is part of the SCAMP Resource Pack which has been developed by Sydney Children's Hospital "Aiming For Asthma Improvement in Children Program". It is to remain the property of the Sydney Children's Hospitals Network and is to be used in its entirety without alteration by authorised personnel only.

**Disclaimer: The information contained in this document has been developed from current evidence based practice. It does not replace individual medical advice or treatment.** Contact [SCHN-SCH-AAIC@health.nsw.gov.au](mailto:SCHN-SCH-AAIC@health.nsw.gov.au) 2018. Revise 2019.