

Asthma Care

What is Asthma?

Asthma is an allergic response within the lungs causing difficulty in breathing due to narrowing of the tiny airways. There are many triggers. About one in seven children have Asthma diagnosed at some time, and one in twenty children have Asthma requiring regular medication

Recognition / Symptoms

Asthma varies enormously. There are those that rarely suffer an attack and need very little preventative treatment and then others who require a lot of preventative care and are still prone to severe attacks.

Symptoms vary widely too. Teachers will need to rely on child/parent guidance as to each child's condition. Very cold dry weather or prolonged energetic exercise may require preventative measures for some children. Signs and symptoms of worsening asthma or the onset of an attack can include:

- Increased coughing.
- Wheezing.
- Feeling of tightness in the chest.
- Breathlessness – indrawing of ribcage.
- Blueness of lips (CAUTION – a very late sign!)

Preventers - (usually come in brown, white or green containers eg. Intal, Becotide, Pulmicort & Flixotide). NB Preventers are no use in an attack.

Relievers - Help open up the airways quickly (often in blue containers eg Atrovent, Ventolin, Bricaryl).

Longer acting – eg Serevent relievers.

There are various devices that simply deliver the same drugs in different ways (eg 'spacers', dry powder devices, aerosols and nebulizers).

Management on an Acute Attack

Staff should:

1. Stay calm and reassure the child.
2. Ensure the reliever medicine is taken promptly and properly.
3. Listen to the child: they often know what they need.
4. Encourage the child to sit and lean forward but without squashing the stomach.
5. Loosen tight clothing and offer sips of water (not cold) to keep mouth moist.
6. If there are any doubts about the child's condition, for example, if the child is unable to talk, is distressed, the reliever has not worked within 5-10 minutes, or the child is exhausted, an ambulance should be called.
7. If the child's attack does respond quickly to treatment, the child may continue in school. The parents must be informed of what has taken place that day.

Day-to-Day Management Issues

- Children with asthma **MUST** have easy/ready access to their medication (ideally on their person). NB: The medical kit for the school could include a spacer to be used in conjunction with inhalers.
- It is helpful if parents provide schools with a spare reliever (Blue) inhaler device. All inhalers should be clearly labelled with the pupil's name and stored safely. Pupils should not take medication which has been prescribed for another pupil. However, generally speaking, no damage will be caused through taking Asthma medication by mistake (either by a child that did not need it or by an asthmatic taking too much).
- Remind children to take the reliever inhaler as a preventative measure prior to exercise, if appropriate.
- Remind children to take devices on school trips or out onto the playing field if necessary.
- If children are having problems taking medication, report back to parents.
- Be vigilant for signs of attack.
- Encourage children to participate in all activities not to 'opt out' because of their Asthma.
- Parents should alert the school concerning the severity of the pupil's Asthma, including individual symptoms and any known particular triggers, such as exercise or cold air.
- In the event of a child not having his/her inhaler available (or the inhaler being exhausted) a spare inhaler, not necessarily the child's own should be used. NB This is the only situation when another person's medication could be used.

SPECIFIC INFORMATION

The National Asthma Campaign provides a good school pack called 'Getting Your Breath Back'. For further information write to:

Address:	NAC	Asthma Helpline – 01345 010203
	Providence House	(Mon – Fri 9am – 9 pm)
	Providence Place	
	London N1 0NT	

You can also contact the Asthma UK Advice Line on 08457 010203 who are open on Mondays from 9 am – 5 pm. Website: www.asthma.org.uk