

# Paediatric Asthma Discharge

(Eastern Services)

## Other formats

If you need this leaflet in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language, contact the Patient Advice and Liaison Service:

- 01392 402093 (for Mid Devon, East Devon and Exeter services)
- 01271 314090 (for North Devon services)
- [rduh.pals@nhs.net](mailto:rduh.pals@nhs.net)

Surname	NHS Number	
	Unit Number	
First Names		Title
Address	Date of Birth	
	Sex	M. State
	Telephone No.	
Own Doctor/Address	Occupation	

## Discharge information following an asthma attack

Your child has been admitted to hospital and treated for an asthma attack.

Asthma is an illness causing cough, wheeze, breathlessness and a feeling of tightness around the chest. These symptoms are variable and can interfere with sleep and activity (exercise). An asthma attack is when these symptoms are severe.

Asthma is common. It is often associated with other allergic conditions such as eczema and hay fever but it is not always caused by allergies. Asthma symptoms are due to inflammation and narrowing of the tubes in the lungs.

In different children, loss of control can be caused by viral infections (colds); exposure to and inhalation of dusts and allergens such as pollens; exercise and sometimes excitement or emotion.

Symptoms can be worsened by exposure to tobacco smoke and attacks are more likely if preventer treatment is not taken regularly.

After the diagnosis of asthma, control of symptoms and prevention of attacks requires treatment. These can be categorised as **PREVENTERS** (which need to be taken regularly) and **RELIEVERS** (which need to be used when symptoms occur). If an attack occurs then **emergency treatments** will be needed which include higher doses of relievers and steroid medicine taken by mouth.

The aim of treatment is to **control** asthma symptoms, normalise activity, allow normal sleep and **prevent** more severe asthma attacks.

This leaflet provides information about the medicines you/your child needs:

Page 2 & 3 - **How to reduce your child's emergency treatment once you go home.**

Page 5 - **Preventer and reliever medicines.**

Page 6 - **Ongoing asthma management plan** describing when and how much preventer and reliever treatment you/your child will need when the asthma is under control, when control breaks down as well as what to do when a further asthma attack develops.

## Completing emergency steroid treatment and reducing reliever treatment after admission to hospital:

It is important to complete the emergency course of Prednisolone medicine for your child.

The tablets can be crushed and dissolved in a small amount of cordial. Soluble tablets will be available for children who do not tolerate the crushed version (dissolve in a small amount of cordial. It doesn't taste nice, so the smaller volume the better.

Gradually reduce the amount of reliever (**BLUE**, Salbutamol) that you take/give to your child as their symptoms improve. An example of how to do this is outlined on page 3 and will be discussed with you when your child is ready for discharge.

## Weaning Plan

### DAY 1:

Give 6-10 puffs of Salbutamol every 4-6 hours

### DAY 2-3:

Give 4-6 puffs of Salbutamol every 4-6 hours

### DAY 4-5:

Give 2-4 puffs of Salbutamol every 6-8 hours

If not getting better or getting worse then give 10 puffs of Salbutamol on one occasion, if this does not help or works for less than 4 hours, seek medical advice.

Stop giving Salbutamol regularly when your child's wheeze has stopped and they are feeling much better and then continue with the management plan as outlined on page 6.

If your child is recovering and sleeping comfortably it is not necessary to wake them overnight to give reliever medicine but if they do wake during the night it can be given.

## After your child has been sent home:

Make an appointment for your child to be seen by his or her family doctor or Asthma Practice Nurse, ideally within 2 days after going home from hospital.

**Your child will then be seen by a member of the Paediatric Respiratory Team in a clinic at the Royal Devon University Hospital about 4 weeks after being discharged home.**

If you have any questions or concerns then please contact your family doctor or GP practice asthma nurse.

## How to use an mdi and spacer with a mouthpiece or mask:

If you have any questions or concerns then please contact your family doctor or GP practice asthma nurse.

- Check the spacer is clean and not damaged. Remove the inhaler cap, shake the inhaler and place in back of spacer.
- Place the mouthpiece of the spacer in the mouth or the mask over the nose and mouth.
- Press the inhaler once to release a dose of the medicine.
- Breathe in and out 5 times making the valve on the spacer open and close.
- Remove the spacer from the mouth and wait 15-20 seconds before next dose. Shake the inhaler again and repeat.

Spacers should be cleaned once a week in warm soapy water and then left to dry in an upright position. Do not put in a dishwasher or dry with a towel.

Spacers should be replaced yearly or if damaged.

If your child has been prescribed a breath activated device then please see the training videos that Asthma UK provide by following this link. You will also find videos and helpful tips on how to help your child use their spacer:

<https://www.asthma.org.uk/advice/inhaler-videos/>

## Preventer and reliever medicines

On discharge from hospital your child may have been prescribed regular preventative medicine. This needs to be continued until told otherwise by a doctor or asthma nurse.

Remember to clean your teeth or rinse your mouth with water after using the preventer inhaler.

	Name	Form or Device	Dose	Colour or Description
<b>Preventer</b>	..... .....	..... .....	..... .....	..... .....
<b>Reliever</b>	Salbutamol .....	Aerosol + spacer .....	100mcg .....	<b>BLUE</b> .....
<b>Asthma Attack Medicine</b>	Prednisolone	Tablets	5mg	The number of tablets will be written on the asthma plan

Date: DD/MM/YYYY Name:		Hosp no.		BEST Peak Flow ( % predicted);		FEV1 ( %)	
	PF	MEDICINE	When and how much to take		Limits and other actions		
<b>ASTHMA CONTROLLED</b> <i>Breathing good Playing and running normally</i>	Above .....	..... ..... .....	.....puffs/clicks..... daily .....puffs/clicks..... daily .....orally		Rinse mouth or brush teeth after giving.		
Wheezy when exercises		<b>BLUE</b>	2 puffs before exercise				
<b>LOSS OF CONTROL</b> <i>Signs of a 'cold' Wheeze Cough Tight chest</i>	Between ..... and .....	CONTINUE PREVENTER  <b>BLUE</b>  ..... .....	2-6 puffs/clicks up to <b>4 hourly max.</b>  ..... .....		Contact doctor if: <ul style="list-style-type: none"> <li>● Not responding</li> <li>● Needing more.</li> <li>● Symptoms persisting for more than 3 days.</li> </ul>		
<b>ASTHMA ATTACK</b> <i>Very breathless Distressed breathing pattern Unable to talk in sentences Unable to play Difficulty drinking and eating</i>	Below .....	<b>BLUE</b>  ..... STANDBY STEROID TABLETS (Prednisolone)	10 puffs, (give each puff individually, followed by 5 breaths In & out), repeat every 20 mins if not improving.  ..... Dissolve .....tablets (.....mg) in 5-10 mls of water and give by mouth.		<b>GET HELP</b> Contact doctor or if very poorly call '999' and ask for an ambulance.		

## Preventer and reliever medicines

- **Asthma UK; <https://www.asthma.org.uk>**  
Asthma UK is a charity that is dedicated to improving the health and well being of 5.2 million people in the UK whose lives are affected by asthma.

Asthma UK also has a Whatsapp group which can be accessed Mon – Fri 9-5pm on 07378 606728

- **HMR Children’s Respiratory Nurses**  
This is an information-based resource on facebook run by Rochdale Children’s Asthma Service
- **RDE Paediatric Respiratory Nurses**  
01392 402682  
[Rduh.Paediatricrespiratorynurses@nhs.net](mailto:Rduh.Paediatricrespiratorynurses@nhs.net)

## Breathing/ Relaxation App’s & Websites

- HospiChill App
- Head Space App <https://www.headspace.com/>
- Smiling Mind <https://www.smilingmind.com.au/>
- Breathe, Think, Do Sesame (App on google play & I Store)
- Dreamy Kid <https://dreamykid.com/>
- Stop, Breathe Think Kids <https://www.stopbreathethink.com/kids/>

## Your notes

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## PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern, please contact PALS:

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## Have your say

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

You can also share your feedback on the Care Opinion website at [www.careopinion.org.uk](http://www.careopinion.org.uk) or freephone 0800 122 3135.



Scan the QR code to visit the Care Opinion website →

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