Your child has/has not been prescribed an oral steroid.
Please complete the whole course.

Oral Prednisolone: _____mg(_____ml), **once** a day, for _____days
Oral Dexamethasone:_____mg(_____ml), once a day, for _____days

Your child has/has not been prescribed a preventer inhaler with spacer.
Please use this regularly as directed by your doctor or nurse, even if your child is well. This should not be stopped until further review by a doctor or nurse.

Preventer/colour: _____(_____) , take ____ puffs, every ___hours. (⚠ remember to rinse your child's mouth out after use)

If other medication :_____

Follow up arrangements:
Your child should have a post-attack review with GP or asthma nurse **within 48 hrs.** Please contact your GP surgery to arrange this. This is to check your child is getting better. If your child is not getting better, seek medical advice.

You will need to ensure that your child has a follow up appointment arranged with your GP or in the asthma clinic within the next 4 weeks for a full asthma review.

Smoking increases the risk of an asthma attack and can cause permanent lung damage. Second hand exposure can occur even from clothing of those who smoke outdoors, away from the child.

Useful Resources for asthma

Scan here for helpful information about wheeze (Healthy Surrey UK Asthma toolkit)	*Scan here for videos on using your child's inhaler & spacer correctly, cleaning and storage advice*	*Scan here for Asthma+ Lung UK WhatsApp helpline for non-urgent queries, or call 0300 222 5800 (Mon – Fri, 9am to 5pm)*

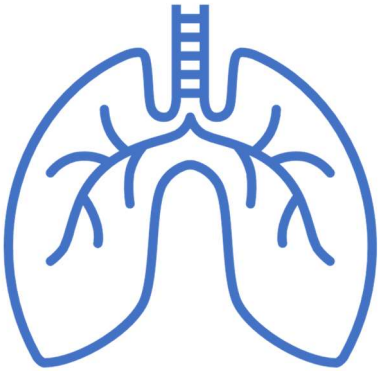
Prepared by Dr Zahraa Al-Mayahi & Dr Asma Azmatullah
Amended by Dr Ruth Mew, Paediatric Consultant, ASPH. Version July 2024 & Hayley Whatmore, Asthma Nurse Specialist RSCH, Version August 2024

NHS Surrey Heartlands

For Children & Young People Aged 6 years and above with a formal diagnosis of asthma.

Post asthma attack home management

Information for Parents/Carers



Your child has had an asthma attack

During an asthma attack, the small airways (breathing tubes) that carry air in and out of the lungs become swollen (due to inflammation and mucus) and narrow. Less air gets into and out of the lungs. This causes symptoms of wheezing, breathlessness, coughing or a tight chest. During an asthma attack these symptoms can get worse quickly.

Asthma attacks can be triggered by a mild infection (often a viral cold) but can also be caused by exposure to other triggers (including pollen, dust, animal dander, exercise, pollution, smoke, and weather change).

What is wheeze?

Wheeze is a whistling sound that is heard from the chest, mainly on breathing out. It is caused by the narrowing of the small airways, inflammation and mucus.

Treatment after an asthma attack:

Salbutamol (**blue reliever inhaler**) will open the small airways (bronchodilation) to help with breathing during and after an asthma attack.

Salbutamol must be given through a spacer, unless directed otherwise by a health professional. This is as effective as using a nebuliser. Nebulisers should not be used at home.

Use Salbutamol **as needed** according to the table and your child's symptoms. After Salbutamol use, symptoms should have disappeared. **The effects should last for at least 4 hours**.

If your child needs Salbutamol more often than every 4 hours, your child's asthma attack is not controlled. Emergency action is needed now.

Closely monitor your child, particularly in the days following discharge from hospital; wheeze is more likely at these times.

If your child is comfortable and asleep without wheeze, they may not need to be woken up for Salbutamol.

Prevention of asthma attacks:

Inhaled corticosteroids (**preventer inhaler**) are used to treat asthma and prevent asthma attacks. Continue to give inhaled corticosteroids as prescribed according to your child's asthma action plan.

Some children may be given a short course of oral steroids (Prednisolone or Dexamethasone) to reduce inflammation in the airways.

To be discharged from hospital and stay safe at home, your child must:

1. Not require Salbutamol inhaler more frequently than 10 puffs, every 4 hourly.
2. Have safe oxygen levels whilst awake, asleep and feeding.

Post Asthma Attack Discharge Plan

Your child must continue to take all their asthma medication as prescribed

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

Your child has no symptoms and able to do their normal activities.

No Salbutamol required.

Your child has symptoms.

Give **2 puffs** of salbutamol and wait 2 minutes If your child still has symptoms, repeat until you have given up to 6 puffs. The symptoms should have disappeared. The effects should last for at least 4 hours.

If your child does not feel better after 6 puffs or the effects are not lasting 4 hours move to the RED BOX

If your child needs the blue reliever inhaler more than every four hours, you need to **TAKE EMERGENCY ACTION NOW**

Take up to **10 puffs** and seek urgent medical attention by arranging an urgent appointment with your GP or attending the Emergency Department.

If your child is having difficulty breathing not relieved by 10 puffs of salbutamol or requiring repeated doses of 10 puffs you should **call 999. If symptoms have not improved repeat 10 puffs after 10 minutes**

Your child must have a **post-attack review**. Book an urgent appointment with your GP Practice within **2 working days**. Please contact your GP Practice to arrange this. They should also have a full asthma review within 4 weeks