Asthma and my child

Use this handy guide to help your child stay well

Any asthma questions?
Ask our friendly expert nurses
Call 0300 222 5800
WhatsApp 07378 606 728
(Monday-Friday, 9am-5pm)

www.asthma.org.uk
Welcome

Whether your child has had asthma for a while, or they’ve only recently been diagnosed, we’re here to help you with lots of ideas on how you can improve their chances of staying well.

This booklet will answer some of the questions you may have about their asthma, such as:
- How will asthma affect my child’s everyday life?
- What can I do to help?
- Is there a cure for asthma?
- What are the long-term effects of asthma?

We’ve made sure the advice and ideas in this booklet use the latest evidence, plus feedback from parents of children with asthma, healthcare professionals, and the nurse team at Asthma UK. It’s designed to help you understand more about asthma. You’ll read how it’s diagnosed, what medicines are usually prescribed and how you can help your child stay well.

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In addition to this booklet, we also have a child’s asthma action plan, a My Asthma calendar and a set of stickers to help make logging symptoms fun. To order these free resources, call 0300 222 5800 (Monday - Friday, 9am-5pm).
What is asthma?

Asthma is a condition that affects the airways – the tubes that carry air in and out of the lungs. A child with asthma has ‘sensitive’ airways that are inflamed and ready to react to things that can irritate them – this can include pets, pollen, cold weather and mould. When the airways react they become narrower, even more irritated and can create more mucus. This causes your child to have asthma symptoms and means they find it harder to breathe.

What are the symptoms of asthma?

The usual symptoms of asthma in children are:

- wheezing
- coughing
- finding it hard to breathe
- tightness in the chest – sometimes children say ‘my chest hurts’ or ‘I have a tummy ache’.

Asthma symptoms can come and go. Even when your child is well, the asthma is there in the background. There isn’t a cure for asthma. It’s a long-term condition. If it’s not treated properly, asthma can be serious and lead to what could be a life-threatening asthma attack.

The good news, though, is that most children who get the right medicines and support can manage their asthma well and live a symptom-free life, doing all the things they want to do.

The Asthma UK Helpline nurses all agree:

“A written asthma action plan has essential information to help you look after your child’s asthma well. Fill one in with your child’s GP or asthma nurse. Then use it to help them have fewer symptoms and cut their risk of an asthma attack. It’s one of the best things you can do to stay on top of your child’s asthma!”

Take the plan to your child’s GP or asthma nurse to fill in. You can download one at www.asthma.org.uk/advice/resources

Regular exercise can help improve asthma symptoms
Diagnosing asthma

It can take a while to get an asthma diagnosis for your child. To help make a diagnosis, your child’s GP or asthma nurse will ask about:

- your child’s symptoms
- when you’ve noticed the symptoms getting worse or better
- lots of questions, so they can get a full picture of your child’s general health and lifestyle.

They may also:

- ask you to keep a symptom diary
- listen to your child’s chest to see if there are any wheezy sounds

Asthma is more likely to be diagnosed if your child has more than one of these symptoms (coughing, wheezing, difficulty breathing, chest tightness), especially if they:

- are happening a lot
- are worse at night or early in the morning
- happen after your child has come into contact with a trigger (see page 8)
- still happen when your child doesn’t have a cold.

Why did my child get asthma?

It’s hard to say for sure what causes asthma. But we do know that someone’s more likely to get it if they:

- have a family history of asthma, eczema or allergies
- have eczema or an allergy, such as hay fever (an allergy to pollen)
- had bronchiolitis (a common childhood lung infection) as a child
- were born prematurely and/or had a low birth weight.

Also:

- Some research suggests the cleaner, more urban conditions we now live in mean we don’t come into contact with as many ‘bad’ or ‘good’ bacteria. This means fewer childhood infections, but also lower immunity and more chance of allergies and asthma.
- Smoking during pregnancy or your child being around cigarette smoke increases their risk of asthma.
- Environmental air pollution, including traffic fumes and chemicals from traffic and industry power plants may play a part in causing asthma. Studies suggest that children living near very busy roads are more likely to get asthma.
- If your child’s carrying extra weight, it increases their risk of getting asthma.

Diagnosing asthma in younger children

“Getting an asthma diagnosis can be tricky for a number of reasons, including that younger children can’t do the tests. Plus, symptoms like coughing and wheezing can be caused by other conditions, so your doctor will want to rule those out too,” says nurse Debby, one of the respiratory nurse specialists on the Asthma UK Helpline.

“But, just because your child’s diagnosis isn’t confirmed, it doesn’t mean they won’t get help. Your doctor can do a lot to help your child stop getting symptoms while they’re working out if your child has asthma.”

Got any questions? Our guide to child diagnosis takes you through the process step by step: www.asthma.org.uk/advice/child/diagnosis/
Asthma triggers explained

A child with asthma has ‘sensitive’ airways that are inflamed and ready to react to things that can irritate the airways even more. These things are known as triggers.

A trigger is anything that can make your child’s asthma symptoms worse, by irritating their airways. It’s possible to have several triggers.

How can you deal with asthma triggers?

Some asthma triggers can be avoided more easily. If you understand which things trigger your child’s asthma, you might be able to help them avoid them. For example, being near an animal that sets off their asthma symptoms or food allergies. If your child is taking their medicines every day as prescribed but is still having asthma symptoms, speak to their GP or asthma nurse about the best ways to help them.

Find out more about asthma medicines on page 12. Protecting your child’s airways with their medicines means they can enjoy the outdoors, playing at other people’s houses and get on well at school.

Work out your child’s triggers

Many common triggers are things you can’t avoid – such as pollution, pollen and cold weather. But by helping your child to use their asthma medicines every day you can stop your child’s airways being so sensitive to their triggers. Find out more about asthma medicines on page 12. Protecting your child’s airways with their medicines means they can enjoy the outdoors, playing at other people’s houses and get on well at school.

Obvious triggers

Often it’s clear which things trigger your child’s asthma – for example when symptoms start after they’ve been near a cat or dog.

Other triggers

Sometimes it’s not easy to know exactly what triggers your child’s asthma because some triggers are invisible (such as grass pollen); they may have more than one trigger; or have a delayed reaction. You might need to do a bit of extra detective work. Try keeping a diary of activities and symptoms to help spot any patterns.

Some common asthma triggers

Colds and viruses can increase the risk of asthma symptoms. The exact reason why isn’t yet understood, although some research shows it’s because having a cold or flu sets off inflammation in the body, including in the airways.

TOP TIP: Speak to your GP or asthma nurse to see if your child needs a flu vaccination every year – usually between September and early November.

Dust mites – tiny, invisible creatures that live in the dust in carpets, bedding, cushions and soft furnishings can increase the risk of asthma symptoms because their droppings contain substances that can irritate the airways.

TOP TIP: Dust mites are hard to get rid of. The best way to protect your child is by making sure they’re in a good routine with their preventer medicines (see page 19). And that they’re using them in the right way. You can use our quick inhaler videos to check at www.asthma.org.uk/inhalervideos. If you think you might need a bit of help, talk to your GP or asthma nurse.

Pets or other animals are a common asthma trigger. Your child might react to just one animal most commonly a cat, dog or horse but rabbits, mice, hamsters, guinea pigs, gerbils and birds can all make asthma symptoms worse too.

TOP TIP: These allergies are often easy to spot as the symptoms come on after being near a pet. To confirm it, your child’s doctor may refer them for a skin prick test or blood test.

Children with asthma that’s well managed may get very few symptoms, if any.
**Exercise** can trigger asthma symptoms in some children because when they breathe in through their mouth, the air is colder and drier (rather than in through their nose, when the air is warmed up in the nostrils). In some people with asthma, the airways are sensitive to these changes in temperature and humidity and they react by getting narrower.

**TOP TIP:** If your child regularly has asthma symptoms when they exercise, it may mean their asthma isn’t well managed. Speak to their GP or asthma nurse who can check their treatment.

**Cold or damp** air can enter your child’s airways and trigger them to tighten up suddenly, causing asthma symptoms, such as coughing, wheezing, difficulty breathing and tightness in the chest.

**TOP TIP:** Get your child to wrap a scarf loosely over their nose and mouth on cold or damp days – this will help to warm up the air before they breathe it in.

**Smoking** around your child can trigger their asthma symptoms because the chemicals in tobacco smoke irritate their airways and their lungs. Not enough research has been done on e-cigarettes, but some people with asthma say vaping triggers their asthma symptoms.

**TOP TIP:** Using stop smoking treatments alongside NHS stop smoking support boosts your chances of giving up – talk to your GP or pharmacist about your options.

**Food allergies** Evidence shows that an asthma attack that’s triggered by an allergic reaction to food can be worse, especially in children.

**TOP TIP:** Make sure your child has the right food allergy diagnosis so you can help them avoid any food triggers – their doctor will advise you.

**Pollen** is a tiny powder-like substance produced by certain types of trees, grasses and weeds. An allergy to any of these types of pollen is known as hay fever. Lots of people with asthma tell us they also have hay fever and their asthma symptoms are triggered by pollen.

**TOP TIP:** Use a pollen calendar so you can spot when your child’s symptoms come on. Once you know, you can help prevent symptoms by giving them the hay fever treatment they’ve been recommended two to four weeks before the pollen that affects them comes into season. Find out more at [www.asthma.org.uk/advice/triggers/pollen/](http://www.asthma.org.uk/advice/triggers/pollen/).

**Emotions**, such as laughter, excitement or anger, can mean we breathe more quickly. This can trigger asthma symptoms.

**TOP TIP:** Children often feel lots of intense emotions – so make sure your child always has their reliever inhaler (usually blue) and spacer with them. Then they can deal with any asthma symptoms quickly.

**TOP TIPS**

5 simple ways to help your child with asthma triggers

**Every day**

1. Use your child’s written asthma action plan – find out more on page 27
2. Watch your child take their preventer medicine every day as prescribed to make their airways less sensitive
3. Make sure your child always has their reliever inhaler (usually blue) and spacer with them to use if they have any symptoms

**At least once a year**

4. Take your child for an asthma review with their GP or asthma nurse
5. At the asthma review, ask their GP or asthma nurse to check your child is using their inhaler(s) and spacer correctly – you can use our quick inhaler videos to remind yourself in between appointments at [www.asthma.org.uk/inhalervideos](http://www.asthma.org.uk/inhalervideos)
What you can do

The medicines your child has been prescribed can’t work unless your child takes them in the right dose, in the right way, as prescribed every day. Ask yourself these questions to see if you’re doing everything you can to help them stay well.

**Does your child:**

✔ Use an up-to-date written asthma action plan?

✔ Go for an asthma review at least once a year?

✔ Take their asthma medicines every day as prescribed – even when they’re feeling well?

✔ Have their reliever inhaler (usually blue) and spacer with them wherever they go?

**Do you:**

✔ Help your child learn about their triggers? (see pages 8-11)

✔ Watch your child take their preventer inhaler every day?

✔ Take your child to see their GP or asthma nurse if you notice they’re using their reliever inhaler three or more times a week?

✔ Keep an eye on their inhalers so you can get a new prescription before they run out?

GPs, asthma nurses and specialist consultants prescribe treatment based on the gold standard guidelines for asthma care, which take into account the very latest clinical evidence.

I take the boys for an asthma review every year. I usually get a double appointment so I can get them checked together to save time. The asthma nurse updates their asthma plans and checks their inhaler technique. It’s reassuring to know that we’re doing everything we can to stay on top of their asthma.

Shakeela, mum to two boys with asthma
Ease your worries about asthma medicines

Here we answer common concerns about your child’s asthma medicines.

I don’t like my child taking medicines every day

Some parents worry about giving their child medicines for a long-term condition like asthma. It might help to ask your GP, asthma nurse or a pharmacist to run through all the benefits of your child’s medicines, to remind you why they need to take them. You might also find it useful to think about what could happen if your child didn’t take their medicines every day – such as finding it hard to breathe, wheezing, coughing at night, not feeling well enough to play in the park, or missing school if they have an asthma attack and need to spend time in hospital.

I worry my child might get side effects from their reliever inhaler

Reliever inhalers (usually blue) are safe and effective and won’t harm your child. If your child does have side effects like their heart beating more quickly or being a bit hyperactive, this is normally just when they have to take more than a couple of puffs. And these side effects will usually wear off quickly. If they don’t wear off or they happen a lot, tell your GP or asthma nurse.

Will a preventer inhaler cause side effects?

If your child is taking a low-dose preventer inhaler, the risk of side effects is low because the medicine goes straight to their airways, where it’s needed – very little medicine is absorbed into the bloodstream.

Some children do get a sore tongue or throat, a hoarse voice and/or a mouth infection called thrush from using a preventer inhaler. You can help prevent these possible side effects by making sure your child uses a spacer and rinses out their mouth after using their inhaler. It’s also worth remembering that your child is less likely to get side effects if they’re using their inhaler in just the right way – get their technique checked regularly by their GP or asthma nurse. You can use our quick inhaler videos to check between appointments at www.asthma.org.uk/inhalervideos.

I don’t like giving my child medicines when they’re well

Your child’s preventer inhaler contains a dose of steroid medicine that brings down the inflammation and swelling in your child’s airways. This means their airways are less likely to react to any triggers and cause asthma symptoms. Although it doesn’t have an effect right away, its anti-inflammatory protection builds up over time and works away in the background. This cuts your child’s risk of asthma attacks and asthma symptoms, such as coughing at night or finding it hard to breathe.

Remember, if your child needs their reliever inhaler three or more times a week, it’s likely their asthma isn’t well controlled and they have a higher risk of a potentially life-threatening asthma attack. Book an appointment straight away so their GP or asthma nurse can see how they’re doing and check their treatment.
The steroids in asthma medicines are a copy of substances your body makes naturally to soothe inflammation.

I hate the thought of my child taking steroids

Many parents worry about their child taking steroids, so you’re not alone. It’s important to remember that the steroids used to treat asthma are corticosteroids, which are a copy of the substances the body makes naturally to soothe inflammation. They are completely different to the anabolic steroids used by bodybuilders.

Many children with asthma take low-dose steroids in inhalers. These are unlikely to cause side effects. Your child’s GP or asthma nurse will always prescribe the lowest possible dose needed to manage your child’s asthma. Make sure your child goes for their regular asthma review (at least once a year) to check they’re on the right dose.

If your child’s symptoms get worse or they have an asthma attack, they may need to take a short course of steroids in tablet form alongside their usual inhalers. The tablets might cause your child’s mood to go up and down, and they might be hungrier than usual. These effects will go away when your child stops taking the tablets. Some children may become more unwell if they catch chickenpox. Speak to your child’s GP or asthma nurse if you know your child has come into contact with the chickenpox virus.

A few children might need to take high-dose steroids in the long-term. These can have some side effects – your child’s GP, asthma nurse or consultant will talk to you about how to manage them. But if your child does need steroid tablets, it’s important to remember that they are a powerful and effective treatment. And they will only be prescribed if your healthcare professional thinks the benefits outweigh the risks.

Speak to your child’s GP or asthma nurse about any concerns. You can also talk to one of our friendly respiratory nurse specialists on 0300 222 5800 (Monday - Friday, 9am-5pm) or message them via WhatsApp on 07378 606 728.

My child is embarrassed about using inhalers

If your child is self-conscious about using inhalers in front of people, you can ask your GP or asthma nurse if they can prescribe a different device. Remind your child too, that if they take their preventer medicine every day as prescribed, they’re less likely to need to use their reliever inhaler when they’re out and about.

It’s also worth mentioning to your child that lots of children have asthma (1 in 11) and need to use inhalers. Try to reassure them that taking medicine isn’t anything to be embarrassed about. They can feel proud that they’re taking care of their health.

What if other people who look after my child don’t understand my child’s asthma medicine?

Other people who look after your child – family members, friends, nursery staff or teachers – can help your child stay well with their asthma by making sure they take their preventer inhaler every day as prescribed and checking their reliever inhaler (usually blue) and spacer are in easy reach to use if they have any symptoms.

Before you hand your child’s care over to them, make a copy of your child’s asthma action plan (or get them to take a photo of it on their phone) and talk them through it. This will tell them when your child needs to take their medicines and what to do if their asthma gets worse. If your child’s old enough, get them to keep a photo on their phone too, so they can feel confident about looking after their asthma and get into good habits.
DID YOU KNOW? If your child needs to use their reliever inhaler three or more times a week, this can be a sign their asthma isn’t well managed and you need to book an appointment with their GP or asthma nurse as soon as possible so their treatment can be checked.

**Preventer inhalers** – most children with asthma are prescribed a preventer inhaler. They help prevent asthma symptoms by reducing swelling and inflammation in the airways. There are lots of different kinds of preventers.

DID YOU KNOW? Your child needs to take their preventer inhaler every day (usually twice a day) even if they’re feeling well, because the protective effect builds up over time.

**LTRAs** – some children with asthma might be prescribed a leukotriene receptor antagonist (LTRA), usually Montelukast, as an add-on treatment to take alongside their preventer inhaler. This comes as a tablet or granules to mix with food. LTRAs help with the inflammation in your child’s airways and work very well for most children. There have been some reported side effects from Montelukast, including sleep issues and depression, irritability and anxiety. If you notice these in your child, tell your GP as soon as you can.

DID YOU KNOW? The soluble granules are not meant to be dissolved in liquid. Give them to your child mixed with a spoonful of cold (or room temperature) food, for example pureed fruit or yoghurt.

**Thinking of trying a complementary treatment for your child’s asthma?**

Although you can find lots of promising claims about complementary therapies on the internet and in forums, they haven’t been studied as much as conventional medicines, so there’s not very much scientific evidence to show they work or that they’re even safe. It’s very important that you check with your GP or asthma nurse before your child tries a new complementary therapy and that you don’t stop giving your child their prescribed medicines (unless your GP or asthma nurse advises you to do so).

Find out more about complementary therapies at [www.asthma.org.uk/advice/inhalers-medicines-treatments/other/complementary-therapies](http://www.asthma.org.uk/advice/inhalers-medicines-treatments/other/complementary-therapies)
The Asthma UK Helpline nurses all agree:

Encourage your child to take their medicines themselves (with your help) when they’re as young as possible. Then it becomes part of their daily routine, through their teenage years into adulthood.

Don’t forget! You need to:

- Book an asthma review at least once a year. Your child’s GP or asthma nurse will monitor your child to make sure they’re always taking the lowest dose of medicines possible to manage their symptoms well.

- Have an appointment four to eight weeks after your child’s been given new medicines to check they’re working well for them.

- Book extra appointments if your child needs them. For instance, if you’ve noticed that their symptoms are getting worse, or that they haven’t had symptoms for three months.

Combination inhalers – some children with asthma are prescribed a combination inhaler. These contain a medicine to open their airways called a long-acting bronchodilator, as well as a preventer medicine to reduce inflammation in their airways over the long term.

DID YOU KNOW? If your child is prescribed a combination inhaler, they still need to make sure their usual reliever inhaler and spacer are always in easy reach. This is because the long-acting reliever medicine in the combination inhaler does not give on-the-spot relief in an emergency. If asthma symptoms come on or if your child’s having an asthma attack, they need their reliever inhaler for immediate relief.

Steroid tablets – if your child is diagnosed with severe asthma or they have an asthma attack, your GP or asthma nurse may give them a short course of steroid tablets (called prednisolone). These help to calm swollen airways and stop inflammation.

DID YOU KNOW? A short course of steroids, if your GP or asthma nurse thinks your child needs it, can help them avoid a what could be life-threatening asthma attack. Asthma attacks are usually treated with larger doses of steroids.

Feel confident with your child’s medicines

1. Your GP or asthma nurse can answer any questions you have about your child’s asthma medicines. If you understand why they’re taking them, how often they need to take them and the best way to take them, you can make sure your child gets the maximum benefits from their medicines.

2. A pharmacist can answer questions you have about your child’s medicines. And you don’t need an appointment.

3. Ask our friendly respiratory nurse specialists about your child’s asthma medicines. Call them on 0300 222 5800 (Monday-Friday, 9am-5pm) or message via WhatsApp on 07378 606 728.

4. Find lots of really useful information on our website: www.asthma.org.uk/advice/inhalers-medicines-treatments

TOP TIPS

Feeling overwhelmed? Parents share how they cope caring for a child with asthma:

Don’t panic! Even if your child is given lots of medicine when they’re diagnosed, the doctor might be able to reduce it when things settle down.

“Ask what you would say to a friend or loved one who felt overwhelmed. Could the advice you’d give them be useful for yourself?”

“You’ll probably be angry or in disbelief when your child is diagnosed, but this will pass in time. Follow the suggested treatment regardless of your reaction. You’ll soon find out what works and what doesn’t.”

“Tell yourself you can do it! If you feel it’s all too much, recall a time you coped with a new challenge – becoming a parent, for example. Remember how you got through it. Are there things you did then that could help you now?”

“It’s normal to feel stressed sometimes. The important thing is to make time for yourself. The more you take care of yourself, the more energy you’ll have to take care of your child.”

“Joining a Facebook group and talking to other mums and dads who have children with asthma has helped me greatly.”

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Don’t forget! You need to:

- Book an asthma review at least once a year. Your child’s GP or asthma nurse will monitor your child to make sure they’re always taking the lowest dose of medicines possible to manage their symptoms well.

- Have an appointment four to eight weeks after your child’s been given new medicines to check they’re working well for them.

- Book extra appointments if your child needs them. For instance, if you’ve noticed that their symptoms are getting worse, or that they haven’t had symptoms for three months.
Inhalers

Most asthma medicine comes in inhalers to make it easier to breathe the medicine into your lungs, where it's needed.

Most children with asthma are prescribed the two main types of asthma inhaler. A reliever inhaler (usually blue) helps stop symptoms on the spot if they come on. A preventer inhaler reduces inflammation to stop your child's airways from reacting to triggers and setting off asthma symptoms in the first place.

Most children will get what's called a metered dose inhaler (also known as an MDI) with a spacer. Some older children may get a 'breath actuated' inhaler.

Your child's GP or asthma nurse will explain which type(s) of inhaler they need and why.

Spacers

Most children use a spacer to help make using an inhaler easier. These are empty containers with a mouthpiece at one end and a hole for their inhaler at the other end. They're used with a metered dose inhaler (an MDI).

Your child's GP, asthma nurse or pharmacist should show you how to use and care for your child's inhaler and spacer properly, so that every dose of their medicine is effective.

Using a spacer means:

- it's easier for your child to get the right dose of medicine
- your child may need to use less medicine
- your child is less likely to get side effects (such as a sore throat and a fungal infection called thrush) because spacers help the medicine get down into the airways, and stop it sticking to the back of your child's throat.

Spacers with facemasks can be used for babies or with younger children who find it hard to use an ordinary spacer with a mouthpiece.

Check it!

Whatever type(s) of inhaler (and spacer) your child's using, it's so important to check their inhaler technique. Ask their GP, asthma nurse or a pharmacist. If your child isn't using their inhaler(s) in just the right way, they can waste medicine by squirting it to the back of their throat or in their mouth instead of down into their airways where it's needed to deal with asthma symptoms. Even if your child has been using inhalers for ages it's easy to get into bad habits without realising. You can use our quick inhaler videos to check at www.asthma.org.uk/inhalervideos

TOP TIPS

1. Check with your child’s GP or asthma nurse at each asthma review that they’re using the right spacer for their age.
2. If your child’s using a facemask, wipe their skin under the mask with a damp cloth after every use.
3. Wash your child’s spacer at least once a month. Use washing up liquid and leave it to air-dry.
4. Make sure your child’s spacer is replaced at least once a year.
Staying on top of your child’s asthma

Help your child stay well with asthma

If your child takes the right medicine(s) every day in the right way, their asthma doesn’t need to hold them back from doing all the things they love. And what’s great is that, as a parent or carer, there are loads of proven, simple things you can do to give them the best chance of living a symptom-free life.

At home

Use your child’s asthma action plan – one of the best ways to look after your child’s asthma and cut their risk of an asthma attack is to make sure they’re using an up-to-date written asthma action plan. Fill it in with their GP or asthma nurse, then take and keep a photo of it on your phone.

Talk to your child – even if your child is still young, explain to them how their asthma medicine helps them to stay well. This will help them understand why they have to take it and feel more motivated to remember to take it. Try giving their inhalers and spacers pet names or decorating them with stickers. Reassure your child that it’s okay for them to talk to you about any worries they’ve got about their asthma.

Get into a good routine – getting your child to take their preventer inhaler at the same times, in the same place every day, means it will become part of their everyday routine, and they’ll be less likely to forget to take it. If your child needs to take their preventer medicine twice a day, for example, why not put a sticker on their toothbrush, bedside lamp or bedroom door to remind them to take it when they clean their teeth or get in and out of bed every day?

Make spotting symptoms fun – Our My Asthma calendar comes with a set of stickers to encourage your child to keep an eye on their asthma symptoms. It’s useful for parents too – take it to show your child’s GP so they can see how your child’s asthma has been.

Quit smoking – if you’re a smoker, or anyone else in the family smokes, your child’s asthma will be harder to control and their asthma medicine will not be able to work as well. Ask your GP or a pharmacist for advice about giving up.

Coping with childcare

Ask some key questions – when you’re choosing childcare, with a child minder or nursery, you might like to ask:

- Do you have an asthma policy? This is a set of guidelines that covers how your child will be cared for.
- Are you able to give my child the care they need? You need to make sure your child’s carer understands that each child with asthma is different and has specific healthcare needs.
- Do you recognise and know how to deal with an asthma attack? Your child’s carer must recognise the symptoms of an asthma attack and know exactly what to do – quickly. There’s more information about this on page 29.

Share a copy of your child’s asthma action plan – on paper or by sharing a picture from your phone. It shows the person looking after your child what your child’s triggers are and what to do if your child gets asthma symptoms or has an asthma attack.

Check your childminder doesn’t allow anyone to smoke or vape around your child – being around tobacco smoke will make your child’s asthma symptoms worse and put them at risk of an asthma attack. Not enough research has been done yet into vaping, but lots of people with asthma tell us it triggers their asthma symptoms.
At school

Arrange to see any new teachers – keeping in touch with the school will help put your mind at rest when you drop your child off every day.

Talk through your child’s asthma action plan – use it to help your child’s teacher understand what positive things your child is doing to manage their asthma.

Ask how the teacher can let you know if your child has any asthma symptoms at school – or has used their reliever inhaler (usually blue) and spacer during the day. Your child may not remember to tell you. Make sure your child knows they can ask any adult at school for help if they’re having asthma symptoms.

Check your child can always get to their reliever inhaler quickly – for instance, who will be responsible for taking your child’s reliever inhaler to the sports field or on a school trip?

Ask where your child can keep a spare reliever inhaler and spacer – maybe there’s a shelf in the classroom? Or a special cupboard in the school office? These inhalers need to be clearly labelled with your child’s name and regularly checked to make sure they’re always in date.

Your child needs a written asthma action plan

A written asthma action plan can help your child stay well. You should update it with their GP or asthma nurse when you go for your child’s asthma review at least once a year.

Your child’s asthma action plan has the key information you need in one place, including:

• the number of puffs of preventer inhaler your child needs to take and how often (usually twice a day)
• the things that make your child’s asthma worse (their triggers)
• the symptoms that mean your child needs their reliever inhaler
• the signs and symptoms that mean your child needs to see their GP or asthma nurse
• the signs and symptoms that your child is having an asthma attack, plus what you need to do (including when you need to call 999).

Get the best from your child’s action plan

Children under 12 can benefit from our award-winning My Asthma plan.

Children 12 and older might prefer to use our asthma action plan for adults.

You can download both from our website: www.asthma.org.uk/advice/resources

• Fill it in with your child’s GP or asthma nurse – they’ll make sure each section is personalised for your child.
• Take it to all your child’s asthma reviews and appointments – your GP or asthma nurse may need to update it.
• Keep it where you can find it easily – on the fridge, for example, or take a photo of it on your phone so you can take it everywhere.
• Share it – you can give a paper copy or email a photo of it to anyone who looks after your child, such as grandparents, family friends, neighbours and teachers. If your child’s old enough, get them to take a photo of it on their phone, too.

If you have any questions, call the friendly respiratory nurse specialists on the Asthma UK Helpline on 0300 222 5800 or message them via WhatsApp on 07378 606 728 (Monday–Friday, 9am–5pm).

Take a photo of your child’s written asthma action plan on your phone so you can share it

Staying on top of your child’s asthma
Knowing what to do if your child’s asthma gets worse helps you feel more in control, and able to take action if you need to. Here’s what you need to know.

**How do I know if my child’s asthma is getting worse?**

For a small number of children, asthma symptoms can come on quickly. But for most children, symptoms don’t come ‘out of the blue’. They build up gradually over a few days, and research shows that symptoms often rapidly increase a lot two or three days before an asthma attack. So you can usually look out for the early warning signs and ward off an asthma attack.

The early warning signs that your child’s symptoms are getting worse include:

- needing to use their reliever inhaler (usually blue) three or more times a week
- wheezing
- waking up in the night coughing or wheezing
- finding it hard to breathe or saying their chest hurts
- having to take time off nursery or school because of asthma
- feeling they can’t keep up with their normal activities or exercise
- a drop in their peak flow meter readings (see page 29)
- not being able to walk as far or as fast as usual, or finding it hard to breathe when they do.

**What should I do if my child has an asthma attack?**

1. Call for help.
2. Get your child to sit up straight – don’t let them lie down. Try to be calm.
3. Get them to take one puff of their reliever inhaler (usually blue) with their spacer if they have one every 30-60 seconds, up to a total of 10 puffs.
4. If they don’t have their blue inhaler, it’s not helping, or you’re worried at any time, call 999 for an ambulance straight away.
5. If the ambulance takes longer than 15 minutes they can use their blue reliever inhaler again, every 30 to 60 seconds (up to 10 puffs) if they need to.

If your child’s symptoms improve and you don’t need to call 999, you don’t want this to happen again so you still need to make an urgent same-day appointment with your child’s GP or asthma nurse.

If your child needs to go to A&E, try to remember to take their written asthma action plan with you (a photo on your phone or a paper copy) so staff can see what asthma medicines your child is taking.

**Why the peak flow test is so important**

The peak flow test is a way to measure how fast your child can breathe out – so the doctor can see how well your child’s lungs are working. Your child takes a full breath in, then blows out as fast and as hard as they possibly can into a small, hand-held plastic tube called a peak flow meter. The measurement taken is called their peak flow.

Some children who are five or older are given a peak flow meter on prescription so they can record their peak flow scores in a diary. This can help you manage their asthma by seeing how well their lungs are working. Your child’s GP or asthma nurse will tell you if your child needs one.
With a bit of planning, a child with asthma can do everything they want to do.

Above all:

• Use your child’s written asthma action plan.

• Watch your child taking their preventer inhaler every day as prescribed.

• Make sure they always have their reliever inhaler (usually blue) and spacer with them.

• Take your child for an asthma review at least once a year.

Remember – helping your child stay as symptom-free as possible means their asthma is well controlled and their lungs are less likely to react to triggers.

Don’t let asthma hold your child back!

If your child is overweight, your GP or asthma nurse will support them to lose weight in a sensible, healthy way. Research shows losing weight may help improve your child’s asthma symptoms and cut their risk of an asthma attack.
Say yes to exercise

Whether they’re running around in a play park, having a kick about with their friends or playing sport for a team (or doing any other activity for that matter), asthma doesn’t have to stop your child from exercising. Far from it! Did you know, for example, that some well-known sports personalities have asthma, including Sir Mo Farah?

What you need to know:

• Your child must keep their reliever inhaler (usually blue) and spacer with them at all times, but especially when they’re exercising, so they can deal with any asthma symptoms quickly.

• If your child’s exercising outside when it’s damp or cold, getting them to cover their mouth and nose with a scarf can help because it warms up the air before they breathe it in and it hits their sensitive airways.

• If exercise often triggers your child’s asthma, it might mean their asthma isn’t as well managed as it could be, so book an appointment with their GP or asthma nurse. They can update their written asthma action plan, check their inhaler and spacer technique and check their asthma medicines.

Say yes to sleepovers

Staying overnight at a friend’s house or at Cub or Brownie camp is an important event on any child’s social calendar, and just because your child has asthma doesn’t mean they need to miss out. Just make sure they pack their medicines and their asthma action plan (to give to their host or group leader) alongside their pyjamas and snacks for a midnight feast.

What you need to know:

• Some people don’t realise that asthma is a serious condition. It is. Make sure the parent or leader who’s looking after your child knows how to deal with an asthma attack. A few days before the sleepover, write down and give them our website address (www.asthma.org.uk) so they can read up a bit about the condition.

• When you drop your child off, double check that the parent or group leader knows where your child’s written asthma action plan is so they can find it quickly in an emergency. You can also make sure they’ve got your phone number so they can call you if they need to.

• If you know what your child’s asthma triggers are – bonfire smoke or animals, for example – it’s a good idea to check with the parent or leader if they’re likely to come into contact with them during their stay. Then you can let them know if they need to be extra alert.

TOP TIPS

Parents tell us:

“Acting calmly and confidently helps my son feel reassured when I’m leaving him at school or with friends.”

“Making me feel more in control if I get organised with my daughter’s repeat prescriptions and appointments.”

Say yes to school trips

From sports days and coach outings to overnight trips, a child with asthma can sign up for trips with confidence.

What you need to know:

• On school trips, there’s usually a ‘first aider’ who looks after any health needs the children have. They’ll carry your child’s medicines, including a spare reliever inhaler (usually blue) and spacer. They’ll need a copy of your child’s written asthma action plan. Make sure your child knows and recognises this member of staff.

• Write down for the school any extra medicine(s) your child needs to take, how often, how much and for how long they need to take them. For example, as well as their usual asthma medicines, your child may have a cold or hay fever that needs treatment.

• Talk to the school about how you can help your child remember to take their medicines – perhaps a teacher can remind them or, if they’re older, you can get them to download a reminder app on their phone.

• When they get home, encourage your child to be honest with you about whether they took their medicines every day and whether or not they had asthma symptoms while they were away.

Find out more about looking after your child’s asthma at www.asthma.org.uk/advice/child
Make life easier

All the information and ideas in this booklet are designed to be as helpful as possible. But it can feel a bit challenging to work out how to fit it all into your daily routine.

Using these five steps gives you a proven way to make it easier to stick to your plans and achieve what you set out to do. Don’t be tempted to do this just in your head – writing it down or typing it out is a proven way to increase your chance of achieving your goals. And it gives you something to refer back to when you need it.

**STEP 1** Create your own day-to-day plan

Think about what you want to do and how you’re going to do it so you know how you’ll fit things into day-to-day life. Create two columns. These are just examples, so when you fill in yours, make them really personal to you and your life.

<table>
<thead>
<tr>
<th>WHAT I’ll help make sure my child does</th>
<th>HOW I will fit this into my routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes their preventer inhaler as prescribed</td>
<td>After my child brushes their teeth every morning and evening I’ll make sure they take their preventer inhaler and then rinse out their mouth. I’ll put a sticker on their toothbrush to remind them.</td>
</tr>
<tr>
<td>Always has their reliever inhaler (usually blue) and spacer handy</td>
<td>Before we step outside the front door, I’ll check my child has their blue reliever inhaler in their bag. I’ll make it fun by getting a special Spiderman or Paw Patrol lunchbox for it.</td>
</tr>
<tr>
<td>Sees their GP or asthma nurse straight away if they’re using their blue reliever inhaler three or more times a week</td>
<td>When my child gets in from school, we’ll have a drink and snack in the kitchen and fill in their My Asthma calendar. I will find out if they needed to use their blue reliever inhaler that day.</td>
</tr>
</tbody>
</table>

**STEP 2** Keep going!

Once you’ve got into a good routine, stick with it. Soon, helping your child manage their asthma will just become part of daily life. If you’ve ever learned to drive, had to get the hang of a new mobile phone, or started a new job, you’ll know that what seems strange at first can soon feel much easier. You can do it!

**STEP 3** Troubleshoot

Planning ahead for any problems can help you stay on track. Create another two columns. Use them to think about what might get in the way of your plan, and how you could sort it out. Remember, these are just examples to get you started:

<table>
<thead>
<tr>
<th>WHAT potential problems</th>
<th>HOW I will avoid them</th>
</tr>
</thead>
<tbody>
<tr>
<td>We get out of our routine with medicines on holiday</td>
<td>Order a new prescription two weeks before we travel and buy a notebook to use as a ‘holiday record’.</td>
</tr>
<tr>
<td>I lose my child’s written asthma action plan</td>
<td>Stick a plan on the fridge and keep a photo of it on my phone.</td>
</tr>
<tr>
<td>My child loses their reliever inhaler (usually blue)</td>
<td>Keep a spare reliever inhaler (usually blue) and spacer at school and in kitchen drawer.</td>
</tr>
<tr>
<td>I forget to take my child to their asthma review</td>
<td>Write appointment on calendar or record it in my phone diary and ask the GP surgery to call or text with a reminder.</td>
</tr>
</tbody>
</table>

**STEP 4** Deal with unhelpful thoughts

How you think about asthma and any worries you have can affect how well your child sticks to their medicine routine. For example, if you don’t like taking medicines, you might be less worried about them skipping doses. Or if you had side effects from a medicine before, it might put you off giving your child their medicines.

Make a list of all your concerns

• Make an appointment with your child’s GP or asthma nurse and ask them about each concern.
• Pages 14-17 of this booklet may help.
• Talk things through with your child’s GP or asthma nurse, or our friendly respiratory nurse specialists on 0300 222 5800 or message them via WhatsApp on 07378 606 728 (Monday-Friday, 9am-5pm).
• See how other parents cope at www.facebook.com/AsthmaUK.

**STEP 5** Reward yourselves

Rewarding yourself and your child for achieving what you set out to do can help you stay motivated to keep going. And planning treats that help ease stress or lift your spirits gives you more energy to cope well – always important for parents and carers! Write down how you’ll reward yourselves when you stick to your plan – for example:

• If my child takes their blue inhaler everywhere for a month, we’ll get cinema tickets.
• If my child remembers to take their medicines every day on holiday, we’ll have pizza at home.
• If my child takes their preventer inhaler twice a day for a week, they’ll get a bit of extra pocket money or get to stay up late one night.
Use your support network

Caring for a child with asthma can be challenging sometimes, especially if your child’s diagnosis is new, or if your child’s been having a lot of symptoms lately. Make sure you always get the help you need by taking five minutes to write down a list of who you can call.

Friends, family and colleagues can sometimes help just by listening. Don’t be afraid to share with them how you’re feeling.

Your child’s healthcare team – GP, asthma nurse, specialist consultant and pharmacist – is on hand to provide whatever care and support you need.

Asthma UK’s friendly expert nurses can talk through any worries you have about your child’s asthma. Just call 0300 222 5800 (Monday-Friday, 9am-5pm) or message via WhatsApp on 07378 606 728.

Your online asthma community is always there for you:

Swap ideas with other parents and carers: www.facebook.com/AsthmaUK

Get information, tips and ideas on everything from inhalers to triggers and asthma safety at school: www.asthma.org.uk/advice/

Get more health advice and asthma news with Asthma UK email updates www.asthma.org.uk/sign-up

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