Asthma

Asthma is a lung disease that can cause breathing problems. If your child has asthma, the airways in their lungs overreact to certain things, called triggers. Triggers can cause flare-ups. This is when the airways get smaller, swollen, and filled with mucus. Asthma can be controlled, but it can’t be cured. Asthma symptoms may get better as your child gets older.

What Happens During an Asthma Flare-up

Three things happen during an asthma flare-up that can make it hard to breathe (Picture 1):

- The airways swell and get smaller.
- The muscles around the airways tighten and squeeze.
- The airways fill with mucus.

Picture 1 A normal airway and an airway during an asthma flare-up.
Signs of a Flare-up

Warning signs
Most asthma flare-ups start slowly. You may notice small changes to your child’s body before a flare-up. These include:

- Mild cough
- Sneezing
- Itchy or watery eyes
- Itchy or sore throat
- Tiredness
- Runny or stuffy nose

When to start rescue medicine
Start rescue medicine if you notice your child has:

- Coughing
- Wheezing
- Noisy breathing
- Chest tightness
- Fast or labored breathing
- For very young children – grunting during sucking or feeding

Call your child’s doctor or health care provider
When the rescue medicine didn’t help or doesn’t last for 4 hours:

- Fast breathing continues
- Wheezing increases
- Coughing continues
- Chest tightness
- Vomiting after coughing

Danger Signs – Go to the Emergency Room (ER) or Call 911
Your child has taken their rescue medicine but has:

- Grey or blue lips and fingernails
- Hard and fast breathing (gasp)
- Shortness of breath that makes it hard to talk, walk, eat, or drink
- Wide nose holes (nostrils) when breathing
- Deep breathing that shows their ribs and neck muscles
What to Do During an Asthma Flare-up

Follow your child’s Asthma Action Plan if they have a flare-up.

Tell your child to:

- Tell an adult (parent, teacher, school nurse, coach, or babysitter) about trouble breathing.
- Follow their Asthma Action Plan.
- Take their rescue medicine as directed by the doctor or health care provider.
- Stay calm and try to breathe slowly and deeply.

Triggers

Knowing your child’s triggers can help prevent flare-ups.

Most common triggers:

- Being sick with a cold or flu
- Dust mites
- Air quality
- Weather
- Cockroaches
- Mold
- Exposure to smoke
- Pollen
- Pets
- Stress
- Exercise

Asthma Medicines

There are 2 types of medicines that treat asthma: rescue (quick-relief) medicines and controller medicines.

Rescue medicines

Most common rescue medicine is Albuterol. Use it when a flare-up starts. Rescue medicines:

- Work very quickly to open the airway and can be used every 4 hours.
- May be used as an inhaler with a spacer. A spacer helps get more medicine into the airway.
- May be used in aerosol (nebulizer) form, using a nebulizer machine.
Controller medicines

Most people with asthma also need controller medicine(s). Controller medicines:

- Help keep the airways from reacting to triggers. They reduce swelling in the airway.
- Can help prevent future asthma flare-ups.
- Are taken each day, even if your child feels well.
- Should not be stopped without talking to the doctor or health care provider.

Tips

- Your child’s rescue inhaler and spacer should be with them at all times.
- See the asthma medicine sheets. It’ll tell you how and when to give your child’s asthma medicine, possible side effects, and other important things to remember. Ask the nurse or respiratory therapist if you didn’t get these.
- Refill your child’s controller medicine every month.
- Use your child’s Asthma Action Plan. It’ll explain when and how to give each medicine.
- Use a diary to keep track of asthma symptoms and how often your child uses their rescue medicine. If they need to use their rescue inhaler more than 2 times each week, let your doctor or healthcare provider know.
- Tell your child’s teacher, coach, and school nurse that they have asthma.

If you have any questions, ask our child’s doctor or health care provider.