

# ASTHMA & UNDER 5s

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For parents and carers



**ASTHMA  
AUSTRALIA**

## HOW COMMON IS ASTHMA?



**1 IN 10**

**CHILDREN IN AUSTRALIA HAVE ASTHMA<sup>1</sup>**



**IT IS ONE OF THE MOST COMMON**

**REASONS CHILDREN VISIT THE DOCTOR AND GO TO HOSPITAL**

## WHAT CAUSES ASTHMA?

It is not fully understood why children develop asthma, though people with asthma often have a family history of asthma, eczema and hay fever (allergic rhinitis).

Asthma rates are higher in children when exposed to cigarette or tobacco smoke in the household or through mothers smoking or being exposed to passive smoke during pregnancy.



# WHAT IS WHEEZING IN AGES 1-5?<sup>2</sup>

Have you heard your child wheeze?

Wheezing happens when the small airways in the lungs become narrow or tighten, it can make it difficult for a child to breathe, and makes a whistle sound when they breathe.

Wheezing can be from a respiratory virus, like a cold or it could be a **symptom** of asthma.

It can be difficult to diagnose asthma with absolute certainty in children aged 1–5 years, because:

- Breathing symptoms like **wheeze** and **cough** are very common in young children, especially under three years of age when sick with viruses
- Lung function testing using spirometry cannot be done in young children
- A large number of children who are treated with reliever medication, do not go on to have asthma in later childhood (e.g. by primary school age)

There are many causes of wheeze and cough in early childhood. Infants with a wheezing illness do not necessarily go on to have asthma.

**Up to two thirds of children who have frequent episodes of wheeze will not be wheezy by age six and will not go on to develop asthma.**

A wheeze is more likely to be asthma if it's:

- very frequent
- worse at night or early in the morning
- happening when your child doesn't have a cold
- worse when your child is exposed to certain triggers

Even if your child's asthma diagnosis can't be confirmed, they can still be treated.

Often babies 0 – 12 months have a condition called Viral Bronchiolitis (a wheezing illness caused by viruses) or they can have small and floppy airways. Babies aged 0 – 12 months should not be diagnosed with asthma; if concerned a referral to a specialist should be made.

**Always bring your baby or child to their doctor for any breathing difficulty or in an emergency call Triple Zero (000). If you are unsure, call Triple Zero (000).**



# **DIAGNOSIS**

Your information can help a doctor decide if a child has asthma. The doctor will ask about:

- the child's/family history of asthma and allergy
- a description of the child's symptoms

## **Helpful hint**

**Keep a symptom diary to share with your doctor. Note down how often, how severe and when (daytime, night-time or on play or exercise) symptoms appear; what helped and what didn't.**

Lung function tests are used to diagnose asthma, however very young children are unable to perform spirometry lung function testing. Lung function tests can be attempted from the **age of six years**.

A trial of asthma medication is sometimes needed to determine if a child has asthma.

## **Symptoms**

Young children with asthma can have a range of symptoms. Children describe these symptoms in different ways, for example:

- Sore chest
- Sore tummy

And you might notice symptoms such as:

- Shortness of breath, tugging of skin around the neck or ribs, tummy pumping in and out
- Wheezing
- Persistent cough – often at night, early in the morning or during/after activity

**Recognising these symptoms as asthma means you will be able to respond in the best way.**

# WHAT MAKES A CHILD'S ASTHMA WORSE?

A trigger is something that starts or worsens asthma symptoms. Not all children have the same triggers. Colds and respiratory viruses are by far the most common triggers of asthma symptoms in young children.

To read more about common asthma triggers, refer to Asthma Australia's **Basic Facts** and **Triggers** brochures or visit [asthma.org.au/about-asthma/triggers/](https://asthma.org.au/about-asthma/triggers/)

Cigarette smoke is another common asthma trigger. Children exposed to cigarette smoke are more likely to have asthma, and flare-ups are more likely to be severe. Smoke exposure can reduce the response to preventer medications.<sup>3</sup>

## Helpful Hint

**Make a note of when the child's symptoms appear worse and what you think may have set off their asthma symptoms. Being able to identify these triggers can help you and the doctor make sure the child has the best asthma plan for staying safe and well.**

# HELP CHILDREN WITH ASTHMA BREATHE BETTER

You can help children with asthma breathe better by creating smoke free homes and cars. The rate of asthma has been found to be much greater among children living in households with persons who smoke and the risk increasing if there are more than one person who smokes in the home.

If you are a person who smokes, there has never been a better time to quit. For further information contact **QUIT 13 78 48**.

# **WRITTEN ASTHMA ACTION PLANS**

An important part of providing the best care for a child with asthma is having an up to date written Asthma Action Plan that explains what medications the child needs to take for their asthma, and what to do if asthma symptoms worsen, including how to manage asthma during a cold/virus or flu.

Ask the doctor to provide a written Asthma Action Plan and review it twice a year or more frequently if asthma worsens or medications are changed.

## **WILL MY CHILD NEED ASTHMA MEDICATIONS?**

The doctor may suggest asthma medication. The type of medication will depend on:

- How frequently the child has symptoms
- How unwell they become with asthma

### **Relievers (blue/grey)**

All children with asthma should have a reliever puffer. Reliever medication should be given when a child is experiencing asthma symptoms or an asthma flare-up or attack. If reliever is needed more than two days per week, see the child's doctor as soon as possible.

### **Preventers**

Some children need to take daily medication to achieve good control of asthma symptoms. These medications are called preventers and are used every day, even when the child is well. This may be for a set period, for example over winter, or all year round. Preventer medications for children include puffers, inhalers or chewable tablets.

Always keep a reliever puffer, spacer, (and mask, if needed) with the child for treating:

- worsening symptoms or
- an asthma attack





## DEVICES

Asthma medications come in a range of devices. **Young children require a spacer** to help get the medications into their lungs. Very young children also need a mask (e.g. under five).

## WHAT DO PEOPLE NEED, TO CARE FOR A CHILD WITH ASTHMA?

It is important that anyone caring for a child knows he/she has asthma and is provided with:

- The child's Asthma Action Plan written by their doctor
- Steps to Asthma First Aid
- A reliever puffer and a spacer (and a mask for very young children)
- Preventer medication – only if the child is in care at the time of day that this is given

Make sure the carer knows that if the child's asthma is getting worse, they need to:

- Follow the child's written Asthma Action Plan, or
- Follow the standard Asthma First Aid if the child's own Asthma Action Plan is not available

**Be prepared and learn Asthma First Aid (see page 11).**

# WILL MY CHILD ALWAYS HAVE ASTHMA?

Many children find their asthma improves as they enter teenage years. At this time, there is no way of predicting if a child will continue to have asthma. Children are more likely to continue to have asthma into adulthood if they:

- have hay fever, eczema or allergies
- have a parent, brother or sister with asthma
- are exposed to cigarette smoke
- are overweight or obese
- have severe, persistent asthma symptoms

## WHAT HELP IS AVAILABLE?

Your doctor, pharmacist or Asthma Australia can help you learn more about asthma.

Education, information and support is available from **1800 ASTHMA (1800 278 462)**, call today to speak with an Asthma Educator.

Asthma Australia provides training and support for Schools and Education and Children's Services.

## References

1. AIWH 2020. Asthma. Web report. Available from; <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/asthma-prevalence-children>
2. National Asthma Council Australia. Australian Asthma Handbook, Version 2.1. National Asthma Council Australia, Melbourne, 2020. Website. Available from: <http://www.astmahandbook.org.au>
3. <https://www.astmahandbook.org.au/clinical-issues/smoking/management>

# ASTHMA FIRST AID

1



## SIT THE PERSON UPRIGHT

- Be **calm** and reassuring
- **Do not leave** them alone

2



## GIVE 4 SEPARATE PUFFS OF BLUE/GREY RELIEVER PUFFER

- **Shake** puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer
  - Repeat until **4 puffs** have been taken

OR give 2 separate inhalations of Bricanyl (6 years or older)

OR give 1 inhalation of Symbicort Turbuhaler (12 years or older)

OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

**If no spacer available:** Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3



## WAIT 4 MINUTES

- If there is no improvement, **give 4 more separate puffs of blue/grey reliever** as above

OR give 1 more inhalation of Bricanyl

OR give 1 more inhalation of Symbicort Turbuhaler

OR give 2 puffs of Symbicort Rapihaler through a spacer

## IF THERE IS STILL NO IMPROVEMENT

4



## DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives

OR give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes  
– up to a max of 4 more inhalations of Symbicort Turbuhaler

OR give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes  
– up to a max of 8 more puffs of Symbicort Rapihaler

## CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it is asthma
- **the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid**

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.



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**1800 ASTHMA**

(1800 278 462)

[asthma.org.au](http://asthma.org.au)

This brochure, developed by Asthma Australia, provides basic information about asthma in children under 5 years of age.

Other Asthma Australia brochures:

- Asthma Basic Facts
- Asthma Medications & Devices
- Asthma & Smoking



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All Asthma Australia information is consistent with the National Asthma Council's, The Australian Asthma Handbook (2019).

Asthma Australia information does not replace professional medical advice. People should ask their doctor any questions about diagnosis and treatment.

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