



A worsening of your child's asthma caused by exposure to one of their triggers. These vary between children but the most common ones are coughs and colds, cold weather, cigarette smoke, pet fur or feathers and pollen.

Asthma Action Plan

- Is this asthma, making a diagnosis and red flags
- standard technique for use inhalers
- Personal asthma plan proforma

Chronic asthma management

[Chronic management - Beat Asthma](#)

- National asthma Guidelines
- Personal asthma plans
- Asthma annual review proforma
- Indications for referral to secondary care asthma services

If your child has any of the following:

- Too breathless to talk / eat or drink
- Has blue lips
- Having symptoms of cough/wheeze or breathlessness which are getting worse despite 10 puffs blue (salbutamol) inhaler every 4 hours
- Breathing very fast or breathing that stops or pauses
- Working hard to breathe, drawing in of the muscles below the rib, unable to talk or noisy breathing (grunting)
- Becomes pale, blue, mottled and/or unusually cold to touch
- Difficult to wake up, very sleepy or confused
- Weak, high-pitched, continuous cry or extremely agitated
- Has a fit (seizure)
- A temperature less than 36°C or temperature 38°C or more if baby is less than 3 months
- Develops a rash that does not disappear with pressure and seems unwell (see the 'Glass Test')

You need urgent help.

Call 999

Give 10 puffs of blue (salbutamol) reliever inhaler every 10 minutes until ambulance arrives
Keep child in upright position and reassure them

If your child has any of the following:

- Blue (salbutamol) inhaler 2-5 puffs via a spacer is not lasting 4 hours
- Cough or wheeze/tight chest during the day and night
- Too breathless to run/play/do normal activities
- Breathing a bit faster than normal or working a bit harder to breathe
- Dry skin, lips, tongue or looking pale
- Not had a wee or wet nappy in last 12 hours
- Sleepy or not responding normally
- Crying and unsettled
- Not drinking
- A temperature 39°C or above in babies 3-6 months
- Temperature of 38°C or above for more than 5 days or shivering with fever (rigors)
- Getting worse or you are worried about them

Immediately contact your GP and make an appointment for your child to be seen that day face to face

Increase blue (salbutamol) reliever inhaler 6-10 puffs every 4 hours

If your child has none of the above:

Watch them closely for any change and look out for any red or amber symptoms

Self care

Give 2-5 puffs blue (salbutamol) reliever inhaler every 4 hours until symptoms improve



Standard technique for use of inhaler and spacer

Choose appropriate sized spacer with mask (or mouthpiece if child is over 3 years with good technique and is not significantly short of breath).



1. Shake the inhaler well and remove cap
2. Fit the inhaler into the opening at the end of the spacer
3. Place mask over the child's face or mouthpiece in their mouth ensuring a good seal
4. Press the inhaler once and allow the child to take slow breaths between each dose
5. Remove the inhaler and shake between every puff. Wait 1 minute between puffs

Repeat steps 1 – 5 for subsequent doses

Plastic spacers should be washed before 1st use and every month as per manufacturer's guidelines

Looking after your child with asthma

- Ensure your child always has access to their reliever (blue) inhaler and spacer
- Start reliever treatment early at the start of a runny nose - 2 puffs 4 hourly
- Remember to leave a spare reliever inhaler (with/without spacer) at school for your child and ensure that it is kept in date
- Remember to take inhaler with you or your child on any trips away from home
- Always use the correct inhaler device as prescribed for you or your child
- Remember a spacer is the best way to deliver reliever treatment in an emergency
- Remember to keep any follow up appointments and attend their annual GP asthma review

If your child has been discharged from hospital following an exacerbation, you should arrange for them to be seen in the next 48 hours by the GP/Practice nurse