

# Acute exacerbation of asthma

Advice for parents/carers



## What is an acute exacerbation of asthma?

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.

## Treatment over next few days

Over the next few days, your child will need to be regularly given a blue (salbutamol) reliever inhaler.

Dose of blue (salbutamol) reliever inhaler via Spacer:

Today ..... puffs, ..... hourly for first ..... day(s)  
Then ..... puffs, ..... hourly for next ..... day(s)  
Then ..... puffs, ..... hourly until symptoms improve

after which your child should be back to normal and you should be able to stop the blue inhaler.

In the event that your child has been started on steroid tablets, these should be continued once daily (usual treatment course is 3 days).

If your child becomes increasingly breathless despite following the plan above, you should follow the instructions outlined in the table below.

You should continue your child's normal preventer treatment(s) during an acute exacerbation of asthma.

## Looking after your child during future exacerbations of asthma

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).

	Symptoms	Your Action:
<b>Mild</b>	If your child starts to cough, wheeze or has a tight chest but can continue day to day activities	Give 2-5 puffs blue (salbutamol) reliever inhaler every 4 hours until symptoms improve.
<b>Moderate</b>	If your child is: <ul style="list-style-type: none"><li>• Wheezing and breathless and blue (salbutamol) reliever inhaler 2-5 puffs is not lasting 4 hours</li><li>• Having a cough or wheeze/tight chest during the day and night</li><li>• Too breathless to run / play / do normal activities</li></ul>	<b>Immediately contact your GP and make an appointment for your child to be seen that day face to face.</b> Increase blue (salbutamol) reliever inhaler 6-10 puffs every 4 hours
<b>Severe</b>	If your child is: <ul style="list-style-type: none"><li>• Too breathless to talk / eat or drink</li><li>• Has blue lips</li><li>• Having symptoms of cough/wheeze or breathlessness which are getting worse despite 10 puffs blue (salbutamol) inhaler every 4 hours</li><li>• Confused and drowsy</li></ul>	<b>Ring 999 for immediate help.</b> <b>Give 10 puffs of blue (salbutamol) reliever inhaler every 10 minutes until ambulance arrives.</b> <b>Keep child in upright position and reassure them.</b>

## 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 5 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**

For videos on using your child's inhaler and spacer correctly see [goo.gl/235DQf](https://goo.gl/235DQf)



## Follow up

If your child has been discharged from hospital, you should arrange for them to be seen in the next 48 hours by your GP or GP practice nurse.