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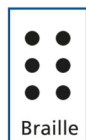
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Translation



Audio



Braille

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<b>Title of Leaflet</b>	Going home after an asthma attack				
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#### Legal Notice

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible. Please therefore always check specific advice or any concerns you may have with your doctor.

Frimley Park and Wexham Park  
Hospital

# Going home after an asthma attack



Information for patients, relatives  
and carers

Name \_\_\_\_\_ Date \_\_\_\_\_

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## **NOTES**

Please use the space below to write down any questions or queries you may have and bring this with you when you come into hospital.

Always ask anything you wish, no questions are trivial or 'silly'. The person you ask will do their best to answer but, if they don't know, they will find someone else who is able to discuss your concerns.

## The 4 Asthma Asks:

### 1. GET AN ASTHMA ACTION PLAN IN PLACE

Having a written personalised asthma action plan makes it four times less likely you will go to hospital due to your asthma.

### 2. UNDERSTAND HOW TO USE INHALERS CORRECTLY

Poor inhaler technique is a key indicator for poor asthma control. Knowing how to use you/your child's inhaler means more of your medication will get into your lungs. Always remember to rinse out you/your child's mouth after using a steroid inhaler.

### 3. SCHEDULE AN ASTHMA REVIEW

Having an asthma review with a trained professional annually and after every attack helps to work out what went wrong and you/your child's asthma management plan can be adjusted.

### 4. CONSIDER AIR POLLUTION & IMPACT ON LUNG HEALTH

**Did you know you can recycle your used inhalers? Please return to your local pharmacy for them to dispose**

If you would like to learn more about asthma, please visit Frimley Healthier Together:

<http://bit.ly/FHFTAsthma>



## What is asthma?

Asthma is a condition that affects the lungs. The tubes in the lungs can become narrow and inflamed (swollen) and this makes it harder to breathe. When children come into contact with an 'asthma trigger', their lungs may react by the muscles around the airways tightening, the lining swells and thick mucus can build up inside the airways.

**Children with asthma may have a tight chest, a dry cough, difficulty taking in a full breath or wheeze (a high pitched whistling sound when they breathe out).**

## How is asthma treated?

Asthma can and should be well controlled in order for children to live a happy, healthy life.

### Preventer inhalers:

This treatment must be taken **every day** even when you/your child is well. Preventer inhalers contain steroids which reduce the inflammation in the airway and prevent episodes of asthma.

Another type of preventer inhaler is a combination inhaler. This contains steroids and a long-acting reliever inhaler to help reduce inflammation and keep the airways open for longer.

### Add on preventer treatments:

Montelukast helps to control inflammation and is taken once a day. You may be given a chewable tablet or granules. The granules can be mixed with soft food such as yoghurt.

### Reliever inhalers:

Reliever inhalers are usually blue (Salbutamol) however, in some cases your combination inhaler may be used as a reliever inhaler (Symbicort). This should be used only when needed and you/your child has symptoms of asthma (wheeze, difficulty breathing, tight chest or when coughing). The reliever inhaler helps to relax the muscles around the airways and help you/your child breathe.

**Needing your reliever inhaler regularly is a sign asthma is not well controlled and you/your child should seek a medical review.**

## How do I use my inhaler?

A spacer device should be used with a pressurized metered-dose inhaler no matter how old you are.



1. Shake the inhaler and remove the cap
2. Insert inhaler into the open end of the spacer
3. Ensure you have a good seal with the mask or around the mouthpiece. Tip: you should see the valve moving with no whistling
4. Hold spacer upright and press the inhaler once, followed by 5 slow breaths or count to 10 seconds (watch the valve move forward/back with each breath)
5. Return to step one and repeat for each puff of inhaler as needed

Mask spacers are usually not required over the age of 4. Spacers should be cleaned monthly and replaced annually. Please provide a spacer to your school at the start of the Autumn term.



Some inhalers do not require a spacer (see photo left to right: accuhaler, easyhaler, turbuhaler, easibreath). These are used in older children and you should be assessed before these are prescribed to you.

If you do not know how to use your inhaler or need help, please contact your GP, asthma nurse or pharmacist. Alternatively, visit Asthma & Lung UK for video resources (<https://www.asthmaandlung.org.uk/living-with/inhaler-videos>).

## Post attack/discharge plan

You/your child should take the preventer medication as prescribed.

Regularly record your peak flow readings if you have been trained to do so



Look out for signs of wheeze, chest tightness, shortness of breath, coughing or difficulty breathing



If you/your child has asthma symptoms, take 2 puffs of the blue inhaler via the spacer. Wait 2 minutes and repeat if necessary until you have given 6 puffs.



You/your child should feel better after a few minutes and these effects should last 4 hours. If you/your child do not feel better, move to the red box immediately.



You/your child should see their GP within 48 hours (or the next working day) to ensure the attack is over

### **If you/your child:**

- Still has symptoms after 6 puffs of the blue inhaler OR
- Needs the blue inhaler more than every four hours

They are **not getting better**, and you need to take action now:

1. Give up to 10 puffs of the blue inhaler via spacer, 1 puff at a time. AND
2. Arrange an urgent review with their doctor today, or go to the emergency department if this is not possible.

If your child is continuing to need 10 puffs of the blue inhaler every 4 hours, you should get a more urgent review (within the next few hours).

If your child is having difficulty breathing not relieved by 10 puffs of salbutamol or needs 10 puffs more often than every 4 hours

You should **call 999** and if the ambulance has not arrived within 10 minutes, repeat step 1. If after repeating step 1 you/your child's symptoms have not improved, **call 999 again immediately** to update.

