

ASTHMA MANAGEMENT INFORMATION

A RESOURCE PACK FOR CHILDREN'S SERVICE STAFF



The Asthma Management Information for Children's Service Staff has been designed to provide an overview of children's asthma and its management in the children's service setting. It does not replace undertaking an ACECQA approved course. Please see <https://www.acecqa.gov.au/qualifications/nqf-approved>

It is anticipated that the information included in this resource will provide staff with the following:

- An understanding of asthma and its management.
- Support in the feedback of information to colleagues in areas such as recognising and managing an asthma flare-up (asthma attack) within the children's service setting.
- Assistance with the implementation of best practice asthma management procedures.
- Support in monitoring and coordinating care for children with asthma.

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Australasian Society of Clinical Immunology and Allergy (ASCIA) www.allergy.org.au

The Asthma Management Information for Children's Service Staff has been adapted from the NSW Paediatric Hospital's "Asthma and Your Child – A Resource Pack for Parents and Carers – 2017" and developed by the Sydney Children's Hospital, Randwick "Aiming for Asthma Improvement in Children Program". Current best practice and evidence based information has been used to develop this resource. The information is for educational purposes only and does not replace individual medical advice/treatment. When referring to this resource please consider policies and advice relevant to your specific education and care agency. Photocopying of information approved for educational purposes only. Requests concerning reproduction and rights to be addressed to the authors. Email: SCHN-SCH-AAIC@health.nsw.gov.au

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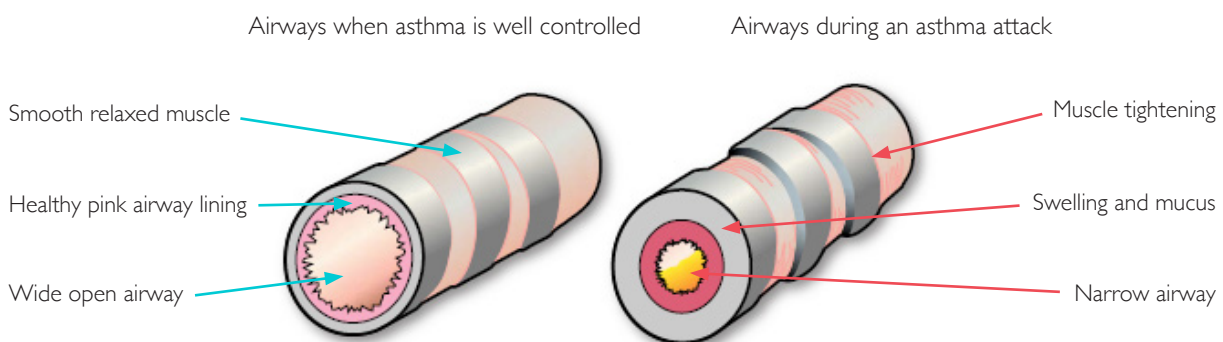
REFERENCES

- National Asthma Council Australia: www.nationalasthma.org.au
- National Asthma Council Australia. Australian Asthma Handbook, Version 1.3 Available from <http://www.astmahandbook.org.au>
- National Asthma Council Australia (2011) Kids' First Aid for Asthma. Available from <http://www.nationalasthma.org.au/first-aid>
- Asthma and Your Child – A Resource Pack for Parents and Carers - 2017. Sydney Children's Hospitals Network and Hunter New England Kids Health.

WHAT IS ASTHMA?

Asthma is a breathing problem that affects many children in Australia. Although there is no current cure for asthma, it can be managed effectively enabling children with asthma to lead normal healthy lifestyles. Children with asthma have inflamed and sensitive airways (breathing tubes) in their lungs. When exposed to certain triggers the airways react abnormally and become narrow on the inside. As a result, asthma symptoms are experienced.

This narrowing is due to swelling of the inside lining of the airways, an increase of mucus (phlegm) inside the airways, and tightening of the muscles around the outside of the airways.



COMMON ASTHMA SYMPTOMS INCLUDE:

- shortness of breath/difficulty breathing
- wheezing
- coughing (usually dry)
- tightness in the chest or a sore tummy

DIAGNOSING ASTHMA IN YOUNG CHILDREN CAN BE TRICKY

Asthma in children can present at any age. A spirometry lung function test (breathing test) assists in confirming the diagnosis. Yet most children under the age of five years are unable to perform a spirometry lung function test therefore for this group of children the diagnosis is predominantly based on the presence of asthma symptoms, in particular episodes of recurrent wheeze, response to inhaled asthma reliever medicine, and confirmed allergies or family history of asthma or allergy.

However, wheezing and coughing are common respiratory symptoms, particularly under the age of three years, and therefore children who have asthma like symptoms such as wheezing episodes when they have a respiratory viral infection (common cold or flu) do not necessarily have asthma. We refer to this type of wheezing as being 'viral induced wheeze'. Many of these children are often well in between the viral infections and do not have a history of allergy. Their symptoms are short lived and usually disappear by the time they reach primary school age.

As most children under the age of six years will have between six and ten respiratory viral infections a year; this group of children may be susceptible to many episodes of wheeze, cough and breathlessness. These episodes may require asthma medicines to treat the symptoms.

ASTHMA MEDICINES

Medicines used in the treatment and management of asthma are those that relax the tight muscles around the airways (relievers) and reduce or prevent inflammation of the lining inside the airway (preventers). Asthma medicines that are used in asthma first aid are those that belong to the **RELIEVER** group and therefore most relevant to the children's service setting (*an exception to this is Symbicort[®], which although not belonging to the Reliever group, can be used for children 12 years and over in asthma first aid*).

RELIEVER MEDICINE

Salbutamol (Ventolin[®], Asmol[®], Airomir[®]), and **Terbutaline** (Bricanyl[®])

- ✓ Used in **Asthma First Aid**
- ✓ Relieves symptoms by relaxing tight muscles around the airway
- ✓ Identifiable by the blue, or blue/grey coloured canister
- ✓ Works within minutes and usually effective for 3 to 4 hours
- ✓ May also be used before exercise if exercise is a trigger
- ✓ Sometimes used by asthmatic children during a viral illness



Ventolin[®]
Metered Dose Inhaler



Bricanyl[®]
Turbuhaler[®]

If reliever medicine is needed on more than two days per week (other than before exercise), or if a child has regular night time symptoms or symptoms upon waking (even if they have no symptoms during the day), their asthma may not be well controlled and it is recommend that they are reviewed by their doctor.

Salbutamol (Ventolin[®], Asmol[®], Airomir[®]) is available in a puffer (metered dose inhaler) and best used with a spacer device.

Terbutaline (Bricanyl[®]) comes in a turbuhaler[®] device and although being an effective reliever medicine that can be used in asthma first aid, a turbuhaler[®] device may not be suitable for children of all ages, therefore not recommended as the first choice for the children's service asthma first aid kit.

Note: Most children under 7 years of age cannot successfully use a turbuhaler[®] device correctly. * Refer to page 7 for correct use of a Turbuhaler[®] Device.

Symbicort[®] may be prescribed for some children aged 12 years and over to be used in asthma first aid in accordance with the Symbicort Maintenance And Reliever Therapy (SMART[®]) plan. Written instructions for using Symbicort[®] in Asthma First Aid should be provided by the child's parent on advice from the child's Doctor.



Symbicort[®]
Turbuhaler[®]

Prednisolone, Prednisone, Predmix[®], Redipred[®]– are oral “rescue” medications that are predominantly used in a hospital setting for a severe asthma flare-up, however they may also be included in a child's asthma action plan for those children diagnosed with severe asthma. These medicines are rarely used in the children's service setting and should **only be administered** upon clearly written instructions from the parent as advised by the child's doctor.

USING A SPACER DEVICE

A spacer device helps children with asthma to use their puffers (aerosol inhalers or metered dose inhalers) effectively. It is highly recommended that spacers be used by all children who require a puffer, as this will allow more medication to be delivered directly to the airways.

Spacers come in two sizes – small volume (eg. Breath-A-Tech®, Space Chamber®, Able Spacer®, La Petite E-Chamber®, LiteAire®) and large volume (eg. Volumatic®, Spacer Chamber®).

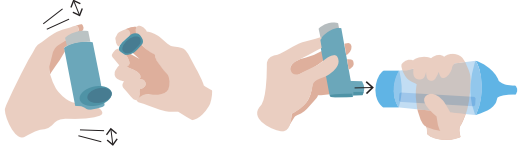
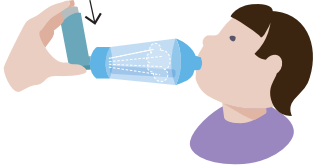

When administering asthma first aid with a blue reliever puffer, it is highly recommended to use it with a spacer device

View video demonstrations at www.asthmainchildren.org.au

A SMALL VOLUME SPACER WITH A MASK - RECOMMENDED FOR CHILDREN AGED UNDER 4 YEARS.

<p>1. Remove cap and shake the puffer.</p>	<p>2. Fit the puffer into the end of the spacer.</p>
<p>3. Gently place the attached facemask over the mouth and nose of the child. Ensure there are no gaps around the edges of the mask.</p>	<p>4. Release one puff of medicine into the spacer by pressing down on the top of the puffer. Watch the child breathe normally in and out 4 to 6 times before removing the mask.</p> <p>If more than one puff (dose) is required repeat step remembering to shake puffer before each dose.</p>

A SMALL OR LARGE VOLUME SPACER WITHOUT A MASK - RECOMMENDED FOR CHILDREN AGED OVER 4 YEARS.

<p>1. Remove cap, shake the puffer well and insert into spacer.</p>	
<p>2. Place mouthpiece of spacer between teeth, closing lips to form a seal. Push down on top of puffer to release 1 puff of medicine into spacer.</p>	
<p>3. Take 4 normal breaths in and out through spacer. For each additional puff of medicine shake puffer and repeat steps 2 & 3. Masks can be attached to spacers for children under 4 years or those with developmental/cognitive delay.</p>	

USING A TURBUHALER DEVICE

View video demonstrations at www.asthmainchildren.org.au

SUITABLE FOR CHILDREN AGED 7 YEARS AND OVER

Turbuhaler® *Not recommended for children under 6 years*

1. Unscrew the turbuhaler® cover.
2. With the turbuhaler® in the upright position, turn the coloured base to the right as far as it will go and then turn back to the left until it clicks.
3. Breathe out away from the turbuhaler®.
4. Place the turbuhaler® in mouth, between teeth and close lips to form a good seal.
5. Breathe in fast and deeply.
6. Remove the turbuhaler® from mouth.
7. Breathe out.
8. If more medication is required repeat steps 2 to 8.
9. Replace the cap.



Notes:

- Turbuhalers® must be loaded in an upright position so you may find it easier to place it on a flat surface, holding the coloured base and turning the top section of the turbuhaler®.
- Avoid keeping device in humid or moist places.

ASTHMA TRIGGERS

Asthma symptoms can be triggered by a number of factors. It is common for children with asthma to have more than one trigger factor, but important to understand that asthma triggers may not be the same for each child. Avoiding or minimising exposure to known asthma triggers of individual children with asthma is the desired aim.

Exercise, sport, play are common asthma triggers with symptoms occurring either during the activity or sometime after. This is known as exercise induced asthma (EIA). When exercising, children breathe more quickly and often breathe through their mouth. This causes a loss of moisture from the airways resulting in cool and dry air being breathed in. Asthma airways react to this cool, dry air resulting in asthma symptoms. Exercise is important for normal growth and development and should be encouraged, but when it triggers asthma symptoms, can be a reason why children avoid it. Simple steps can be taken to manage exercise induced asthma.

STRATEGIES FOR MANAGING EXERCISE INDUCED ASTHMA

- begin exercise/play with warm up exercises and finish with cool down exercises
- check the child's medical management plan to determine if there are instructions for extra steps to be taken. For example, administration of reliever medicine 5 – 10 minutes prior to commencement of exercise.
- ensure children with asthma have access to their reliever medication if needed
- always have an asthma first aid kit available where the exercise is occurring

RECOMMENDATIONS FOR WHEN TO AVOID EXERCISE FOR CHILDREN AFFECTED BY EXERCISE INDUCED ASTHMA

- Avoid outdoor exercise when air quality is outside of the 'good' or 'very good range', the pollen count is high to extreme (Please check the following link www.weatherzone.com.au/pollen-index/).
- Windy outdoor conditions and thunderstorms
- if the child is unwell with cold/flu symptoms or if the child already has asthma symptoms



OTHER COMMON ASTHMA TRIGGERS INCLUDE:

Cold and flu	Colds and flu frequently trigger asthma symptoms, and are difficult triggers to avoid. They are particularly troublesome at the beginning of each year when children are returning from holidays. Children may require regular reliever medicine for the duration of the cold, even in the absence of asthma symptoms. Encourage covering nose and mouth when coughing or sneezing, use tissues and dispose of afterwards and wash all hands to prevent infection spreading. Encourage flu vaccination before the flu season arrives.
Smoking	Ensure a no smoking policy in place within the children's service environment. Encourage staff to wear a "cover up" when smoking which can be removed prior to returning to the centre. Wash hands afterwards. Encourage parent cars and homes to be smoke free.
Allergens – including dust, mould, pollens, cockroaches, and pet hair	Vacuum floors and soft furnishings, and wipe hard surfaces regularly with a damp cloth. Reduce clutter and remove excessive stuffed toys. Provide rooms with adequate ventilation. Remove visible mould. Clean fridge drip trays regularly. Keep air conditioning units/ceiling fans clean. Encourage cleaners to use low irritant/low allergen cleaning products. During high pollen count days and windy days encourage children to remain indoors. Keep uncovered food in sealable containers. Recommend parents/carers wash their child's/sheets/blankets/soft toys weekly in hot water (hotter than 60 degrees).
Air environment	Changes in weather, for example going from low humidity to high humidity, changes in air temperature, and windy conditions can be a trigger for a child with asthma. Poor air quality (pollution, smoke from wood, BBQ's, bush fires/open fires) can also be a trigger. Often asthma may get worse during a change of season. Thunderstorm activity can trigger an asthma flare-up, in particular between October and December and when the pollen count is high. Be aware of predicted changes to the weather forecast and Air Quality Index (AQI) by accessing the following https://www.environment.nsw.gov.au/aqms/aqi.htm
Emotions	Anxiety, stress, distress, laughing can sometimes be a trigger. Provide reassurance and teach children about relaxing and breathing exercises.

ASTHMA FLARE-UP

An asthma flare-up (asthma attack) can occur quickly, or develop over a few hours or days. It is indicated by:

- Asthma symptoms that start up and are worse than usual
- Asthma symptoms that respond to asthma first aid medicine but come back again quickly
- Asthma symptoms that do not respond to the usual asthma first aid medicine

It is important that asthma first aid is commenced immediately even for the mildest of asthma flare-ups, as symptoms can worsen quickly. Follow the child's asthma first aid instructions i.e. NSW Health Schools and Child Services Action Plan for Asthma Flare-Up (page 13), or in the absence of written instructions, follow the Nationally Recognised Asthma First Aid procedure i.e. National Asthma Council Australia "Kids' First Aid for Asthma" (page 11).

If a child is showing signs of a **SEVERE** asthma flare-up, this is an emergency and an ambulance should also be called immediately by dialing **000**. If calling from a mobile phone and **000** is not working, dial **112**.

Note: If child with known anaphylaxis to food/s, insects or medication/s has sudden breathing difficulty (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms always give adrenaline autoinjector first, if available, then blue/grey puffer.

SIGNS OF A SEVERE ASTHMA FLARE-UP MAY INCLUDE:

Breathing	Speaking	Looking	Wheezing
Great difficulty	Only a couple of words between each breath	Distressed and anxious	Often not heard
Quick, short breaths	May be unable to speak	Pale and sweaty	Silent chest
Sucking in of the throat and chest		Bluish tinge to the lips	
Skin sucking in between the ribs		Drowsy, confused, exhausted	

It is important to note the child's symptoms and treatment given, and to notify the parent as soon as practicable.

FIRST AID FOR ASTHMA

CHILDREN UNDER 12

USE BLUE/GREY PUFFER (E.G. ASMOL, VENTOLIN, ZEMPREON)

Use child's own reliever puffer, if possible. If not, use blue/grey puffer from first aid kit or borrow one.

- 1 Sit the child comfortably upright.**
Stay calm and reassure them.
- 2 Give 4 puffs of blue/grey puffer**
How to do this:
Add 1 puff into spacer – child takes 4 breaths in and out of spacer.
Repeat until 4 puffs have been given.
See instructions below: [How to use a blue/grey puffer with spacer](#)
- 3 Wait 4 minutes.** Stay with child – watch carefully and reassure them. Call 000 for an ambulance **at any time** if you need to. Say that a child is having an asthma attack.
- 4 After 4 minutes.**

<p>Worse or no better? If getting worse or severe breathing problem, call 000 for ambulance NOW. Keep giving 4 puffs every 4 minutes until ambulance arrives. (Give 4 separate puffs, 4 breaths with each puff.)</p>	<p>Still hard to breathe? If the child still cannot breathe normally, give 4 more puffs. If still cannot breathe normally within a few minutes, call 000. Keep giving 4 puffs every 4 minutes until ambulance arrives. (Give 4 separate puffs, 4 breaths with each puff.)</p>	<p>Breathing normally? If the child feels better and is breathing normally, get them to a doctor for a check-up.</p>
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Signs of an asthma attack in a child (any of these): Sudden shortness of breath, cough, chest tightness or wheezing.

Not sure it's asthma?

If child stays conscious and main problem seems to be breathing use **blue/grey puffer**. It is unlikely to harm them, even if not asthma.

CALL AMBULANCE (000)

Severe allergic reactions/anaphylaxis

If child is allergic to foods, insect stings or medicines **AND** has sudden breathing problems (e.g. cough, wheeze, hoarse voice): Give adrenaline injection first. Use their own autoinjector (e.g. EpiPen, Anapen) if available. Do this even if no other signs of allergic reaction. **Then** give blue/grey puffer by following the 4 steps shown here.

CALL AMBULANCE (000)

If someone is unconscious, start life support. Scan code for ANZCOR Basic Life Support Flowchart

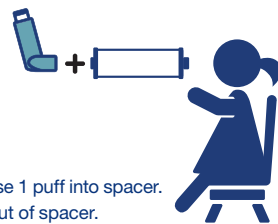


If you need an interpreter, call 131 450

HOW TO USE A BLUE/GREY PUFFER WITH SPACER

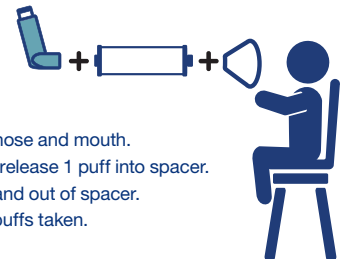
WITHOUT MASK (older children)

- Remove puffer cap and shake puffer.
- Insert puffer upright into spacer.
- Put mouthpiece of spacer between child's teeth and seal lips around it.
- Press once firmly on puffer to release 1 puff into spacer.
- Get child to take 4 breaths in and out of spacer.
- Repeat, 1 puff at a time till 4 puffs taken.
- Replace cap on puffer.



WITH MASK (younger children)

- Remove puffer cap and shake puffer.
- Insert puffer upright into spacer.
- Attach mask to spacer.
- Hold mask firmly over child's nose and mouth.
- Press once firmly on puffer to release 1 puff into spacer.
- Get child to take 4 breaths in and out of spacer.
- Repeat, 1 puff at a time, till 4 puffs taken.
- Replace cap on puffer.



! No spacer?
Use a plastic drink bottle or rolled-up paper
Go to nationalasthma.org.au or scan code



! No blue/grey asthma puffer is available and the person's own asthma reliever inhaler is not blue/grey?
Go to nationalasthma.org.au or scan code

Allergic Reactions

SIGNS OF ALLERGIC REACTION: Can include swelling of lips/face/eyes, tingling mouth, hives/welts, (abdominal pain/vomiting if insect allergy)

WATCH FOR ANY OF THESE SIGNS OF ANAPHYLAXIS (severe reaction): Difficult/noisy breathing, swelling of tongue, swelling or tightness in throat, wheeze, persistent cough, difficulty talking, hoarse voice, persistent dizziness or collapse, pale and floppy (young children)

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms.

When to call 000 for an ambulance

- Child is drowsy
- Child looks blue around lips
- Child with breathing problem has allergies to foods, insect stings, or medicines
- Breathing problem is severe
- Child is not getting better
- You are not sure what to do

This chart is a general guide only which is not intended to be a substitute for individual medical advice/treatment. The National Asthma Council Australia expressly disclaims all responsibility (including for negligence) for any loss, damage or personal injury resulting from reliance on the information contained. ©National Asthma Council Australia 2022. **More information: www.nationalasthma.org.au**

RECOMMENDED ASTHMA FIRST AID DOCUMENTATION

It is common practice for parents/carers to provide the service with their child's individual asthma action plan for staff to follow whilst the child is in care. However, as there are many variations of asthma action plans, often including additional instructions that pertain to the hours outside of education and care, this can become confusing for staff. Furthermore, an individual asthma action plan relies on the parent being familiar with their own child's symptoms and their ability to determine how much reliever medicine should be given as often the number of doses (puffs) is prescribed as a number range. Therefore, the instructions can become subjective for children's service staff.

The Schools and Child Services Action Plan for Asthma Flare-Up (page 13) was developed for the purpose of streamlining asthma first aid information for school and education and care staff and has been endorsed by the NSW Ministry of Health as the recommended form to be used in all NSW schools and child service settings. The form was developed in collaboration with NSW Health, respiratory, asthma, and anaphylaxis experts and NSW Education and Care Agencies. As an asthma flare-up can occur at any time without having a pre-existing diagnosis of asthma, the form is also recommended for children with a diagnosis of Viral Induced Wheeze as well as children who have not been diagnosed with asthma. The form is to be completed by a medical or nurse practitioner.

PLEASE NOTE: The Schools and Child Services Action Plan for Asthma Flare-up does not replace an individual health care / medical management plan or emergency instructions for high risk asthma.




 Child's photo

Child's name: _____

Date of birth: ____ / ____ / ____

This child has confirmed food, insect, or medication allergies:

Yes No

This child has an ASCIA Action Plan:

Yes No

This child requires medication prior to planned exercise:

Yes No

Name and dose of medication: _____

Name of Medical / Nurse Practitioner completing this form: _____

Signature: _____

Date: ____ / ____ / ____

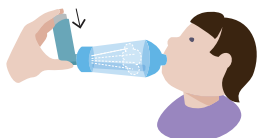
Please review this plan in 12 months.

How to use a puffer with a spacer

- 1 Remove cap, shake puffer well and insert into spacer.



- 2 Place mouthpiece of spacer between teeth, closing lips to form a seal. Push down on top of puffer to release 1 puff of medicine into spacer.



- 3 Take 4 normal breaths in and out through spacer. For each additional puff of medicine shake puffer and repeat steps 2 & 3.



Masks can be attached to spacers for children under 4 years or for those with developmental/cognitive delay.

Note for Medical or Nurse Practitioner: This form has been developed specifically for use within the Education and Care sector and is **to be completed and signed by a Medical or Nurse Practitioner only** (emergency contact details can be completed by parent or guardian). If the child's school or child's service asthma first aid instructions differ from this Action Plan for Asthma Flare-up, please provide parent/guardian with written detailed instructions.

SIGNS OF A MILD TO MODERATE ASTHMA FLARE-UP*

- Mild or moderate difficulty in breathing
- Wheezing (high pitched whistling sound, generally heard when breathing out)
- Dry and irritable cough
- Chest tightness or sore chest
- Mostly able to talk in full sentences

* Not all need to be present

ACTION FOR A MILD TO MODERATE ASTHMA FLARE-UP

Be calm and reassuring. If possible, get someone to help.

STEP 1: Place the child in a seated upright position.**STEP 2:** Shake blue/grey puffer (e.g. Ventolin®, Asmol®, Airomir®), give 4 separate puffs, preferably with a spacer, allowing child to take 4 breaths in and out through spacer with each puff. Shake puffer before each puff.**STEP 3:** Wait 4 minutes. If the child still cannot breathe normally, give another 4 separate puffs of the blue/grey puffer as in STEP 2.**STEP 4:** If no improvement in the child's breathing, **call an ambulance - DIAL 000** and continue to give 4 separate puffs of blue/grey puffer every 4 minutes until the ambulance arrives.

SIGNS OF A SEVERE / LIFE-THREATENING ASTHMA FLARE-UP*

- Extreme difficulty in breathing-unable to talk freely
- Sucking in at the base of the throat/caving in of the rib cage
- Bluish tinge to the lips, pale, sweaty
- Distressed, anxious, exhausted, confused, drowsy

* Not all need to be present

ACTION FOR A SEVERE / LIFE-THREATENING ASTHMA FLARE-UP

Place child in a seated upright position.

CALL AN AMBULANCE - DIAL 000

Be calm and reassuring. If possible, get someone to help.

Shake blue/grey puffer (e.g. Ventolin®, Asmol®, Airomir®), give 4 separate puffs, preferably with a spacer, allowing child to take 4 breaths in and out through spacer with each puff. Shake puffer before each puff. Repeat every 4 minutes until the ambulance arrives.

Note: If child with known anaphylaxis to food/s, insects or medication/s has sudden breathing difficulty (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms always give adrenaline autoinjector first, if available, then blue/grey puffer.

Attention Parents / Guardian

Please complete the below information and return this form to your child's school or childcare.

Emergency contact details:

Name: _____ Relationship to child: _____

Best contact phone number/s: _____

Developed by the Sydney Children's Hospitals Network Aiming for Asthma Improvement in Children Program, in collaboration with NSW Ministry of Health and NSW State and National Education Sectors. December 2016.
Acknowledgment: Australasian Society of Clinical Immunology and Allergy (ASCIA) for their review of document.

Reference www.nationalasthma.org.au/uploads/content/22-NAC-First-Aid-for-Asthma-ChartKids-FINAL.pdf
SPHN (SCHN) 210590

ASTHMA MANAGEMENT TIPS

- Salbutamol is the reliever medicine that is used in asthma first aid. Ventolin[®], Asmol[®] and Airomir[®] are the brands and are easily recognisable by their distinctive blue/grey coloured canisters. They are all salbutamol. Any one of these can be included in the children's service asthma first aid kit.
- Bricanyl[®] (Terbutaline) is also a reliever medication used in asthma first aid. Specific instructions are required regarding the number of doses to be administered. As Bricanyl[®] comes in a turbuhaler[®] device, which is not suitable for children of all ages, it is not the recommended first line reliever medicine to have in the children's service asthma first aid kit. Although Bricanyl[®] is indicated for children 6 years and over, in reality, most children under the age of 7 years cannot master the technique for using a turbuhaler[®] device.
- Symbicort[®] is a medicine that may also be used in **Nationally Recognised Asthma First Aid**, however it is mostly only prescribed for children over 12 years of age. Like Bricanyl[®], it also comes in a turbuhaler[®] and requires specific instructions regarding the number of inhalations to be administered.
- When an asthma flare-up occurs, asthma first aid needs to be commenced immediately. If at all possible avoid walking the child to the first aid room – instead, bring the asthma first aid equipment to the child.
- Always call for assistance but remember you do not have to wait for the “regular” first aid person with the asthma first aid equipment to arrive before initiating Asthma First Aid. Asthma first aid can be initiated by using the child's own reliever medication puffer (if readily available) and following Nationally Recognised Asthma First Aid. You can improvise whilst waiting for the spacer device to arrive by firing medicine from the puffer through hands that have been cupped around the child's nose and mouth forming a good seal.



FREQUENTLY ASKED QUESTIONS

CAN A CHILD OVERDOSE ON RELIEVER MEDICINE?

The Nationally Recognised Asthma First Aid procedure e.g. *Kids' First Aid for Asthma has been developed to allow reliever medicine to be delivered safely over a gradual period of time – when following this procedure you cannot overdose a child. The NSW Health Schools and Child Services Action Plan for Asthma Flare-Up is based on the Nationally Recognised Asthma First Aid procedure.

WHAT ARE THE CONSEQUENCES OF GIVING RELIEVER MEDICINE TO A CHILD NOT DIAGNOSED WITH ASTHMA BUT HAVING DIFFICULTY IN BREATHING?

Reliever medicine is a safe, life-saving medicine and *asthma reliever medicine is unlikely to harm them even if they do not have asthma. *Source: Kids' First Aid for Asthma – National Asthma Council Australia. 2011.

ARE THERE ANY SIDE EFFECTS FROM INHALED RELIEVER MEDICINE?

Some children may experience a fast heart rate (palpitations), shakiness or tremors, hyperactivity, and headaches. These side effects are short lived and can vary between children and the extent to which they are experienced will depend on the amount of medicine delivered and the frequency that children receive this medication. Reliever medicine should not be withheld unless advised by a doctor.

DOES RELIEVER MEDICINE EXPIRE?

All medicines expire – the expiry date for a reliever medicine puffer can be found on the side of the canister, which fits inside the plastic holder. If the medicine has expired it can still be used for asthma first aid purpose if this is all that is available, however it may not be as effective as reliever medicine that has not expired, and should be replaced as soon as possible.

CAN THE SPACER DEVICE IN THE ASTHMA FIRST AID KIT BE CLEANED AND RE USED FOR ANOTHER CHILD?

Unless there is no other spacer available and one is required immediately for use by another child, the National Health and Medical Research Council "Australian Guidelines for the Prevention and Control of Infection in Healthcare 2010", recommends that spacers from the asthma first aid kit are not to be re-used by another child. It is therefore important that a spare spacer is always available to replace the one that has been used. When the reliever medication puffer is used with a spacer device it does not come in contact with the mouth, therefore it can be re-used for subsequent use on other children who require asthma first aid.

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