A young boy with brown hair, wearing a blue t-shirt, is smiling and holding a large, light-colored rectangular sign. The sign is positioned in front of his chest and contains the title text.

# Asthma & Your Child

Helping Children with Asthma Stay Healthy

# Asthma in Ireland

- Ireland has the fourth highest prevalence of asthma in the world
- Asthma is the most common chronic disease in Ireland
- More than 470,000 people have asthma in Ireland
- Around 1 in every 5 children have asthma
- Asthma cannot be cured but it can be controlled
- 60% of people with asthma do not have their asthma under control
- Asthma can be fatal if not controlled



## About Us

The Asthma Society of Ireland is the national charity dedicated to empowering the 470,000 people with asthma in Ireland to take control of their asthma.

Asthma cannot be cured but it can be controlled. We are working to reduce the number of deaths and hospital visits caused by asthma and to increase the number of people receiving the right information and support to allow them to control their asthma.

We support people with asthma and their families by providing a wide range of high quality information and education services – all completely free of charge.

We provide a strong, unified voice, and strive to improve the health and quality of life of everyone with asthma in Ireland. We drive change nationally by raising awareness, supporting innovative research and advocating for universal access to best practice asthma care.

We actively work with health care professionals, industry and government bodies to provide expert information on asthma and allergies and to keep asthma high on the national agenda.



**Asthma Advice line:**  
**1850 44 54 64**  
Mon - Fri: 10am ~ 1pm





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## Introduction

Asthma affects around one out of every five children in Ireland. Whilst it can't be cured, asthma can be well controlled. Children whose asthma is well controlled can lead happy, healthy lives. Poorly controlled asthma can have a big impact on a child's health, as well as their ability to play and learn. Uncontrolled asthma causes children to miss school, can lead to hospitalisation, and, although it is rare, in a small number of cases children can die from asthma.

*Asthma and Your Child* gives parents and guardians the information they need to control their child's asthma and ensure their asthma won't stop them leading a happy, healthy and active life. In this booklet you will find information about:

- How asthma is diagnosed
- The symptoms of asthma
- What triggers asthma
- Types of asthma treatments
- How to manage asthma
- And what to do during an asthma attack.

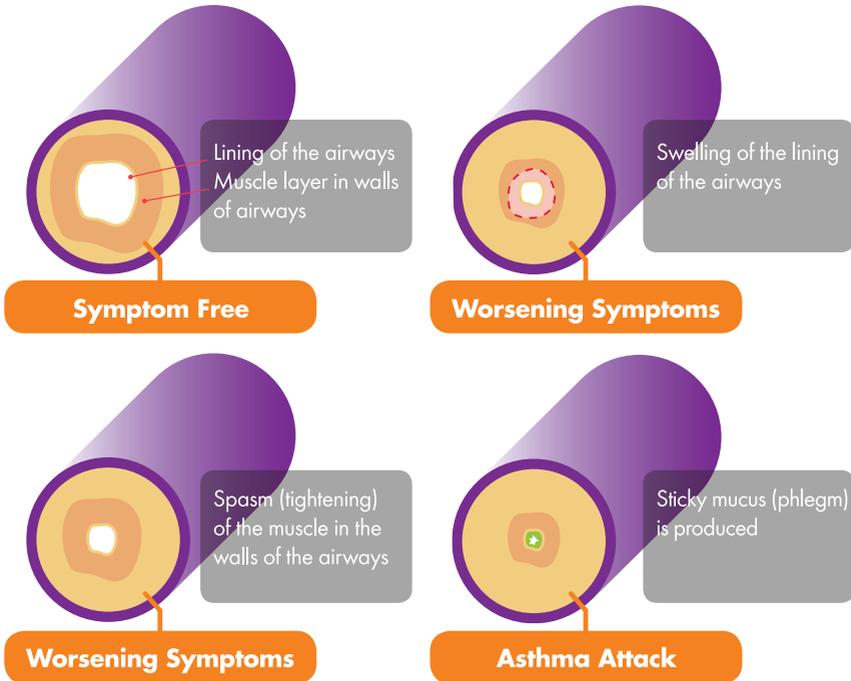


# About Asthma

## What is Asthma?

Asthma is a common chronic disease which inflames the airways. The airways are the small tubes that carry air in and out of the lungs. Asthma causes the airways to become over-sensitive and react to things they wouldn't normally react to, such as colds and flus or dust mites – even family pets, these are called triggers.

When asthma symptoms are triggered the muscles around the wall of the airways tighten, making them narrow. The lining of the airways also swells and sticky mucus is produced, clogging up the already narrowed airways. With the airways narrow and clogged with mucus, it becomes difficult to breathe.



## What are the Symptoms of Asthma?

Symptoms can vary depending on your child's age. Asthma symptoms are one or any combination of the following:

- **Wheeze**

A wheeze is a whistling sound that happens when air is breathed through narrowed airways. Regular wheezing is a symptom of asthma, but not all children with asthma wheeze and not all children who wheeze have asthma. This is why it is important that asthma is diagnosed by a doctor.

- **Coughing**

A dry, cough that won't go away is a symptom of asthma and often occurs at night or during exercise.

- **Chest tightness**

Chest tightness is a symptom of asthma. Children may describe it as chest pain or even a tummy ache.

- **Shortness of breath**

Shortness of breath is another symptom of asthma and may be triggered by exercise or excitement.



# About Asthma

## What Causes Asthma?

The exact causes of asthma are still unknown but we do know that:

- Asthma can run in families and children are more likely to have asthma if they have a parent or parents with asthma.
- Asthma usually starts in early childhood, but can also sometimes develop at later stages in life.
- Asthma is linked to other allergic diseases, and a child is more likely to develop asthma if they suffer from other allergic conditions such as eczema, hay fever or a food allergy.
- Asthma is not infectious.
- Modern lifestyles that have resulted in changes to housing, diet and the levels of air pollution may be contributing to the rise in asthma.
- Smoking during pregnancy or exposing a child to tobacco smoke will increase their risk of developing asthma.
- Being overweight increases the risk of developing asthma.
- Viral respiratory infections can increase the risk of developing asthma.
- Some children lose their symptoms as they grow older but asthma is a chronic disease so it never goes away and symptoms can come back later in life.



## Diagnosing Asthma

There isn't a single test to diagnose asthma. Your child's doctor will diagnose asthma based on:

- Family history of asthma
- The pattern of symptoms
- A physical examination
- A peak flow or lung function test (depending on their age)
- A trial of asthma treatment.



Your child's doctor may also ask if they have other conditions, such as eczema or hay fever or ask you to keep a diary of their symptoms.

## Asthma in Children Under 2 Years Old

Asthma is difficult to diagnose in children under two years old. Wheezing is common in very young children- more than one third of children under two years will wheeze at some point. Most of these children stop wheezing as their airways grow, but for others it could be a sign that they will develop asthma. If your child is under two years old and their symptoms don't go away, your doctor may decide to give them a trial of asthma medication to help make a diagnosis.



# Asthma Triggers

**An asthma trigger is anything that triggers symptoms or makes them worse.**



There are many things that can trigger asthma symptoms and every child will have different triggers. Knowing your child's triggers and how to avoid them is very important in controlling their asthma. Keeping an up to date Asthma Management Plan will help you record and monitor triggers. For more information go to page 23. Below is a list of the most common triggers and tips on how to avoid them.

## Colds and Viral Infections

Colds and viruses are common triggers for children, especially when they return to school in autumn and during the winter months. They are difficult to avoid but important to watch out for, as they can trigger an asthma attack.

- The annual flu vaccine is recommended for all children diagnosed with asthma. Speak to your health care professional for more information.
- Children should have a diet that is high in fresh fruit and vegetables to boost their immune system.



## Trigger Tips

- Always give your child their medication as prescribed.
- Keep a written Asthma Management Plan. An Asthma Management Plan will allow you to monitor your child's symptoms and tell you what to do when they get worse. You can get a free Asthma Management Plan from the Asthma Society of Ireland and it should be filled out with the help of your child's doctor or nurse.
- Children should wash their hands and use hand sanitizer regularly to stop the spread of colds and viruses.



## House Dust Mite

House dust mites are tiny insects that are barely visible to the naked eye. They live in warm damp places in every home, such as mattresses, carpets, soft toys and furnishings. It is impossible to completely rid a home of dust mites but there are steps you can take to limit their impact.

### Trigger Tips

- Use zipped anti-dust mite covers on mattresses, duvets and pillows, and wash them regularly according to the manufacturer's instructions.
- Hot wash all bedding at 60°C at least once a week. Dry cleaning is not as effective.
- Remove carpets where possible, especially in bedrooms.
- Vacuum at least three times a week, using a vacuum with a HEPA filter. Keep your child out of rooms that have been vacuumed for at least twenty minutes.
- Clean all surfaces with a damp or electrostatic cloth at least twice a week.
- Keep soft toys to a minimum and hot wash them at 60°C every two weeks.



## Household Pets

Asthma can be triggered by fur and dander from household pets, most commonly cats and dogs.

### Trigger Tips

- Think seriously before bringing a pet into your home and consider borrowing a pet for a short time as a trial.
- If you own a pet it should be kept in one area of the house (e.g. a utility room) and never allowed in your child's bedroom.
- Vacuum carpets frequently, using a vacuum cleaner with a HEPA filter.
- Wash pets frequently.



## Changes in Weather

Some children's asthma is triggered by thunder storms, fog or changes in weather or temperature—especially at the beginning of spring and autumn. If your child's asthma is triggered by changes in weather it should not limit their activities once they are taking their medication as prescribed.

### Trigger Tip

- Make sure your child takes their reliever inhaler with them when they are outdoors.





# Asthma Triggers

## Tobacco Smoke

Tobacco smoke is one of the most common and worst triggers of asthma symptoms. Tobacco smoke increases the risk of pneumonia, bronchitis and ear infections, and can also stop asthma medication working effectively.

### Trigger Tips

- Don't smoke.
- Children should never be near someone who is smoking and smokers should always go outside to smoke.
- Keep children away from smoky atmospheres.
- Both parents should stop smoking during pregnancy.
- For advice on quitting smoking lo-call the Asthma Adviceline on 1850 44 54 64.



## Pollen

Certain trees, grasses, weeds and flowers produce pollen which is a common asthma trigger. Your child's doctor may review their medication to help reduce the effects of pollen on asthma symptoms.

### Trigger Tips

- Monitor the pollen count by visiting [www.asthma.ie](http://www.asthma.ie) or lo-call the Asthma Adviceline on 1850 44 54 64.
- If pollen is a trigger, keep children indoors during high pollen count times.
- Visit [www.asthma.ie](http://www.asthma.ie) for more information on allergies, hay fever and how to avoid pollen.



## Chemicals

Asthma can be triggered by the chemicals found in household products. Products which may trigger asthma symptoms can be scented or unscented and include: aerosols, cleaning products, paints, adhesives, pesticides, cosmetics and air fresheners.

### Trigger Tips

- Avoid using chemical products where possible.
- Keep your child away from chemicals and the areas where they are used.
- Open doors and windows when using chemicals.



## Mould

Mould spores can trigger asthma. Mould can be found indoors and outdoors in places like bathrooms, kitchens, wooded areas or autumn leaves.

### Trigger Tips

- Make sure there is good ventilation indoors and air rooms regularly.
- Check your home for moisture or leaks and repair any broken pipes or structural damage.
- Remove all indoor plants as they may cause mould growth.
- Avoid drying clothes indoors or on radiators.
- Although mould grows in humid environments, dehumidifiers have no proven positive effect on asthma control.



## Exercise and Excitement

Exercise, laughing and excitement can all trigger asthma in children but this shouldn't stop them being active. Exercise is very important for people with asthma and can improve asthma symptoms. As long as a child is taking their asthma medication as prescribed they will be able to exercise as normal.

### Trigger Tips

- If necessary give your child one or two puffs of reliever inhaler before play or exercise.
- If exercise and activity frequently trigger asthma symptoms it could be a sign a child's asthma is uncontrolled and you should speak to a healthcare professional.
- For further tips on exercising with asthma visit [www.asthma.ie](http://www.asthma.ie)



## Food

Food is not a common trigger for asthma, unless someone has a food allergy. If your child has a food allergy that has been confirmed by a healthcare professional, they are at greater risk of having an asthma attack. The most common foods known to cause allergies are cow's milk, eggs, wheat, fish, shellfish, peanuts and other nuts.

### Trigger Tips

- Speak to a health care professional if you are concerned that your child may have a food allergy.
- Make sure your child takes their medication as prescribed.
- Make sure you and your child know what to do in an asthma attack and have an asthma management plan.
- If your child has an adrenaline pen for emergency use, it is important to know when and how to use it and to make sure your child has it with them at all times.





# Asthma Medication and Treatments

With the right asthma treatment children with asthma can live and full and active lives. When your child's symptoms are worse, their doctor may increase their medication and decrease it when their asthma is under control. The following are types of treatment which may be prescribed by your doctor:

## Reliever Inhaler

Reliever medication relieves symptoms quickly by opening the airways wider and making it easier for your child to breathe.

Reliever inhalers are usually blue.



Every child with asthma should have a reliever inhaler and should keep it with them at all times. Reliever medication can be taken before symptoms get worse, for example when a child is getting a cold.

If your child needs their reliever inhaler more than twice per week, for two weeks in a row, it means that their asthma is not controlled and they should see their doctor.

### Examples of reliever medication:

- Salbutamol (e.g. Ventolin, Salamol)
- Terbutaline (e.g. Bricanyl)
- Ipratropium bromide (e.g. Atrovent)

### Possible Side Effects

Reliever medication can sometimes cause side effects, such as hyperactivity or increased heart rate, but these are temporary and shouldn't cause concern.

## Controller Inhaler

Controller medication (inhaled corticosteroids) reduces the inflammation of the airways over- time. It does not provide instant relief of symptoms, but builds up protection over a period of time.

Controller inhalers are usually brown.



Not every child with asthma will need controller medication. Your child may be prescribed controller medication if they have regular symptoms and/or use their reliever more than twice a week.

Controller medication must be taken every day as prescribed, even when your child is feeling well.

### Examples of controller medication:

- Beclomethasone (e.g. Becotide)
- Budesonide (e.g. Pulmicort)
- Fluticasone (e.g. Flixotide)

### Possible Side Effects

Controller medication can occasionally cause hoarseness, sore throat or oral thrush. These side effects can be reduced

by making sure children use their inhaler correctly, use a spacer device, and rinse their mouths and wipe their faces after taking their medication.

It is important to note that the steroids in controller inhalers are similar to those produced naturally in our bodies and should not be confused with anabolic steroids, which are sometimes used illegally to enhance sporting performance.

## **Leukotriene Receptor Antagonist (LTRA)**

An LTRA may be used instead of or as well as another controller medication to help control a child's asthma. They are particularly effective for children with exercise related symptoms or allergies. LTRAs work by blocking one of the reactions in a child's lungs that causes the airways to flare up when they come into contact with an asthma trigger. LTRAs are taken once a day, even when a child is well and come as tablets, chewable tablets and granules which can be given in food for children under six months old.

### **Examples of LTRAs:**

- Montelukast (e.g. Singulair)

### **Possible Side Effects**

The most common side effects caused by LTRAs are headache, dizziness, abdominal pain, nightmares sore throat and rhinitis. Speak to a doctor, nurse or pharmacist for more information on possible side effects.

## **Combination Inhalers**

For children with poorly controlled asthma, another treatment option is a combination inhaler. Combination inhalers contain both a slow acting reliever medication and a controller medication, and are an easy way for children to take two medicines at one time. They should be taken every day as prescribed, even when a child is feeling well. Children using combination medication should be monitored by their doctor or nurse to make sure they are on the lowest dose of medication to manage their symptoms.

### **Examples of combination medication:**

- Fluticasone & Salmeterol (e.g. Seretide: used in children over 4 years)
- Budesonide & Formoterol (e.g. Symbicourt: used in children over 6 years)
- Flutiform (used in children over 12 years)

### **Possible Side Effects**

Combination medication can occasionally cause hoarseness, sore throat or oral thrush. These side effects can be reduced by making sure children use their inhaler correctly, use a spacer device, and rinse their mouths and wipe their faces after taking their medication.



# Asthma Medication and Treatments

An allergen is something that causes an allergic reaction.



## Oral Steroid Tablets

Oral steroid tablets (glucocorticosteroids) may be prescribed, in addition to regular medication, for a period of three to five days to regain control of a child's asthma following an asthma attack. Steroid tablets are powerful and quickly reduce inflammation in the lungs that causes a child's symptoms. If a child repeatedly needs steroid tablets to keep their asthma under control then their doctor may refer them to a specialist paediatric respiratory doctor.

### Examples of Oral Steroid Tablets:

- Prednisolone
- Prednisone
- Prednesol

### Possible Side Effects

A short course of steroids usually causes no long term side effects. These are more likely to occur if a child needs longer courses, or needs repeated short courses. Steroid tablets can sometimes cause disturbed sleep, hyperactivity and increased appetite. Steroid tablets may also reduce resistance to chickenpox.

Speak to your doctor, nurse or pharmacist if you have any concerns.

## Immunotherapy

Immunotherapy is used to treat asthma and allergies. Immunotherapy works by giving a vaccine repeatedly over time to reduce a child's sensitivity to a particular allergen e.g. pollen, dust mites and animal dander or hair.

Immunotherapy is given by a healthcare professional who specialises in asthma and can be given by injection, tablets or drops that are placed under a child's tongue. This treatment is given gradually. If there is an improvement the treatment is given for at least three years, and continues working after the treatment is finished.

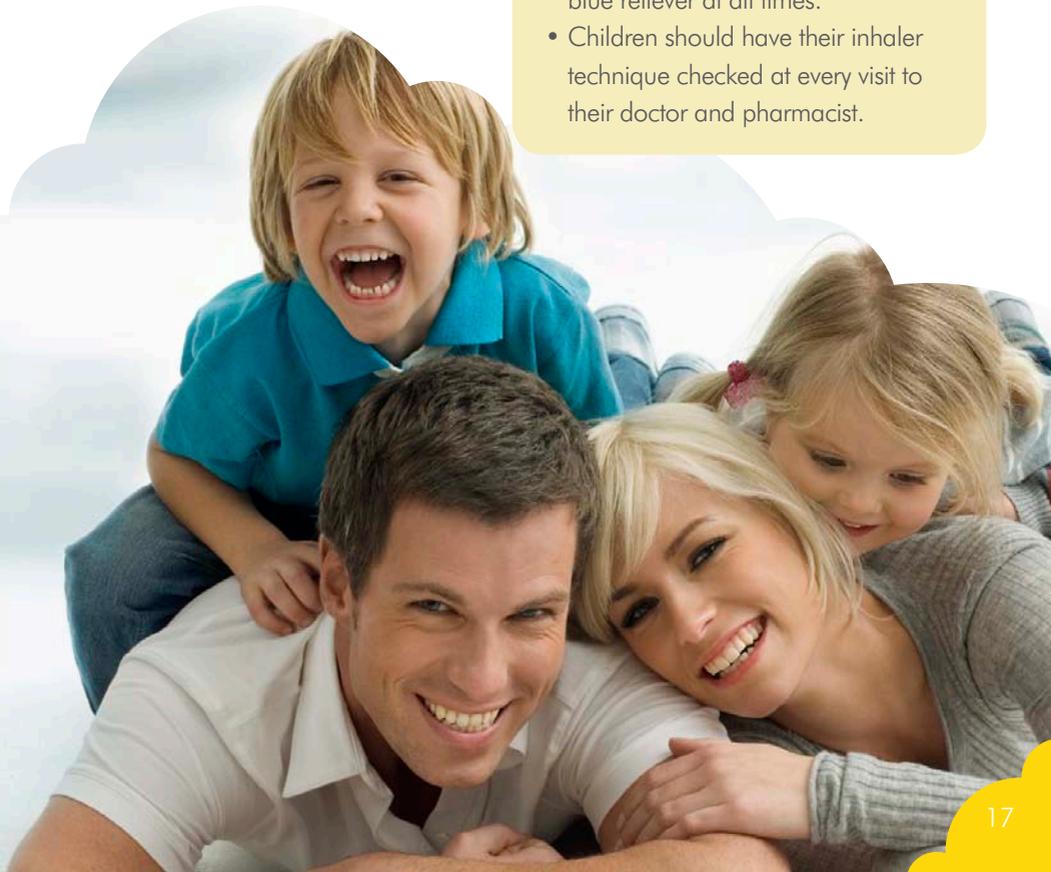
For more information on allergies and immunotherapy visit [www.asthma.ie](http://www.asthma.ie) and see our booklet Asthma and Allergic Rhinitis.

## Complimentary Treatments

Some people find that complimentary treatments (sometimes referred to as alternative treatments) help their asthma symptoms; however there is little scientific evidence that complimentary treatments are effective by themselves. Speak to a healthcare professional before trying your child on any complementary treatment and always continue with prescribed medication as well.

## Important Points to Note about Asthma Medication

- Always give your child their medication as it has been prescribed by their doctor.
- If your child is using their reliever medication more than twice a week they should see their doctor or nurse.
- Children should have access to their blue reliever at all times.
- Children should have their inhaler technique checked at every visit to their doctor and pharmacist.



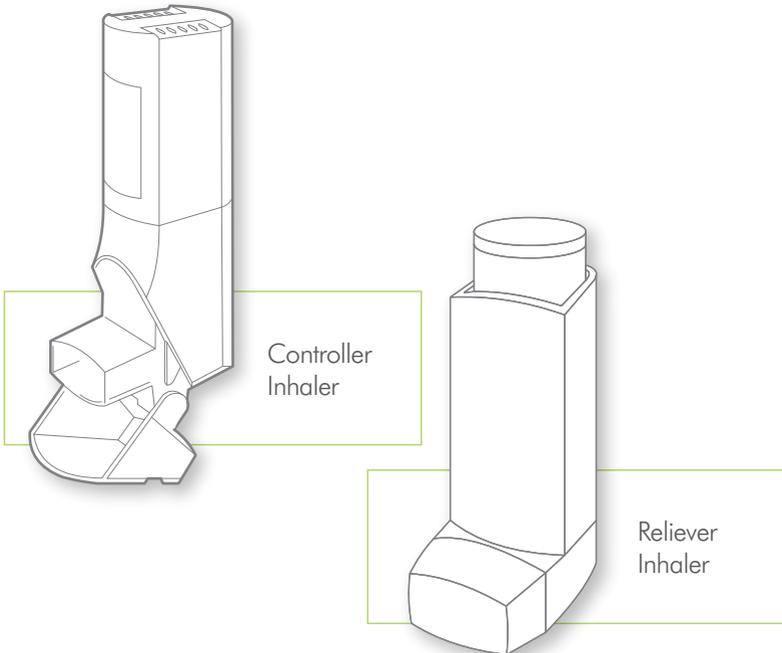


# How to Take Asthma Medication

Asthma medication can be given to your child in a variety of ways. It is important that children have their inhaler and spacer technique checked by a doctor, nurse or pharmacist regularly. You can view demonstration videos on inhaler and spacer technique at [www.asthma.ie](http://www.asthma.ie)

## Inhalers

An inhaler is the most effective method of giving asthma medication as it ensures that the medication goes directly to the lungs where it's needed, and requires smaller dosages than tablets.



**Become a member of the Asthma Society of Ireland to get discounts on spacer devices. Membership is free and you will find a membership form at the back of this booklet.**



## Spacers

A spacer device is a plastic container with a mouthpiece or mask at one end, and space to insert an inhaler at the other. Children should always use a spacer with their inhaler. There are several different brands of spacer device (e.g. Aerochamber, Volumatic, Babyhaler), with some available on prescription. You should always use a spacer with children under four years old. Spacers have several advantages:

- They make inhalers easier to use
- They increase the amount of medication that reaches the airways
- They reduce the risk of side effects from controller medication, such as oral thrush

## How to Use a Spacer with a Mask

1. Shake the inhaler
2. Insert the inhaler into the spacer
3. Place the mask over the child's mouth and nose, ensuring that there is a tight seal
4. Press the inhaler once and allow the child to breath in and out slowly five times
5. Some spacers have a valve which shows the breath going in and out. If so, you can watch this to make sure your child takes five breaths of their medication
6. Repeat steps 2-5 for each prescribed dose of medication.



# How to Take Asthma Medication

## How to Use a Spacer with a Mouthpiece

1. Assemble the spacer if it comes in two halves
2. Shake the inhaler
3. Insert the inhaler into the spacer
4. The child should grip the mouthpiece with their teeth and place their lips around it
5. Press the inhaler once and allow the child to breath in and out slowly five times
6. Some spacers have a valve which shows the breath going in and out. If so, you can watch this to make sure your child takes five breaths of their medication
7. Repeat steps 3-6 for each prescribed dose of medication.

## Remember

- Only release one puff of medication into a spacer at a time.
- Always follow the manufacturer's instructions for care and replacement guidelines.



## Tips for Using a Spacer with a Mask

Making sure children take their medication correctly is very important, but using a spacer can be difficult for young children.

- Let your child play with their spacer before they use it so they get used to it.
- Be positive – your child will sense if you're anxious.
- Avoid giving children medication when they are upset as it may make things worse and reduce the amount of medication they breathe in.
- Distract your child with music or videos.
- It is better to give children their medication when they are awake.
- Count out loud to six each time you give them a puff of inhaler so they know how long they have to breathe through the spacer, and remove the mask on the count of six.
- Praise your child after they have taken their inhaler.
- Always wipe your child's face after they have taken their controller inhaler.



## Tips for Using a Spacer with a Mouthpiece

Older children can use a spacer with a mouthpiece, but using it for the first time or transitioning from a spacer with a mask can be tricky.

- Show your child how to use the inhaler and spacer without releasing a puff of medication.
- Let them decorate their spacer with stickers.
- Count out loud with each breath.
- Let your child play with their spacer and practice with their teddy or doll before they need to take their medication.
- Stick to a routine and give medication at the same time each day-usually before they brush their teeth.
- Praise children for taking their medication or use a sticker chart to reward them.



## Nebuliser Compressor

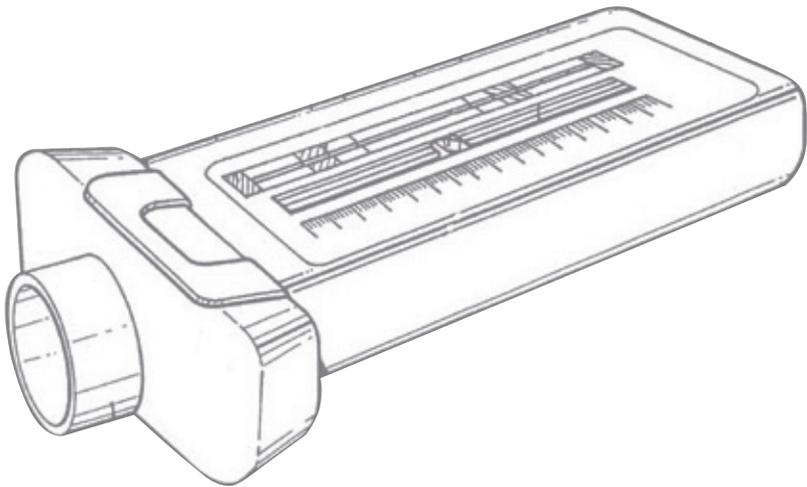
The Asthma Society of Ireland doesn't recommend the use of nebuliser compressors in the home, unless you have been instructed to do so by a health care professional. Using an inhaler and spacer together are equally as effective as using a nebuliser, except in severe asthma attacks. Nebulisers deliver a fine mist of high doses of asthma medication to the lungs. Nebulisers are sometimes used in hospitals to treat asthma attacks or for children with uncontrolled asthma who find it difficult to use a spacer device.



# Asthma Management

## Peak Flow

Children over six years old can use a peak flow meter to help manage their asthma. A peak flow meter is a small plastic tube-like device that a child blows into. It shows how well their lungs are working by measuring how quickly they can blow air out. If readings vary greatly it may be an early warning sign that a child's asthma is getting worse. Peak flow readings can be recorded in an asthma management plan and over time a pattern of when a child's asthma control gets worse and better should become clear.



## Asthma Management Plan

Every child should have an Asthma Management Plan to help monitor and control their asthma.

An Asthma Management Plan is tailored to each individual child. A healthcare professional can work with you to complete an Asthma Management Plan which will contain the following information:

- Contact details for parents, guardians and doctors.
- A list of medication that has been prescribed for your child.
- How to recognise when asthma control is getting worse.
- Steps to take to improve asthma control.
- The 5 Step Rule- what to do in an asthma attack.
- You can download our free asthma management app Asthma Coach for iPhone from 



## Vaccinations

Vaccinations are given to immunise children, or in other words to protect them against disease. Immunisation is very safe and effective. All children, including children with asthma, should be immunised according to the Primary Childhood Immunisation Schedule. Speak to a healthcare professional for more information. The annual flu vaccine is recommended for all children diagnosed with asthma. Speak to your health care professional for more information.



# Asthma Management

## Breastfeeding

Mothers are encouraged to breastfeed exclusively for at least four to six months. Breastfeeding for the first four to nine months can reduce the risk of wheezing and developing asthma. This is likely because infants who are breastfed have fewer respiratory infections, which are a common cause of wheezing. If breast feeding is not possible and there is a family history of asthma or other associated conditions such as hay fever or eczema, speak to your healthcare professional about the best formula for your baby.

## Diet

Changing a child's diet will not reduce their chances of developing asthma, but it is important that children with asthma have a healthy, balanced diet. Obesity makes asthma control worse. Lung function is poorer and asthma is more difficult to control if children are obese. Use the food pyramid below as a guide and give children portions that are appropriate for their age. Children should eat from all of the four major food groups- grains, fruit and vegetables, protein and dairy- and shouldn't eat sweets, cakes and other food from the top of the Pyramid every day.



## Managing Asthma in Childcare and at School

One in five children in Ireland has asthma and it is the leading cause of missed school days in the country. Take the following steps to make sure that your child's asthma is well managed whilst in childcare or at school:

- Teachers and childcare workers should be alerted if a child in their care has asthma, along with what their triggers are, if they have any allergies, and what to do during an asthma attack.
- Keep an up to date Asthma Management Plan and make sure your child's carer or teacher has a copy. This should include contact details for your child's doctor.
- Check what policy is in place for medication. Where is medication stored and will children have access to it? Do teachers and childcare workers know when and how to give medication to smaller children? Are they happy to do so?
- Clearly mark your child's name on their medication.
- Give the school or childcare facility a spare reliever inhaler and spacer for emergencies.
- Make sure your child is cared for in a smoke and pet free environment.

For more information on managing asthma in school go to [www.asthma.ie](http://www.asthma.ie) for a free copy of our Guidelines for Asthma in Schools booklet.

## How to Help Manage Asthma

- **Understand medication:** learn about the different types of medication that have been prescribed for your child and how they should be taken.
- **Take medication as prescribed:** it is very important that children take their medication as it is prescribed by their doctor.
- **Inhaler technique:** children should have their inhaler technique checked regularly. Inhaler technique can be checked by a doctor, nurse or pharmacist.
- **Monitor symptoms:** your child's symptoms should be tracked in in their Asthma Management Plan.
- **Manage triggers:** knowing your child's triggers and how to avoid them is very important in keeping asthma under control. Triggers should be noted in a child's Asthma Management Plan.
- **Regular asthma reviews:** children should have their asthma reviewed by a doctor every six to twelve months, even when they are well.
- **Vaccinations:** making sure vaccinations are up to date is very important in keeping children with asthma well.
- **Diet:** eating a balanced diet and maintaining a healthy weight helps keep asthma under control.
- **Asthma in Childcare and at School:** teachers and childcare workers should be well informed about your child's asthma and kept up to date on their asthma management.



# What to Do in an Asthma Attack?

## How to recognise if your child's asthma is getting worse

It is important to recognise when your child's asthma is getting worse so you can take the necessary steps to stop them having an asthma attack. To make sure you act fast keep an eye out for the following signs:

- Wheezing or coughing in the morning
- Wheezing after exercise or avoiding exercise altogether
- Waking at night because of asthma symptoms
- Needing to take reliever medication more often than normal
- Reliever medication isn't helping to relieve symptoms

**If you notice any of these signs or are in doubt speak to a healthcare professional immediately.**

## If your child has recently had an asthma attack

There are important steps to take after a child has had an asthma attack:

- Make an appointment with their doctor to have their asthma and medication reviewed.
- Have their inhaler technique checked by a healthcare professional.
- Make sure you know how to recognise if their asthma is getting worse and what to do if they have another attack.

## In An Asthma Attack Immediately Follow the 5 Step Rule

**1.** Take 2 puffs of reliever inhaler (usually blue), 1 puff at a time

**2.** Sit up and stay calm

**3.** Take slow steady breaths

**4.** If there is no improvement, take 1 puff of reliever inhaler every minute:

- Adults and children over 6 years can take up to 10 puffs in 10 minutes
- Children under 6 years can take up to 6 puffs in 10 minutes

**5.** **Call 999 or 112** if symptoms do not improve after 10 minutes or you are worried. Repeat step 4 if an ambulance does not arrive within 10 minutes.

### Remember, if you are having an asthma attack:

- Extra puffs of reliever are safe
- You should use a spacer if possible
- Don't lie down or let anyone put their arm around you.



# Further Information

## Would you Like More Information?

If you would like further information on asthma or allergies please contact us. You can speak to one of our Asthma Nurse Specialists and get one to one advice on your asthma. We also have a range of information available on [www.asthma.ie](http://www.asthma.ie), in our publications and in tools designed to help you take control of your asthma.

## Membership

You can now become a member of the Asthma Society of Ireland free of charge! To celebrate our 40th anniversary we're giving everyone the chance to become a member by signing up at [www.asthma.ie](http://www.asthma.ie). Our members receive lots of benefits such as discounted asthma products, advance notice of our events and our bi-annual magazine Asthma News. For more information or to sign up visit our website or call 01 817 8886.

## The Asthma Adviceline

If you would like further information or you have questions that weren't answered by this booklet please call our Asthma Adviceline on 1850 44 54 64 between 10am and 1pm every Monday-Friday or email [nurse@asthmasociety.ie](mailto:nurse@asthmasociety.ie). An asthma nurse specialist will be on hand to answer your query and give you personalised advice on how to manage your condition.

## Asthma Clinics

Our Asthma Clinics are held throughout the country and are free for everyone to attend. We visit locations all over Ireland, including large regional clinics and smaller clinics in community pharmacies. For more information on the dates and locations of our clinics visit [www.asthma.ie](http://www.asthma.ie)



Yes, I want to support the Asthma Society today:



€40

could help us save lives by providing vital information services to children and adults across Ireland

€60

could help us extend the opening hours of our Asthma Advice Line (10am to 1pm), ensuring our specialist asthma nurses are available to take potentially life saving calls

€100

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We have a range of publications dealing with topics such as childhood asthma, asthma management, asthma and exercise, allergies, asthma in schools, and many more. If you would like to order a free Asthma Management Plan or any of our publications log on to [www.asthma.ie](http://www.asthma.ie) or call 01 817 8886.

## **Let us know what you think!**

We would love your feedback on this booklet. You can send your feedback, comments or suggestions to [communications@asthmasociety.ie](mailto:communications@asthmasociety.ie) or call us on 01 817 8886.

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## **Disclaimer**

The information contained in this publication is based on current medical knowledge, in accordance with international best practice guidelines, at the time of publication. The information is intended for use as a general guide and does not replace individual consultation by a health care professional on a case-by-case basis. The Asthma Society of Ireland is not responsible for any injury, loss, damage or expense incurred by any individual or organisation resulting, either directly or indirectly, from any information contained in this publication.





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