

Asthma

Asthma (AZZ-muh) is a disease of the breathing tubes that carry air to the lungs. The linings of the tubes swell, and they fill up with mucus (MYOO-kus). This is called inflammation (in-fluh-MAY-shun). It makes the tubes get narrow. This makes it hard to breathe.

Asthma can cause sickness, hospital stays, and even death. But children with asthma can live normal lives.



Signs of Asthma

Symptoms of asthma can be different for each person. They can come quickly or start slowly and they can change. Symptoms may include:

- Coughing.
- Trouble breathing.
- Wheezing*.
- Shortness of breath.
- Tightness in the chest.
- Trouble exercising.

What to Do for Asthma

- There is no cure for asthma. But you can help control it. Your child will likely need one or more medicines. Using them right is very important.
- Make a plan for what to do for your child's

asthma, wherever he or she is.

- Keep your child away from things that can make asthma worse (triggers).

Always Call the Doctor If...

- Your child has trouble breathing.
- Your child coughs, wheezes, or has a tight feeling in the chest more than once or twice a week.

Using Medicines

There are 2 kinds of asthma medicines:

- Quick-relief (rescue) medicines
- Controller medicines

Always use a spacer for medicines that are breathed in through the mouth. A spacer is a tube that you put between the medicine and the mouth. It helps get the medicine into the lungs (see picture above).

Quick-Relief Medicines

They work fast to open airways (the breathing tubes or bronchioles). They relieve tightness in the chest, wheezing, and feeling out of breath. They can also be used to prevent an asthma attack when exercising. They are called bronchodilators*.

The most common quick-relief medicine is albuterol (al-BYOO-der-all). It comes in a form that can be breathed in.

If your child has a bad asthma attack, your child's doctor may also prescribe steroids* to be taken by mouth for 3 to 5 days.

Words to

Know

asthma action plan—a plan you write with your child's doctor. It lists the medicines your child takes. It also tells what to do if your child has an asthma attack.

bronchodilators (brahn- koh- DYE-lay-turz)—medicines that open up the breathing tubes in the lungs.

cromolyn (KROH-moh-lin)—an inhaled medicine that cuts DOWN inflammation.

leukotriene receptor antagonists

(loo-koh- TRY-eeen ree-SEP-tur an- TAG-uh-nists)
a kind of pill you take to prevent asthma symptoms.

steroids (STAIR-oydz)—a pill or liquid to take by mouth, or a spray you breathe in, to help prevent or get rid of asthma symptoms. It cuts down inflammation.

wheeze (weez) or wheezing (weez-ing)—high-pitched whistling sound when breathing.

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Controller Medicines

Controller medicines are used every day. They don't take away symptoms. Instead, they keep them from happening. Some can be breathed in, and some can be swallowed.

Your child should take a controller medicine if he or she:

- Has asthma symptoms more than twice a week .OR .
- Wakes up with asthma symptoms more than twice a month.

There are several kinds of controller medicines:

- Steroids to breathe in
- Long-acting bronchodilators to breathe in
- *Both* steroids and bronchodilators in the same medicine to breathe in
- Leukotriene receptor antagonists* to take by mouth .
- Other inhaled medicines like cromolyn*

Make an Asthma Action Plan Your child's doctor can help you write an asthma action plan*. This lists:

- What medicines your child should take and how often. .
- What to do if the symptoms get worse.
- When to get medical help right away.

You can check your action plan when you are not sure what to do for your child's symptoms.

Give a copy of the action plan to your child's school so they know what to do too.

What Are Asthma Triggers?

Things that cause asthma attacks or make asthma worse are called triggers. Common asthma triggers include:

- Tobacco and other smoke (PAH-lin)
- Dust and mold .Cats and dogs
- Cockroaches
- Plant pollen
- Sinus (SYE-nis) and lung infections

To learn more, visit the American Academy of Pediatrics (AAP) Web site at www.aap.org. Your child's doctor will tell you to do what's best for your child. This information should not take the place of talking with your child's doctor. Adaptation of the AAP information in this handout into plain language was supported in part by McNeil Consumer Healthcare.

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Using a Peak Flow Meter

This is a tool that measures how fast a person can blow air out of the lungs. The peak flow meter has 3 zones-green, yellow, and red-like a traffic light. The different colors help show if your child's asthma is doing well or getting worse. Ask your child's doctor for help setting the green, yellow, and red zones for your child:

- Green-Asthma is under good control.
- Yellow-Your child may be having some asthma symptoms and may need to change medicines. Talk with the doctor and check your child's asthma action plan.
- Red-This is an emergency. Check your child's asthma action plan or call the doctor right away.

When to Use the Peak Flow Meter

- Each morning before taking any medicines.
- If symptoms get worse, or your child has an asthma attack. Check the peak flow before and after using medicines. This will help you see if the medicines are working.
- At other times if your child's doctor suggests. Keep a record of your child's peak flow numbers each day. Bring this record with you when you visit your child's doctor.

When Your Child Is Away From Home

Children's asthma symptoms need to be controlled wherever they are.

Talk with teachers, the school nurse, office staff, and coaches. They need to know your child has asthma, what medicines your child takes, and what to do in an emergency. They need copies of your child's asthma action plan.

They also have forms for you to fill out and return:

- A medicine permission form from your child's doctor so your child can take medicines at school if needed
- A release form signed by a parent so the school nurse can talk with your child's doctor if needed

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