

### Procedures for children with Asthma

The typical symptoms of asthma in young children are: coughing, particularly at night and after exercise; a wheezing or whistling noise in the chest; or getting short of breath when doing everyday things like climbing upstairs.

All children within the nursery that have asthma are required to have:

\*Spare treatment to keep at nursery i.e. inhaler(s), spacers. These should be in the original box with the chemist label on; the label should be dated and named. The Key Person is responsible for ensuring that it is within its expiry date. The treatment should then be stored in each child's room and all staff should be made aware.

\*A doctor's letter or an Asthma card that explains when the treatment is needed, any symptoms the child may display, dosage of treatment and any other specific related instructions.

\*The parent should sign in the child's file to give permission for us to administer treatment if and when needed.

### Triggers

A trigger is anything that irritates the airways and sets off the symptoms of asthma.

Common triggers include colds or flu, tobacco smoke, exercise, air pollution and allergies to things like pollen, furry or feathery animals or house-dust mites. Everyone's asthma is different and a child will probably have several triggers.

Things that trigger asthma attacks that are sometimes found in pre-schools include furry or feathery animals, chemicals or fumes and tobacco smoke. Avoiding, or at least reducing exposure to these triggers, can go some way to lessening the chance of a child having an asthma attack.

### Treatment

Within our nursery, the treatment that you are most likely to have to help a child with is their reliever (blue) inhaler through a spacer. This can be given to a child who is experiencing asthma symptoms, such as wheezing, coughing, shortness of breath or tightness in the chest.

An aerosol inhaler and spacer are usually used to give asthma medicines to children under five; most children under three will also need to use a face mask.

### Inhalers for babies

You will probably need to use a face mask for children under two or three, or for those unable to use a mouthpiece.

Place the mask over the child's nose and mouth using gentle pressure, so it seals around the nose and mouth. Then tilt the spacer to 45°, with the inhaler uppermost. This ensures that the valve behind the mouthpiece drops open so that the medicine will be taken into the airways using normal breaths.

More of the medicine will reach the airways if the child is relaxed and quiet than if they are upset and crying. You need to hold the spacer and mask in place for about 20 seconds after each individual puff. If you are giving several puffs of medicine, make sure that you give them one at a time and shake the inhaler after each puff.

### From two years

Between two and three years of age, most children can use a spacer and inhaler without a face mask. Whereas adults can usually take one big deep breath in through their spacer, young children cannot take a large enough breath to clear all the medicine in one go.

Instead, get the child to take five or six normal breaths in and out of the spacer. This is called tidal breathing. You can turn it into a counting game and count the breaths while the child breathes normally.

Do not be tempted to try and get the child to use the aerosol inhaler straight into their mouth. Many adults struggle with the coordination needed to use an aerosol properly and the child will end up with a mouthful of medicine that does not reach anywhere near their airways.

### Over five years old

It may be possible for children approaching school age to use smaller, more portable dry powder devices for their reliever treatment, which are easier to use effectively than aerosol inhalers. Their doctor or nurse will reassess the child and show him or her and the parents or carers a range of the most suitable devices and ensure that both understand how they work.

If a child has an asthma attack the child's parents should be informed. If the child requires medical attention then an ambulance should also be called.

### Distraction techniques

Adults are great at using distraction techniques to encourage children to do all sorts of things that they would rather not, from eating vegetables to brushing their hair. So taking inhaled medicine should be no exception. For example, you could sing a nursery rhyme, turn it into a counting game or turn the spacer into a toy and decorate it with stickers.

Children also respond well to age-appropriate analogies such as describing their inhaler as a thick milkshake that needs a huge suck to get it up the straw.

### Smile

From an early age children are sensitive to adults' moods and soon learn when they are upset. If you can adopt a positive attitude – smile and be encouraging – when helping a child to use their inhaler it will make all the difference.

Giving treatment to some younger children can be a struggle, especially if they are feeling frightened by their asthma symptoms. You might like to try sitting the child on the floor between your legs giving you two hands to hold both inhaler and child, but remember this is not a wrestling match.