



If your child's asthma suddenly gets much worse (asthma attack), they will require urgent treatment. Signs of an asthma attack include:

- Sounding very wheezy
- Having a tight chest
- Finding it hard to breath
- Being too breathless to speak is a sign of a severe asthma attack and needs emergency treatment

Sometimes there is no obvious cause for your child's asthma attack, but the most common triggers are viral infections (coughs, colds and chest infections), sudden changes in the weather and exposure to cigarette smoke.

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 4hours
- 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 symptoms persist for 4 hours or more and you have not been able to speak to either a member of staff from your GP practice or to NHS 111 staff, then consider taking them to your nearest Emergency Department

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
Carry on looking after your baby or child at home. If you are still worried about your child, ring NHS 111 or visit 111.nhs.uk



Control your child's Asthma

Children with poorly controlled asthma are much more likely to have an asthma attack compared to children's whose is well controlled.

Signs of poorly controlled asthma include

- your child having a regular cough at night (nocturnal cough),
- being wheezy or more breathless than other children when they run around or
- using their reliever inhaler more often than expected.

Arrange to see your GP or asthma nurse if they are experiencing such symptoms.

Help your child use their inhalers correctly

Choose an appropriately sized spacer with mask (or mouthpiece if child is over 3 years with

It's really important to help your child use their inhalers properly as their asthma will not be controlled if their medicines are not getting into their lungs.

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 5 slow breaths or slow count to 10 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.

For videos on using your child's inhaler and spacer correctly visit [Beat Asthma](#) and select video from the top menu.

Avoid triggers where possible:

Although it is extremely difficult to avoid your child getting a viral infection or experiencing changes in the weather, you can reduce exposure to common irritants such as cigarette smoke. Even where adults smoke away from their children, smoke on their clothes and hair is likely to make their child's asthma worse

Your child should have an influenza immunisation every autumn (the flu jab)

Not only can flu trigger an asthma attack in your child, your child is more likely to experience severe influenza if they have asthma. Protect them by having them vaccinated every year



What should you do?

If your child has asthma symptoms or at the start of cold symptoms, you should seek medical advice according to our red/amber/green table above. At the start of cold symptoms (such as runny nose), begin your child on blue (salbutamol) reliever inhaler 2 puffs 4 hourly (including through the night). This can be increased to up to 10 puffs at a time if your child's symptoms are still significant. If your child is requiring increasing amounts of blue inhaler you should seek medical advice according to the table below.

Treatment over the next few days

Over the next few days, your child will need to be regularly given a blue (salbutamol) reliever inhaler. This can be increased to up to 10 puffs at a time if your child's symptoms are still significant. If your child is needing increasing amounts of their blue inhaler more often, seek medical advice. Have a look at our red/amber/green chart above to see who would be the best person to contact and where would be best to take your child to be seen.

Where can I get more information on my child's asthma?



The Beat Asthma website has a wide range of useful resources on asthma for children and families.