



If your child's asthma suddenly gets worse, they will require urgent treatment. Signs of an asthma attack include:

- Sounding very wheezy
- Having a tight chest
- Finding it hard to breath
- Being too breathless to walk or talk.

Sometimes there is no obvious cause for your child's asthma attack. The most common triggers are viral infections ([coughs](#), [colds](#) and chest infections), emotional anxiety and exposure to airway irritants such as cigarette smoke.

## What should I do if my child is having an asthma attack?

1. Sit your child upright
2. Keep them calm and reassure them
3. Refer to your child's asthma plan and follow the instructions For more information on how to beat asthma please visit the [Beat Asthma website](#)



### If your child has any of the following:

- Not improving despite using their inhaler according to their action plan
- Breathing very fast, too breathless to talk, eat or drink
- Working hard to breathe, drawing in of the muscles below the rib, or noisy breathing (grunting)
- Breathing that stops or pauses
- A harsh noise as they breathe in (stridor) present all of the time (even when they are not upset)
- Is pale, blue, mottled or feels unusually cold to touch
- Difficult to wake up, very sleepy or confused
- Has a fit (seizure)
- Has a rash that does not go away with pressure (the '[Glass Test](#)')

### Ring 999 for immediate help.

Follow your child's Personal Asthma Action plan OR Give 10 puffs of blue (salbutamol) reliever inhaler every 10 minutes until ambulance arrives.

Keep child in upright position and reassure them.

### If your child has any of the following:

- Blue (salbutamol) inhaler 2-5 puffs via a spacer is not lasting 4 hours
- Cough or wheeze/tight chest during the day and night
- Too breathless to run/play/do normal activities
- Breathing a bit faster than normal or working a bit harder to breathe
- Dry skin, lips, tongue or looking pale
- Not had a wee or wet nappy in last 12 hours
- Sleepy or not responding normally
- Crying and unsettled
- Not drinking
- A temperature 39°C or above in babies 3-6 months
- Temperature of 38°C or above for more than 5 days or shivering with fever (rigors)
- Getting worse or you are worried about them



### You need to contact a doctor or nurse today.

Please ring your GP surgery or NHS 111 – dial 111

Continue to follow your child's action plan while seeking advice.

If symptoms persist for 4 hours or more and you have not been able to speak to either a member of staff from your GP practice or to NHS 111 staff, recheck that your child has not developed any red features



### If none of the above features are present

Watch them closely for any change and look out for any red or amber symptoms

Continue to follow your child's action plan while seeking advice

If your child has other symptoms associated with their asthma attack, you might want to look at our information on sore throat, cough, earache, diarrhoea and vomiting or tummy ache or our other pathways.

### Self Care

If you are still worried about your child, [ring NHS 111](https://111.nhs.uk) or visit [111.nhs.uk](https://111.nhs.uk)

Children and young people who are unwell and have a high temperature should stay at home. They can go back to school, college or childcare when they no longer have a high temperature, and they are well enough to attend

## Asthma attack prevention

The most common triggers are viral infections, emotional disturbance and exposure to airway irritants such as cigarette smoke.

Things you can do to reduce the chance of your child having an asthma attack:

Children with poorly controlled asthma are much more likely to have an asthma attack. Make sure your child follows their action plan.

### 1. Get your child's asthma under control

Signs of poorly controlled asthma:

- Needing additional doses of inhaler 3 or more times a week
- Wheezy after exercise
- Persistent night-time cough

If your child has symptoms of poorly controlled asthma they should be reviewed. Make an appointment with their GP or asthma nurse.

It is important to have a yearly asthma review with your asthma nurse or GP. Everyone with asthma should have an action plan.

Watch these [Beat Asthma videos](#) on how to help your child use their inhaler.

Your child's asthma will not be controlled if their medicines are not getting into their lungs.

If your child has been given a spacer:

1. Check the inhaler contains medicine and shake. Reliever inhalers have a maximum of 200

### 2. Get the inhaler technique right

- doses but will continue to fire when empty.
2. Remove the cap.
3. Fit the inhaler into the end of the spacer.
4. For spacer with mask, place the mask over the nose and mouth and ensure a good seal. For spacer and mouthpiece, place teeth around the mouthpiece and seal with lips. Most children over 3 years can use a mouthpiece.



5. Press the inhaler once and encourage the child to take 5 slow breaths or count to 10 slowly whilst they breath normally through the spacer.
6. Shake the inhaler and repeat steps 4 and 5 if more puffs are needed.

See your practice nurse or doctor if you are not sure whether your child is using their inhaler properly.

### 3. Avoid triggers where possible

Even when adults smoke away from their children, smoke on their clothes and hair can make their child's asthma worse.

If needed visit the your [local stop smoking](#) site.

### 4. Your child should have an influenza immunisation every autumn (the flu jab)

Flu viruses can trigger asthma symptoms. Current guidelines in the UK recommend that high-risk groups such as people with severe asthma should have a flu jab each winter.