

## Paediatric Asthma Discharge

Surname	NHS Number	
	Unit Number	
First Names	Title	
Address	Date of Birth	
	Sex	M. State
	Telephone No.	
Own Doctor/Address	Occupation	

### Discharge information following an asthma attack

Your child has been admitted to hospital and treated for an asthma attack.

Asthma is an illness causing cough, wheeze, breathlessness and a feeling of tightness around the chest. These symptoms are variable and can interfere with sleep and activity (exercise). An asthma attack is when these symptoms are severe.

Asthma is common. It is often associated with other allergic conditions such as eczema and hay fever but it is not always caused by allergies. Asthma symptoms are due to inflammation and narrowing of the tubes in the lungs.

In different children, loss of control can be caused by viral infections (colds); exposure to and inhalation of dusts and allergens such as pollens; exercise and sometimes excitement or emotion.

Symptoms can be worsened by exposure to tobacco smoke and attacks are more likely if preventer treatment is not taken regularly.

After the diagnosis of asthma, control of symptoms and prevention of attacks requires treatment. These can be categorised as **PREVENTERS** (which need to be taken regularly) and **RELIEVERS** (which need to be used when symptoms occur). If an attack occurs then **emergency treatments** will be needed which include higher doses of relievers and steroid medicine taken by mouth.

The aim of treatment is to **control** asthma symptoms, normalise activity, allow normal sleep and **prevent** more severe asthma attacks.

This leaflet provides information about the medicines you/your child needs:

Page 2 - **How to reduce your child's emergency treatment once you go home.**

Page 3 - **Preventer and reliever medicines**

Page 6 - **Ongoing asthma management plan** describing when and how much preventer and reliever treatment you/your child will need when the asthma is under control, when control breaks down as well as what to do when a further asthma attack develops.

## **Completing emergency steroid treatment and reducing reliever treatment after admission to hospital:**

It is important to complete the emergency course of Prednisolone medicine. Your child should take:

..... Prednisolone tablets (.....mg) once a day for a further .... days.

The tablets can be crushed and dissolved in a small amount of cordial. Soluble tablets will be available for children who do not tolerate the crushed version (dissolve in a small amount of cordial). It doesn't taste nice, so the smaller volume the better.

Gradually reduce the amount of reliever (**BLUE**, Salbutamol) that you take/give to your child as their symptoms improve. An example of how to do this is outlined below.

If your child is recovering and sleeping comfortably it is not necessary to wake them to give reliever medicine but if they do wake during the night it can be given.

### **DAY 1:**

Give 6-10 puffs of Salbutamol every 4-6 hours

### **DAY 2-3:**

Give 4-6 puffs of Salbutamol every 4-6 hours

### **DAY 4-5:**

Give 2-4 puffs of Salbutamol every 6-8 hours

If not getting better or getting worse then give 10 puffs of Salbutamol on one occasion, if this does not help or works for less than 4 hours, seek medical advice.

Stop giving Salbutamol regularly when your child's wheeze has stopped and they are feeling much better and then continue with the management plan as outlined on page 4.

**Make an appointment for your child to be seen by his or her family doctor or Asthma Practice Nurse, ideally within 2 days after going home from hospital.**

### **Date of GP Review:**

If you have any questions or concerns then please contact your family doctor or GP practice asthma nurse.

## **Other useful contact details:**

- Asthma UK advice line, Monday – Friday 9.00am – 5.00pm:  
0300 222 5800 (interpreting service available).  
[www.asthma.org.uk](http://www.asthma.org.uk)

## Preventer and reliever medicines

On discharge from hospital your child may have been prescribed regular preventative medicine. This needs to be continued until told otherwise by a doctor or asthma nurse.

Remember to clean your teeth or rinse your mouth with water after using the preventer inhaler.

	Name	Form or Device	Dose	Colour or Description
<b>Preventer</b>	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
<b>Reliever</b>	Salbutamol .....	Aerosol + spacer .....	100mcg .....	<b>BLUE</b> .....
<b>Asthma Attack Medicine</b>	Prednisolone	Tablets	5mg	The number of tablets will be written on the asthma plan

### How to use an aerosol and spacer with a mouthpiece or mask:

- Check the spacer is clean and not damaged. Remove the inhaler cap, shake the inhaler and place in back of spacer.
- Place the mouthpiece of the spacer in the mouth or the mask over the nose and mouth.
- Press the inhaler once to release a dose of the medicine.
- Breathe in and out 5 times making the valve on the spacer open and close; be careful that your child does not breathe through their nose rather than through the spacer.
- Wait a few seconds between each puff of reliever (this means that one puff of medicine is given at a time and this is repeated according to your plan).
- Cleaning spacers: Spacers are cleaned before first use and then once a week. Wash in warm, soapy water then leave to dry in an upright position. Do not put it in a dishwasher or polish with a towel. Spacers should be replaced at least once a year or if damaged.

### How to use dry powder inhalers:

- Load the device holding it in upright position (e.g. turbohaler: twist the bottom until it clicks, and twist back)
- Place the mouthpiece in the mouth and take a deep breath in drawing air through the device.
- Hold breath in for 8 seconds before breathing out.

Date: DD/MM/YYYY Name:		Hosp no.	BEST Peak Flow ( % predicted);	FEV1 ( %)
	PF	MEDICINE	When and how much to take	Limits and other actions
<b>ASTHMA CONTROLLED</b> <i>Breathing good</i> <i>Playing and running normally</i> 	Above	.....	.....puffs/clicks..... daily	Rinse mouth or brush teeth after giving.
	.....	.....	.....puffs/clicks..... daily	
	.....	.....	.....orally	
Wheezy when exercises		<b>BLUE</b>	2 puffs before exercise	
<b>LOSS OF CONTROL</b> <i>Signs of a 'cold'</i> <i>Wheeze</i> <i>Cough</i> <i>Tight chest</i> 	Between	CONTINUE PREVENTER		Contact doctor if: <ul style="list-style-type: none"> <li>● Not responding</li> <li>● Needing more.</li> <li>● Symptoms persisting for more than 3 days.</li> </ul>
	.....	<b>BLUE</b>	2-6 puffs/clicks up to <b>4 hourly max.</b>	
	and	.....	.....	
<b>ASTHMA ATTACK</b> <i>Very breathless</i> <i>Distressed breathing pattern</i> <i>Unable to talk in sentences</i> <i>Unable to play</i> <i>Difficulty drinking and eating</i> 	Below	<b>BLUE</b>	10 puffs, (give each puff individually, followed by 5 breaths In & out), repeat every 20 mins if not improving.	<b>GET HELP</b> Contact doctor or if very poorly call '999' and ask for an ambulance.
	.....	.....	.....	
		STANDBY STEROID TABLETS (Prednisolone)	Dissolve .....tablets (.....mg) in 5-10 mis of water and give by mouth.	

## Asthma Support Groups

### ■ Asthma UK - <https://www.asthma.org.uk/>

Asthma UK is the charity dedicated to improving the health and well-being of the 5.2 million people in the UK whose lives are affected by asthma

Asthmas UK also has a WHATSAPP group which can be accessed Mon – Fri 9-5pm on 07378 606728

### ■ HMR Children's Respiratory Nurses

This is an information based resource on Facebook

### ■ RD&E Paediatric Respiratory Nurses

Michelle Curtis & Abbie Rickards

01392 402682

rde-tr.paediatricrespiratorynurses@nhs.net

## Breathing and Relaxation Apps and Websites

### ■ HospiChill App

### ■ Head Space App <https://www.headspace.com/>

### ■ Smiling Mind <https://www.smilingmind.com.au/>

### ■ Breathe, Think, Do Sesame (App on google play & I Store)

### ■ Dreamy Kid <https://dreamykid.com/>

### ■ Stop, Breathe Think Kids <https://www.stopbreathethink.com/kids/>

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

© Royal Devon and Exeter NHS Foundation Trust

Designed by Graphics (Print & Design), RD&E