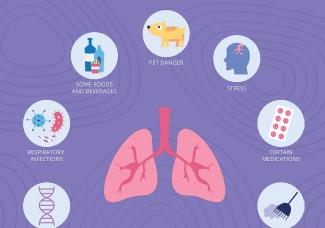


WORLD ASTHMA DAY 2024

Information and Resources to support Children and Young People with Asthma



ASTHMA CAUSES



ASTHMA SYMPTOMS



OF BREATH









ASTHMA FACTS

What is Asthma?

Asthma is a very common long-term lung condition. It affects the airways that carry air in and out of your lungs.

- ♦ In the UK one in every 11 children have asthma.
- People with asthma often have sensitive, inflamed

airways. They can get symptoms like coughing, wheezing, feeling breathless or a tight chest.

- Asthma symptoms can come and go. Sometimes people may not have symptoms for weeks or months at a time.
 - Asthma needs to be treated every day, even if you feel well, to lower the risk of asthma attacks.

Treatments for Asthma **Preventers**

- Reduce inflammation in airways
- Airways become less sensitive to triggers
 - ♦ Side effects minor
- Important to monitor doses used so that inhaler can be replaced before it becomes empty

Relievers

- ♦ Muscle relaxant
- ♦ Works for 4 hours
- ♦ Can be used proactively for known triggers
- Important to monitor doses used so that inhaler can be replaced before it becomes empty

Inhalers should always be taken back to your local pharmacy for disposal as they can emit harmful greenhouse gases which damage the environment. They should NOT be thrown in the bin. Stock-piling inhalers is detrimental to the environment as it increases waste.

It's not okay to Wheeze

- Wheezing is a high-pitched whistling sound made whilst breathing

 - This means air cannot flow in and out as it should
 - ♦ It can make breathing difficult
- It is a sign that your asthma may not be as well controlled as it should be and you may need to book a review with your GP/practice nurse if your child is wheezing regularly

How can I look after my child?

- You can make sure you child takes their preventer inhaler (usually brown or purple) every day using a spacer device, as prescribed.
- It is important that your child continues to take their preventer inhaler even when they are completely well and have no symptoms.
 - ♦ They should only stop taking this medication on the advice of a doctor or nurse.
- Make sure you request an annual review of your child's asthma with your GP/Nurse. This should include, medication check, inhaler technique and a Personalised Asthma Action Plan.

USEFUL LINKS

How to look after your spacer

- Asthma UK & British Lung
Foundation



How to use a spacer with a mouth piece

- Asthma UK & British Lung
Foundation



How to use a spacer with a face mask

- Asthma UK & British Lung
Foundation



How to use a dry powder inhaler for young people

- Asthma UK & British Lung
Foundation



Green zone - Good



Your asthma is under control if:

- your breathing feels good
- you have no cough or wheeze
- your sleeping is not disturbed by coughing
- you are able to do your usual activities
- you are not missing school
- if you check your Peak Flow, it is around your best

BEST PEAK FLO	ow
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Green Zone Action - take your normal medications

Your preventer inhaler is a		
colour and is called		
You take puffs/sucks every morning and		
every night even when you are well.		
Other asthma medications you take are:		
Your reliever inhaler is a		
You take puffs/sucks up to 3 times in a week for symptoms and before exposure to your triggers (see your list) if needed		

Move to the AMBER ZONE

If you are needing to use your reliever inhaler more

than 3 times per week for symptoms

Amber zone – Warning



If you are using your blue inhaler more than 3 times per week for symptoms or you often wake at night with a cough or wheeze, arrange a review with your asthma nurse or GP.

Warning signs that your asthma is getting worse:

- you have symptoms (cough, wheeze, 'tight chest' or feel out of breath)
- you need your reliever inhaler more than usual
- your reliever is not lasting **four hours**
- your peak flow is down by a third

PEAK FLOW 1/3 DOWN

Amber Zone Action – continue your normal medicines AND

- Take 2 puffs of the BLUE inhaler with your spacer
 1 puff at a time. Keep doing this every 10 minutes
 if you still have symptoms up to a total of 6 puffs
- You can do this every 4 hours but **must** make an appointment at your GP surgery within the next 24hrs even if you feel better.
- If you need to do this more than every 4hrs, you must see your GP today or go to A&E
- Start keeping a record of your symptoms and peak flow readings to take to the Doctor

IMPORTANT:

• If after your **6 puffs** you still have increasing wheeze or chest tightness

Move to the RED ZONE

Red zone - Severe



- you are still breathing hard and fast
- you still feel tight and wheezy
- you are too breathless to talk in a sentence
- you are feeling frightened and exhausted

Other serious symptoms are:

- colour changes very pale / grey / blue
- using rib and neck muscles to breath, nose flaring

Red Zone Action

Take 10 puffs of the blue inhaler via a spacer and call 999

- Asthma can be life threatening
- Do not attempt to do a peak flow
- Whilst waiting for the ambulance and using your spacer, take 1 puff at a time of your blue inhaler, breathing at a normal rate for 4-5 breaths, every 30 seconds.
- Stay where you are and keep calm
- If your child becomes unresponsive and has an adrenaline pen for allergies-use it now.

Additional comments or information	
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'Every 10 seconds someone in the UK is having a potentially threatening Asthma attack and 3 people die everyday'.

NRAD - 2014

'Only 1 in every 169 caregivers correctly demonstrated how to use their child's spacer device'.

M Reznick - 2014



DIGITAL HEALTH
PASSPORT



For more information on who can support you locally:

wellbeing@springnorth.org.uk 07592 154912