

Asthma & Your Child

Helping Children with Asthma
Stay Healthy



**ASTHMA
SOCIETY**
OF IRELAND

asthma.ie

Contents

About us	3
Why our work is so important	4
Introduction	5
Causes of asthma	7
What are the symptoms of asthma?	8
Diagnosing asthma	9
Asthma triggers	11
Asthma medication and treatments	16
How to take asthma medication	20
Asthma management	22
Lifestyle	23
Managing asthma in childcare and at school	24
Symptoms of an asthma attack	26
Managing your Child's Asthma	27
Supporting us	28
Our services to you	29

Acknowledgements

We would like to thank Professor Marcus Butler of the Asthma Society of Ireland, Medical Advisory Group, Dr Lucy Perrem, Pediatric Respiratory Medicine Consultant at Children's Health Ireland and our team of Asthma Society nurses and the nursing team in CHI Tallaght University Hospital (Catherine Carrig, Mary Devitt and Mairead Furlong).

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.

About us

Our Mission

Our mission is to stop asthma deaths in Ireland. We are the voice of the 450,000 people with asthma in Ireland, and our work radically transforms their quality of life.

Our Vision

Our vision is that everyone with asthma in Ireland lives a full life, symptom-free.

How we achieve our Mission & Vision

1 WE CHAMPION CHANGE

by advocating to prevent asthma deaths.

2 WE COMMUNICATE ABOUT ASTHMA

to ensure it is taken seriously as a health challenge.

3 WE SUPPORT WITH SERVICES

for all people with asthma, empowering them to control the condition and providing health promotion programmes which deliver impactful asthma interventions.

4 WE LEARN TOGETHER

and collaborate with healthcare, research and education professionals (and always with patients) to improve our understanding of how asthma works and how to combat it.

5 WE BUILD OUR CAPACITY

to deliver for patients by growing and diversifying our funding streams, by innovating and by being best-in-class as a charity.



ASTHMA ADVICELINE

1800 44 54 64

WHATSAPP NURSE MESSAGING SERVICE

086 059 0132



Why our work is so important

2.4m

The number of asthma GP consultations annually.

€1,242

The annual average cost of asthma per patient.

1 in 5

Proportion of children who experience asthma at some stage in their life.

1 in 10

Proportion of children who currently have asthma.

1 in 13

Proportion of people in Ireland currently have asthma.

66%

Percentage of asthma deaths that are preventable.

five

Average number of school days missed every year due to asthma.



ASTHMA IN IRELAND

2nd

Ireland had the second highest rate of asthma hospital discharges in Western Europe in 2016.

seven

Average number of work days missed every year due to asthma.

890,000

The number of people in Ireland who experience asthma at some stage of their life.

14

Compared to 14 other European countries: Ireland had the highest death rate from asthma in 2015.

Four minutes

How often someone in Ireland visits an Emergency Department with asthma.

one every seven days

The frequency that people are dying as a result of their asthma.

40,593

The number of children registered under the Asthma Cycle of Care programme.

€472 million

The amount asthma costs the state per annum.

8,000

The number of asthma admissions to hospital every year.

Introduction

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.
- What to do during and asthma attack.

Poorly controlled asthma can have a big impact on a child's health, as well as their ability to play and learn.

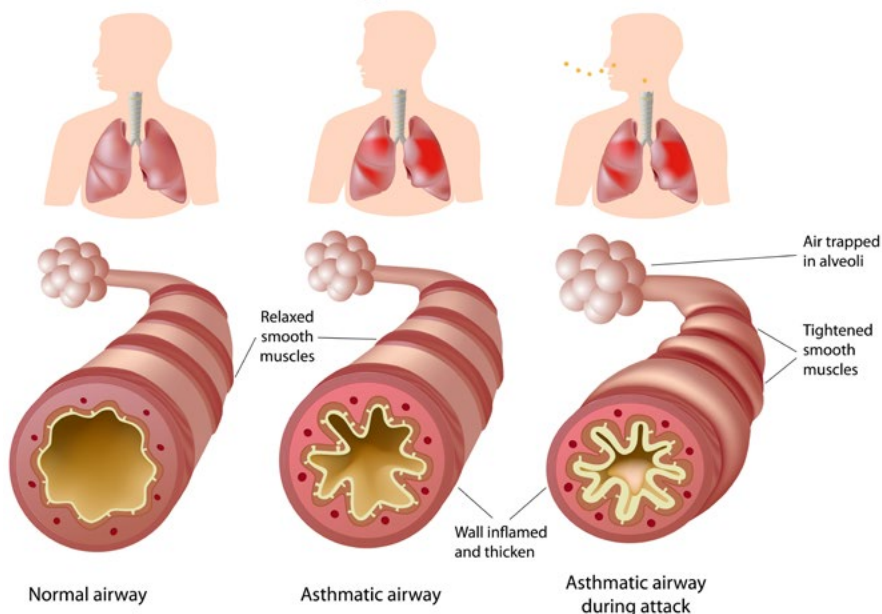
Uncontrolled asthma causes children to miss school, can lead to hospitalisation, and, although it is rare, in a small number of cases children can die from asthma.

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. Things like; (Allergic) house dust mites, pollen and pets and (Non-allergic); colds, flu, exercise, smoking, vaping and air pollution.

When asthma is not well controlled the lining of the airways become swollen and irritated, the airways can also produce extra mucus. Additionally when asthma symptoms such as cough, wheeze and chest tightness are triggered the muscles around the walls of the airways tighten making them narrow.

Pathology of Asthma



Causes of asthma

What causes asthma?

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

- Asthma can run in families.
- Asthma usually starts in early childhood, but can also develop at later stages in life.
- Viral respiratory infections including respiratory syncytial virus (RSV) can increase the risk of developing asthma.
- 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.
- The link between asthma and vaping is under investigation.
- Being overweight increases 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.



What are the symptoms of asthma?

Typical symptoms of asthma are:



**Wheeze
or whistle**

A wheeze is a whistling sound that happens when air is breathed through narrowed airways. 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 who can hear a wheeze with a Stethoscope.



**Persistent
cough**

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



**Shortness
of breath**

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



**Chest
tightness**

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

Scan the QR
code to view our
symptom tracker.



Diagnosing asthma

There is no single test for asthma. Children are assessed by;

- Family history of asthma
- The patterns of symptoms
- A physical examination
- A peak flow or lung function test (depending on their age)
- A trial of asthma treatment
- FeNO test (Fractional exhaled nitric oxide)
- History of eczema or hayfever
- Assessment of your symptom diary

Asthma in children 5 years and younger

Asthma is difficult to diagnose in children under five years old. Wheezing is common in very young children – more than one third of children under five years will wheeze at some point. Asthma is not often diagnosed in children under two.

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 five 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?



When you come into contact with certain things they can make your asthma worse. These are called triggers. It can be difficult to figure out what is triggering your asthma.

To help find out what your triggers are you should keep an asthma diary or management plan. In it you should record the times, places and what you are doing when your asthma gets worse.

Asthma triggers

Common triggers are:



Smoking



Animals



Exercise



Medicines



Feelings



House dust mites



Cleaning products



Sprays



Mildew or mould



Air pollution



Hormones



Weather



Viral Colds /Flu



Pollens, grass, trees



Foods & drinks

Colds and viral infections

Colds and viruses are common asthma triggers, especially in autumn & winter.

Trigger Tips:

- Take your medication as prescribed.
- Keep a written Asthma Action Plan to monitor symptoms and know what to do if they worsen. Get a free plan from the Asthma Society of Ireland.
- Encourage regular hand washing and use of hand sanitiser. Children should cough and sneeze into their elbows.
- Use the correct spacer and know how to use your inhaler device.
- Get your annual flu vaccines and discuss other recommended vaccines with your GP.
- Ensure a diet high in fresh fruits and vegetables to boost the immune system.



Visit our website to view our **inhaler technique** videos.

Asthma triggers

House dust mite

House dust mites are tiny insects that thrive in warm, damp places like mattresses, carpets, soft toys, and furnishings. However, research has not always shown a benefit. While you can't completely eliminate them, you can reduce their impact.

Trigger Tips:

- Clean surfaces with a damp or electrostatic cloth.
- Use a completely enclosed anti-dust mite cover on mattresses, duvets and pillows and wash them regularly.
- Hot wash all bedding at 60°C.
- Remove carpets, especially in bedrooms.
- Vacuum with a HEPA filter.
- Minimise soft toys and hot wash them at 60°C.

For more on asthma triggers, download the *Take Control of your Asthma* booklet



Household pets

Fur/dander from pets, especially cats and dogs, can trigger asthma.

Trigger Tips:

- Consider borrowing a pet as a trial before getting one.
- Keep pets out of child's bedroom.
- Frequently vacuum with a HEPA filter.
- Wash pets regularly.

Changes in weather

Weather changes can trigger asthma in some children, especially during spring and autumn. Once they take their prescribed medication, these triggers shouldn't limit their activities.

Trigger Tips:

- Remember to ensure your child always carries their reliever inhaler when outdoors.
- Wrap up well in cold weather.
- Cover nose and mouth with scarf/snood when going from warm to cold weather.



Tobacco smoke/vaping

Tobacco smoke/vaping is a major trigger for asthma symptoms, worsening conditions and reducing the effectiveness of asthma medication. It also heightens the risk of pneumonia, bronchitis, and ear infections.

Trigger Tips:

- Avoid smoking/vaping.
- Ensure children are not exposed to second-hand smoke/vape; smokers/vapers should smoke/vape outside.
- Keep children away from smoky environments.
- Both parents should quit smoking/vaping during pregnancy.
- For help quitting smoking/vaping, call the QUIT service (1800 201 203)

Pollen

Pollen from trees, grasses, weeds, and flowers is a frequent trigger for asthma. Your child's doctor can adjust their medication to minimise pollen-related symptoms.

Trigger Tips:

- Check the pollen count at www.pollen.ie or call the Asthma Adviceline at 1800 44 54 64 or the WhatsApp service 086 059 0132.
- Apply a barrier gel/spray to nostrils.
- Keep away from freshly mowed grass areas.
- Shower, wash your hair and change your clothes if you have been outdoors for an extended period.
- Minimise contact with pets that have been outside.
- Keep children indoors during high pollen counts.
- Visit www.asthma.ie for more on allergies, hay fever, and strategies to avoid pollen.

**For more information
download the **Asthma &
Allergic Rhinitis** booklet**



Asthma triggers



Chemicals

Asthma can be triggered by chemicals in household products like aerosols, cleaning products, laundry detergents, paints, adhesives, pesticides, cosmetics, and air fresheners—whether scented or unscented.

Trigger Tips:

- Minimise use of chemical products.
- Keep children away from areas where chemicals are used.
- Ensure good ventilation by opening doors and windows when using chemicals.

Mould

Mould spores are asthma triggers found indoors and outdoors, often in bathrooms, kitchens, wooded areas, and autumn leaves.

Trigger Tips:

- Ensure good indoor ventilation and regular room airing.
- Check for and fix any sources of moisture or leaks in your home, including broken pipes and structural damage.
- Remove indoor plants, as they can promote mould growth.
- Avoid drying clothes indoors or on radiators.
- Note that while mould grows in humid environments, dehumidifiers have not shown a proven positive effect on asthma control.

Exercise

Regular exercise is crucial for managing asthma and can even improve symptoms. With proper medication, children can participate in activities as usual.

- If needed, give your child one or two puffs of their reliever inhaler with a spacer before play or exercise.
- Warm up for 15 minutes before vigorous exercise.
- Cool down after exercise.
- Tell your coach/teammates you have asthma.
- If exercise often triggers asthma symptoms, it may indicate poorly controlled asthma. Consult a healthcare professional.
- For more tips on exercising with asthma, visit www.asthma.ie.

Emotions

Laughter and excitement can trigger asthma in children.

Trigger Tips:

- Follow your Asthma Action Plan
- Take your prescribed medication and inhaler with a correct spacer to help keep your asthma under control.

Food

Food is not a common trigger for asthma, unless someone has a food allergy. Children with confirmed food allergies are at higher risk of an acute asthma attack. Common allergens include cow's milk, eggs, wheat, fish, shellfish, peanuts, and other nuts.

- Consult a healthcare professional if you suspect your child has a food allergy.
- Ensure your child takes their prescribed medication/inhaler with a correct spacer regularly.
- Have an asthma management plan and know what to do in an asthma attack.
- If your child has an adrenaline pen, know how and when to use it, and ensure they carry it at all times.

Hormones

Changes in hormones can affect asthma control, especially in older children and teenagers during menstrual cycle.

Trigger Tips:

- Keep a symptom diary.
- Follow your Asthma Action Plan.
- Talk to your GP.

Asthma medication and treatments



With proper treatment, children with asthma can lead full and active lives. Doctors may change medication based on symptoms.

Here are some common treatments.



Controller Inhaler

Controller inhalers are usually brown

Controller medication (inhaled corticosteroids) reduces the redness and swelling in the airways over time. It does not provide instant relief but builds up protection gradually.

Controller medication may be prescribed if your child has regular symptoms or uses their reliever more than twice a week. It must be taken daily, even when your child feels well.

Possible side effects

Controller medication can sometimes cause hoarseness, sore throat, or oral thrush. These side effects can be minimised by correct inhaler use, using a spacer, and rinsing the mouth and wiping the face after use.

The steroids in controller inhalers are similar to natural body steroids and are not the same as anabolic steroids used illegally for performance enhancement.

Reliever Inhaler

Reliever inhalers are usually blue

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

Every child with asthma should always carry a reliever inhaler, using it as needed (i.e., when symptoms get worse such as at the onset of a cold. If used more than twice a week, consult a doctor as it indicates uncontrolled asthma.

Possible side effects

Temporary side effects may include hyperactivity or increased heart rate, but these are generally not a cause for concern.

Combination inhalers

For poorly controlled asthma, a combination inhaler is an option. It contains both a fast-acting reliever and a controller medication, allowing easy administration of two medicines at once. It should be used daily, even when the child feels well. Regular monitoring by a doctor or nurse ensures the lowest effective dose.

Possible Side Effects

Combination medication can cause hoarseness, sore throat, or oral thrush. These side effects can be minimised by correct inhaler use, using a spacer, and rinsing the mouth and wiping the face after use.

Leukotriene Receptor Antagonist (LTRA)

LTRA may be used alone or with other controller medications to manage asthma, especially for exercise-related symptoms or allergies. They block reactions in the lungs that cause airway flare-ups. LTRAs are taken daily, even when the child is well, and are available as tablets, chewable tablets, and granules for children under six months.

Possible Side Effects

LTRA may cause side effects such as headache, stomach pain, or dizziness. In rare cases, low mood or sleep disturbances can occur. Consult your doctor if these symptoms persist or worsen.



Oral Steroid Tablets

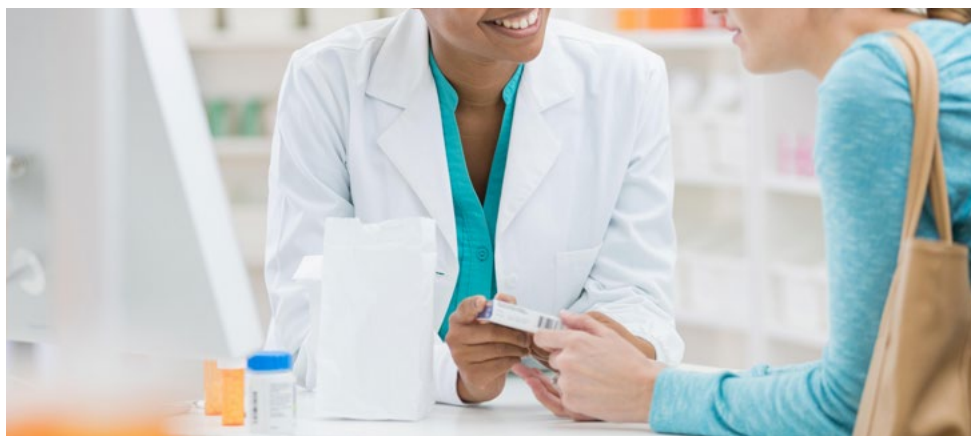
Oral steroid tablets are prescribed in emergency asthma situations and flare ups. In these situations, they can be life-changing. If you need a short course of steroids more than once a year, your asthma should be reviewed.

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 immunity.

Immunotherapy

Immunotherapy treats asthma and allergies in children over 12. Administered by a healthcare professional, it reduces sensitivity to allergens like pollen, dust mites, and animal dander. Treatment involves tablets under the tongue, given gradually. If effective, it lasts at least three years and provides ongoing benefits post-treatment.



Biologics

Biologics are injectable therapies that target specific inflammation pathways, helping reduce asthma symptoms and attacks in children with severe asthma. They can lessen hospitalisations and the need for steroids, allowing children to miss fewer school days. Biologics may be an option if asthma isn't controlled by inhalers or avoiding triggers. Administered in severe asthma clinics, biologics are overseen by paediatric respiratory consultants, but children must continue using their inhalers and other medications.



MART (Maintenance and Reliever Therapy)

Some children may use a MART inhaler, which combines a controller and a long-acting bronchodilator that can also act as a reliever. Not all combination inhalers can be used this way, so if your child isn't on a MART regime, they'll also need a quick-acting reliever inhaler (usually blue) for symptoms or asthma attacks. Check with your child's GP if unsure which type they're using.

Complimentary Treatments

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.

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.

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.

Spacers

A spacer device is a plastic container with a mouthpiece or mask at one end, and a space to insert an inhaler at the other. Children should always use a spacer with their inhaler. There are different brands of spacer devices, Some spacers are available on the medical card and some are not.

If a child is able, transition from a spacer with a mask to a spacer with a mouthpiece. Also, a dry powder device may be considered if appropriate.

Advantages of using a spacer;

- 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 (oral thrush and hoarseness)

How to use a spacer with a mask

Assemble spacer as per manufactures instructions.

- Shake the inhaler for 5 seconds.
- Insert the inhaler into the spacer.
- Place the mask over the child's mouth and nose, ensuring that there is a tight seal.
- Press the inhaler once and allow the child to breath in and out slowly five times.
- 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.
- Repeat steps 2-6 if further doses are needed.

Scan for more
on **inhaler**
technique.



How to use a spacer with a mouthpiece

- Assemble the spacer if it comes in two halves.
- Shake the inhaler for five seconds.
- Insert the inhaler into the spacer.
- The child should grip the mouthpiece with their teeth and place their lips around it.
- Press the inhaler once and allow the child to breath in and out slowly five times.
- 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.
- Repeat steps 2-6 if further doses are required.

Remember

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

Nebulised medication

Generally, nebulised medication is not recommended in the home.

For more information and interesting facts about spacers, scan the QR code.



Asthma management

Asthma action plan

An Asthma Action Plan is tailored to each child. A healthcare professional will help you complete and contains the following information;

- Contact details for parents, guardians and doctors.
- Prescribed medications
- Signs of worsening asthma
- Steps to improve asthma control
- The 5 Step Rule - what to do in an asthma attack.

Vaccinations

Vaccinations protect children from disease and are safe and effective. All children, including those with asthma, should follow the Primary Childhood Immunisation Schedule. Consult a healthcare professional for more details.



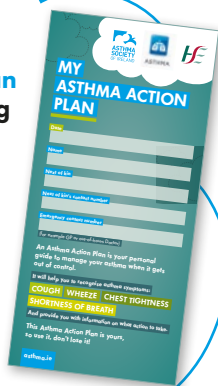
Peak flow

Children over five years old can use a peak flow meter to help manage their asthma. A peak flow meter is a small plastic tube-line device that a child blows into. It shows how open their lungs are and how well they are working. If readings vary greatly it may be an early warning sign that a child's asthma is getting worse.

How do I know my child's asthma is under control?

- Symptoms are in the green zone of your Asthma Action Plan
- Take an asthma control test. An asthma control test is available on www.asthmacontroltest.com
- Peak flow is normal for age and gender (if over the age of 5).

**Download your
Asthma Action Plan
online by scanning
the QR code.**





Physical activity/ exercise

Engaging in regular physical activity/exercise should be encouraged for all age groups for important health benefits. If exercise is a trigger for your child, please refer to Triggers Tips on Page 12).

Diet

It is important that a child with asthma has a healthy and balanced diet. If you suspect your child has a food allergy, discuss with your GP. Research has shown that obesity is a risk factor for childhood asthma and wheeze particularly in girls.

Breastfeeding

Mothers are encouraged to breastfeed their children or many health benefits.

The Food Pyramid

For adults, teenagers and children aged five and over



Managing asthma in childcare and at school

One in five children in Ireland has asthma, the leading cause of missed school days. To ensure your child's asthma is well managed at school or childcare:

- Inform teachers and childcare workers if your child has asthma, their triggers, and what to do during an attack.
- Provide an up-to-date Asthma Management Plan and ensure the carer or teacher has a copy, including doctor contact details.

- Check the medication policy and ensure staff know how to administer it.
- Clearly label your child's medication.
- Provide a spare reliever inhaler and spacer for emergencies.
- Ensure a smoke and pet-free environment.

For more information on managing asthma in school contact the Asthma Society for asthma safe school resources for your school.



New Patient e-Referral

Simply fill in the online form and a
member of our team will get in touch

Scan here



**ASTHMA
SOCIETY**
OF IRELAND



SYMPTOMS OF AN ASTHMA ATTACK



Cough



Short breath



Wheeze



Tight Chest



Difficulty talking



Blue lips

or any combination of these

5 STEP RULE

How to deal with an asthma attack

If someone has an asthma attack:

- Do not leave them on their own.
- Extra puffs of reliever inhaler (usually blue) are safe.



Scan this QR to watch our 5 STEP RULE video



Sit up and stay calm
Do not lie down



Take slow steady breaths



Take 1 puff of reliever inhaler
usually blue **every minute**

People aged 6+ — up to 10 puffs in 10 mins
Children under 6 — up to 6 puffs in 10 mins



Call 999 or 112 if your symptoms do not improve after 10 minutes



Repeat Step 3 if an ambulance has not arrived in 10 minutes

TRIGGERS

THINGS THAT CAN SET ASTHMA OFF



Smoking



Animals



Exercise



Colds/
Flu



Medicines



Feelings



Dust



Pollens,
grass, trees



Cleaning
products



Sprays



Mildew
or mould



Foods
& drinks



Air
pollution



Hormones



Weather



Jobs

TOP TIPS FOR

MANAGING YOUR CHILD'S ASTHMA



Know the
5 STEP RULE
for dealing with
an asthma attack.



Use a written
ASTHMA ACTION PLAN
to help manage your
child's asthma.



Have your child's
INHALER TECHNIQUE
checked regularly.



Ensure your child eats a
BALANCED DIET
and
EXERCISE REGULARLY



Understand when your
child's asthma is
GETTING WORSE
so you can quickly
get help from your
GP or asthma nurse.



Ensure your child's
MEDICATIONS
is taken as prescribed
even when they are well.



Have your child's
ASTHMA REVIEW
every 6 to 12 months.



KNOW YOUR CHILD'S TRIGGERS
and avoid them
where possible.



Your child should
AVOID second hand
SMOKE/VAPE



Call our **FREE Asthma**
Adviceline service on
01800 44 54 64
or send a message to
our whatsapp service on
086 059 0132

Supporting us

I would like to donate...

My own amount

☐ €10pm ☐ €15pm ☐ €21 ☐ €250*

* If you are a taxpayer, a gift of €250 or more in one year could be worth an extra 45% (€112) to us — at no extra cost to you.

To make an instant donation, visit asthma.ie/donate

Title First Name Surname

Your Address

.....

County Eircode

Telephone Email

☐ I enclose a cheque/bank draft / postal order payable to Asthma Society of Ireland

OR Please debit my... ☐ Visa ☐ Mastercard ☐ Visa Debit (please tick box)

Name on Card

Card Number

Expiry Date Security Code

Signature Date

OR You can also make direct payment from your bank or online. Make your payment to:
Asthma Society of Ireland **IBAN:** IE50 BOFI 9009 7319 9474 13 **BIC/SWIFT:** BOFIE2D

Please return your completed form to:

Asthma Society of Ireland, 42-43 Amiens Street, Dublin 1

We save money by being able to contact you by telephone or email, and we can keep you updated on how your generosity makes such a difference.

CONTACT ME BY ☐ Email ☐ Post ☐ Telephone ☐ SMS/WhatsApp

Our services to you

Call the Asthma Society today to get a free copy of our other publications or download them for free at www.asthmasociety.ie



Worried about your Asthma?

Freephone the Asthma Adviceline or send a WhatsApp message to speak with an Asthma Nurse Specialist about your asthma.

ASTHMA ADVICELINE

1800 44 54 64

WHATSAPP NURSE MESSAGING SERVICE

086 059 0132 



**Phone the adviceline today
for your free appointment.**

**Find out more about asthma,
learn to self-manage your condition
and improve your quality of life.**

Notes



Lined area for taking notes, consisting of 18 horizontal lines.



For most people, asthma is a very controllable disease when managed correctly. Asthma management will allow most people with asthma to live happier and healthier lives. However, if people with asthma do not manage their condition, they are at high risk of an asthma attack.

Children with asthma should live a symptom free life and be able to partake in all activities just like other children without asthma.

The key to asthma management is having and using an Asthma Action Plan. These plans, which are reviewed at every available opportunity with a healthcare professional, will detail asthma medicines, symptoms, triggers, how to know if you are having an asthma emergency and what to do in the event of one.

Asthma Society of Ireland
42-43 Amiens Street
Dublin 1

.....
Cumann Asma na hÉireann
42-43 Sráid Amiens
Áth Cliath 1

Tel 01 817 8886
Email reception@asthmasociety.ie

.....
Asthma Adviceline

1800 44 54 64

.....
WhatsApp Nurse Messaging Service

086 059 0132

asthma.ie

CHY no: 6100

SCAN ME TO
DONATE

asthma.ie/donate

OR CALL 01 817 8886

