

ASTHMA DISCHARGE BUNDLE

- Please print using the settings:
 - 'print on both sides, flip on the short edge'
- **DON'T FORGET!** Pick up a Personalised Asthma Plan to add to the bundle.

Asthma triggers

Everyone's asthma is different and can be triggered by different things.

Common asthma triggers include:

- Viral infections
- Exercise
- Changing weather
- Indoor and outdoor air pollution
- Allergies – e.g. to pollen, animals, dust

Its important to know what your child's triggers are and how to avoid them.

Asthma plans

Your child should have a personalised asthma action plan which may be provided by the hospital or by your GP or asthma nurse. This plan details which treatments should be used to manage your child's asthma when they are unwell and should be updated every year.

We hope this information sheet has been helpful, but it is by no means a replacement for talking to either the Doctor or Nurse. Please ask questions if you feel you need more information or have a look at our website:

www.beatasthma.co.uk



What is asthma?



www.beatasthma.co.uk

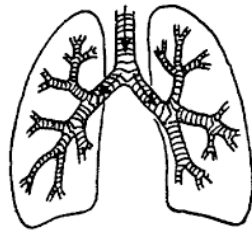
What is asthma?

Asthma is a common condition that affects children and adults.

The airways (the small tubes that carry air in and out of the lungs) are more sensitive in people who have asthma and can become swollen if they come into contact with something that irritates the airway. We call these irritants triggers, some of which can be in the normal environment. This swelling makes the airways smaller by narrowing it.

As well as becoming swollen, the muscles around the airway tighten and more mucus is produced than normal - this also narrows the airway.

Most children with asthma can lead a normal life if they take their medications correctly and attend regular reviews.



What are the symptoms of asthma?

- Shortness of breath
- Cough
- Wheeze
- Tight chest – younger children may complain of a sore tummy

There are 2 main times your child may get symptoms:

1. Regular symptoms, called 'interval symptoms', for example at night or during exercise
2. An asthma attack: This is when your child's symptoms get suddenly worse, for example during a cold or after coming into contact with one of their triggers.

What medicines are needed?

There are two main asthma medicines – **preventers** and **relievers**.

Preventers

These are usually brown, orange or purple and contain steroids. These protect the airway and help to control the swelling. They can also stop the airway being so sensitive to asthma triggers.

If your child's asthma is mild, they will only need to take their preventer inhaler occasionally, when they have asthma symptoms.

If your child's asthma is more troublesome, they will need to take their preventer regularly, every day, even when they have no symptoms. It takes several weeks of regular use to start seeing any benefit and up to 6 weeks to work fully. This is why it is important your child keeps taking their preventer inhaler regularly, if they have been told to, even if they are well.

To reduce the risk of side effects (sore mouth, sore throat, hoarse voice) your child should clean their teeth or rinse their mouth after use. If they are using a mask with the spacer, this should be washed daily, and their face should be wiped after use.

Relievers

Reliever inhalers are usually blue. They work on the muscles around the breathing tubes and help them to relax. This opens up the breathing tubes making it easier to breathe.

They relieve symptoms within a few minutes and the effect should last for 4 hours.

Your child should never use their reliever inhaler by itself, they should always take it with a preventer inhaler at the same time.

You should always use a spacer with your child's inhaler. As your child gets older, they may be able to use a different type of inhaler that doesn't need to be used with a spacer.

You should ensure your child carries their reliever and preventer inhalers with them at all times.



General Tips

- It can be difficult to give a small child their asthma medicine using a spacer but please persevere - it will get better and easier.
- Try to stay calm but be firm and positive. Do not restrain your child to administer the inhaler – if they are crying the medication will go into their tummy and not their lungs so will be of no benefit.
- Allow your child to play with the spacer and mask, to become familiar with it
- Make it fun by putting stickers on the outside of the spacer.
- Make it a bit of a game or make up a song
- If using a mask, it may be easier to administer the medicine with two people – one to hold the mask and one to administer the medicine

Who do I contact if I need help or more advice?

We hope this information sheet has been helpful to you but is by no means a replacement for talking to either the doctor or nurse. Please ask questions if you feel that you need more information

Find more information at www.beatasthma.co.uk

Information for patients/parents Using a Large Volume Spacer



This leaflet will inform you how to use a Large Volume Spacer

A spacer is a device that helps you/your child to take the inhaled asthma medicines that have been prescribed. It can be used to take reliever inhalers (blue) and preventer inhalers (brown/orange/purple) from an aerosol inhaler. Children under seven should always use a spacer and an aerosol inhaler. Your Doctor or nurse should show you how to use a spacer.

This leaflet will explain how to use the spacer with and without a mask.

Using the spacer for the first time

1. Remove the spacer from the plastic bag.
2. Wash the two pieces in warm soapy water.
3. Do not rinse or dry with a towel as rinsing and drying with a cloth can increase the static inside the spacer, causing the medicine to stick to the sides.
4. Leave the spacer to air dry – do not use until it is dry.
5. Do not store in a plastic bag.

How do I use a spacer?

1. Put the two pieces of the spacer together.
2. Shake the inhaler well and put it in the hole at the end of the spacer.
3. Put the mouthpiece into your child's mouth, encouraging them to make a seal with their teeth and lips
4. Encourage your child to breathe in and out at a normal rate to make the valve click.
5. Push the top of the inhaler so that a dose of medicine is released – “a puff”.
6. Encourage your child to breathe in and out, slowly, and deeply 4 – 5 times or for a count of 10
7. Take the mouthpiece out of your child's mouth and wait for 30 seconds.

It is important that you wait for 30 seconds to ensure that the next dose is accurate

8. Take the inhaler out of the spacer and repeat from point 2.
9. If your child is using the spacer with inhaled steroids (preventer), please ensure that they clean their teeth or at least, have a drink after use. This will prevent the side effects that your doctor/nurse will have talked about.

How do I use a spacer with the mask?

For children aged four years or under, you will need to use a mask with the spacer.

1. After you have put the two halves of the spacer together attach the mask to the mouthpiece of the spacer.
 2. You may find it easier to lay your child back in a comfortable position if they are very young, allowing the valve to open and they don't need to make the valve click.
 3. Place the mask over your child's mouth and nose, ensuring a good seal – do not press too hard as this may upset them.
 4. Now continue as instructed from point 4 in the section **How do I use a spacer?**
 5. If your child is having inhaled steroids, you will need to wipe their face and rinse the mask after use, as well as offering them a drink. This prevents the skin around the mouth becoming red and sore.
- If your child is finding it difficult to use the spacer with the mouthpiece, continue with the mask, however, keep trying to see if your child can manage without the mask. Your child will get more of the medication if they do not use the mask.

How do I clean the spacer?

1. The spacer should be washed when new then once a month – unless it is sticky/dirty from food
2. Take the spacer apart and wash in warm soapy water leaving it to air dry - do not rinse the soap off
3. You can wipe the mouthpiece more often, whenever you think it is needed.
4. A spacer will need replacing after about twelve months (or if the valve sticks). Ask your GP to prescribe a new one for you.

General Tips

- It can be difficult to give a small child their asthma medicines using a spacer but please persevere – if you do - It will get better and easier.
- Try to stay calm but firm and positive. Do not restrain your child to administer the inhaler – if they are crying the medication will go into their tummy and not their lungs.
- Allow your child to play with the aerochamber to become familiar with it
- Make it fun by putting stickers on the outside of the spacer.
- Make it a bit of a game or make up a song
- Sticker charts / star charts can be useful in encouraging a small child to take their medicine.

Who do I contact if I need help or more advice?

We hope this information sheet has been helpful to you but is by no means a replacement for talking to either the doctor or nurse. Please ask questions if you feel that you need more information

Find more information at www.beatasthma.co.uk

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Information for patients/parents Using an Aerochamber Spacer



This leaflet will inform you how to use an aerochamber spacer

A spacer is a device that helps your child to take the inhaled asthma medicines that have been prescribed for them. The spacer device that your child has been prescribed is called an aerochamber. It can be used to take reliever inhalers (blue) and prevention inhalers (brown) from an aerosol inhaler. Your doctor or nurse should show you and your child how to use the aerochamber.

Using the aerochamber for the first time

1. Remove the aerochamber from the plastic bag.
2. If your child is under 3 and is using a mask, remove the face mask from the inhaler port.
3. Soak in warm soapy water for 15 minutes
4. Shake out any excess water. Do not rinse or dry with a towel as rinsing and drying with a cloth can increase the static inside the spacer, causing the medicine to stick to the sides.
5. Leave on the draining board to air dry.
6. If using a mask, reattach the face mask to the inhaler port.
7. Use when dry.
8. Do not store in a plastic bag

How do I clean the aerochamber?

1. There is no need to wash the aerochamber more than once a month unless it is dirty or sticky from food.
2. Take the aerochamber apart and soak in warm soapy water for fifteen minutes.
3. Do not rinse.
4. Leave to air dry on the draining board.
5. Put the aerochamber back together.
6. An aerochamber will need replacing after approximately 12 months. Your GP will be able to prescribe a new one for you.

How do I use the aerochamber?

1. Shake the inhaler to mix up the medicine and put it into the inhaler port.
2. Depending on the age of your child, they can either stand in front of you or sit on your knee. Infants can lie back in your arms in a comfortable position.
3. Put the mouthpiece into your child's mouth, encouraging them to make a seal with their teeth and lips.
4. If using a facemask, put the facemask over your child's face and nose. Try to ensure that you have a good seal but do not push too hard as this may upset them.
5. Encourage your child to breathe in and out at a normal rate to make the valve move in the mask.
6. Push the top of the inhaler so that a dose of medicine is released – "a puff".
7. Encourage your child to breathe in and out slowly and deeply 4 – 5 times
8. Take the spacer away from your child's face and wait for thirty seconds.
It is important that you wait for 30 seconds to ensure that the next dose is accurate
9. Take the inhaler out of the spacer.
10. Shake the inhaler and repeat from point 3.

If your child is using the spacer for taking inhaled steroids, please ensure that they clean their teeth or at least, have a drink after use. This will prevent the side effects that your doctor/nurse will have talked about. It is also advisable to wipe your child's face after using inhaled steroids and to rinse the face mask, if using, after each use. This helps prevent the skin around the mouth becoming red and sore.



Visit Best Asthma Here

Symptom Management after an Asthma Attack

Step 1

Give your child their usual preventer inhaler as prescribed.

Once trained encourage your child to do regular peak flow readings (morning and night)

Step 2

Look out for symptoms that show your child needs their blue inhaler. This could be cough, wheeze, shortness of breath, chest tightness or their peak flow is dropping

Step 3

If your child has asthma symptoms, give 2 puffs of the blue inhaler via your spacer, one puff at a time. After 5-10 minutes, if your child still has symptoms repeat this until you have given up to 6 puffs

Step 4

Your child should feel much better, and this should last at least 4 hours. Your child should be needing their blue inhaler less and less. If not, move into the red box

Step 5

Your child should now be back into the green zone of their asthma management plan.

Your child should have:

- a post-attack review with either their GP or asthma nurse within 48 hours.
- a full asthma review arranged either with their GP or asthma team within the next 4 weeks

What if my child is not getting better?

If 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

whilst waiting for the ambulance, use the spacer to give 1 puff of their blue inhaler every 30 seconds, taking 5 breaths for every puff given

How to use a peak flow meter

Peak flow readings are usually reliable from the age of 8 years

- Stand up or sit up straight
- Check that the red arrow on the peak flow meter is on zero
- Take a deep breath in filling the lungs with air
- Place the mouthpiece between your teeth and lips and blow hard and fast into the device (a single blow) – like blowing out candles on a birthday cake
- Note the number next to the arrow – this is your peak flow
- Push the arrow back to zero and take a few normal breaths
- Repeat twice more
- Record your highest blow
- The 3 blows should be about the same



Scan here to see a video on how to take a peak flow reading:



What peak flow reading should my child get?

If your child has done peak flows before, you should use their best ever peak flow reading as the number to aim for.

If this is the first time your child has done a peak flow, use the table below as a guide, but make a note of their best peak flow number as soon as they are well and use this in the future.

Average Expected Peak Flow Readings:

Patient Height (cm)	Expected PEF (litres/min)
110	150
120	200
130	250
140	300
150	350
160	400
170	450

My Asthma Discharge Checklist

We want to ensure that our patients understand their asthma and how to manage it prior to discharge. Please ask the medical team caring for you to go through this checklist and your asthma management plan before you go home.

My treatment

- I know which medication I am going home with
- I know the doses of my medication
- I know when and for how long I will take my medication
- I have been shown how to use my inhalers

My Trigger Factors

- I am aware of what could make my asthma worse
- Viruses
 - Cigarette smoke
 - Exercise
 - Medicines
 - Other _____

My Discharge Information

- I have been given a peak flow meter
- I have been shown how to use my peak flow meter
- I have been given my asthma management plan
- I have been given an asthma information leaflet

My Follow-Up

- I will arrange an appointment with my GP within the next 2-7 days
- I have been given an appointment time for follow-up with the specialist nurse (if needed)
- Follow-up appointment details