

ASTHMA AWARENESS

HOW TO SUPPORT CHILDREN WITH ASTHMA IN THE SCHOOL SETTING

Havering School Nurse Team 2019

What Is Asthma?

Asthma is the most common long term medical condition in children. It is a long-term inflammatory condition that affects the airway. The usual symptoms include wheeze, difficulty in breathing, chest tightness and coughing, particularly at night or in the early morning. It varies in severity from mild, moderate to severe and can cause physical and psychological distress affecting quality of life.

NHS (London asthma standards for children and young people 2016)



Asthma Facts

- * Estimated to be 5.4 million people in the UK with Asthma (1.1 million are children)
- * 1,200 people die each year from Asthma (20-40 will be children)
- * 90% of deaths are possibly preventable and are attributed to delaying treatment and not seeking help quickly enough
- * A study of 155 deaths from asthma found that 90 (58%) were classed as having mild-moderate asthma

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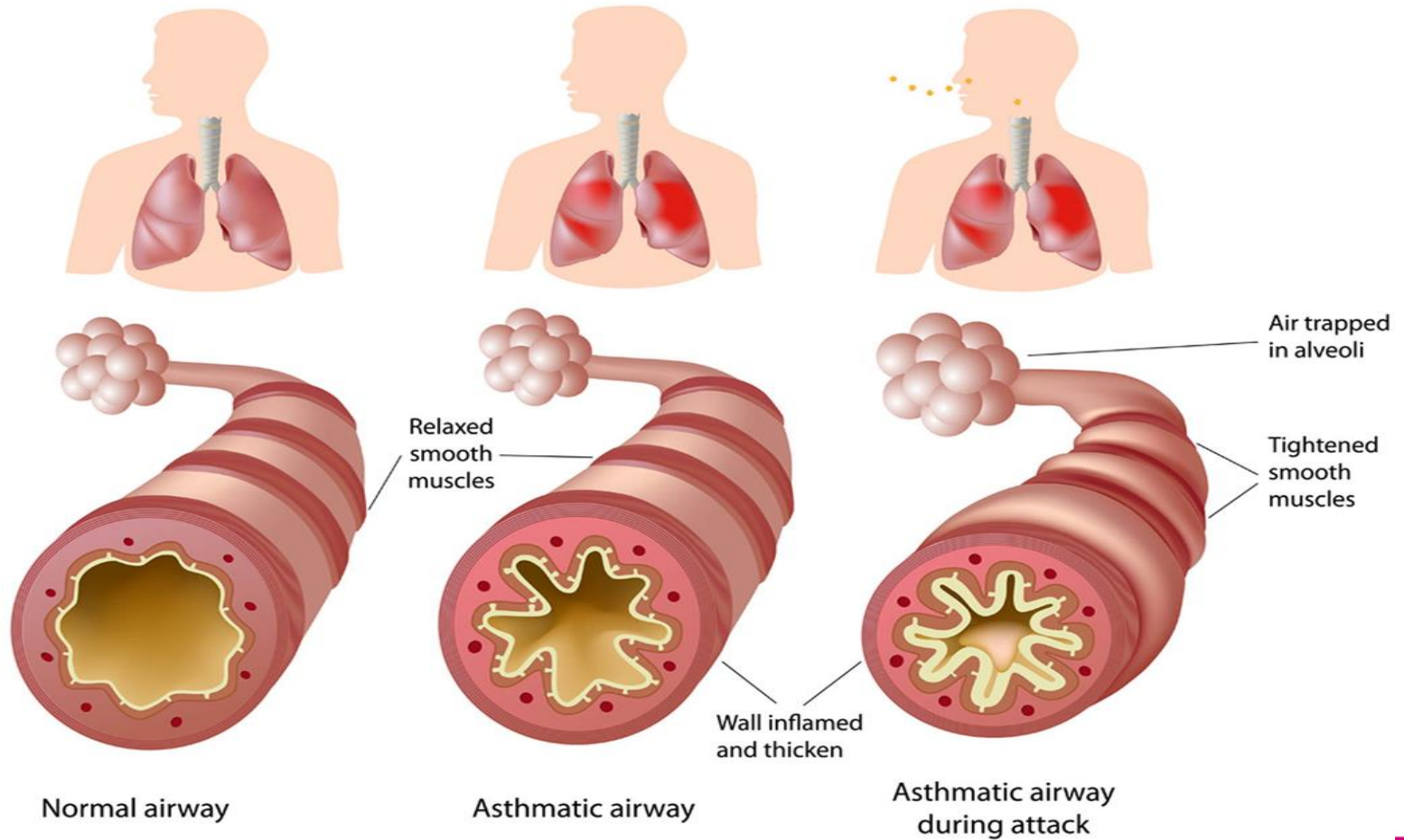


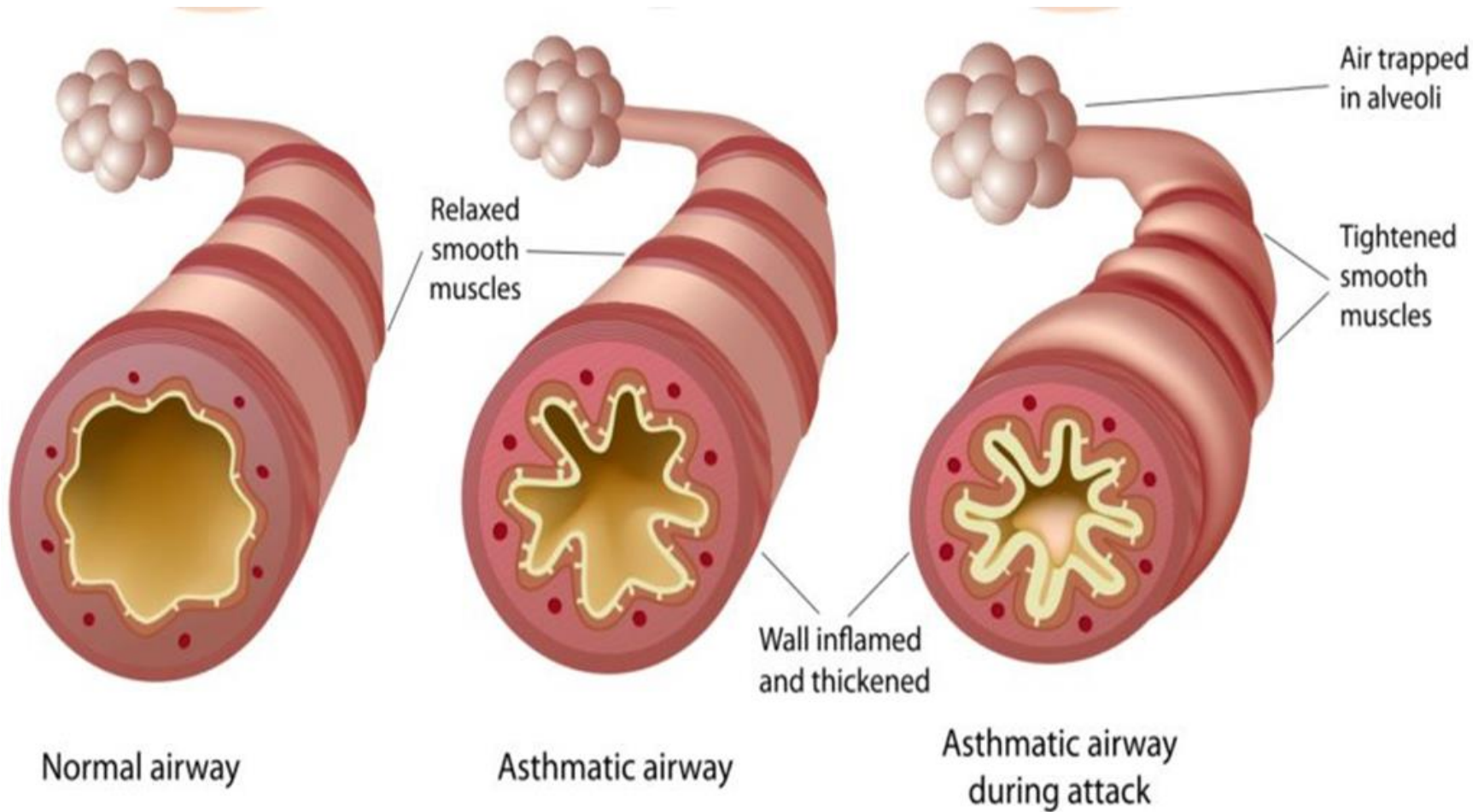
How To Recognise An Asthma Attack

- * Persistent cough (when at rest)
- * A wheezing sound coming from the chest (when at rest)
- * Difficulty breathing (the child could be breathing fast and with effort, using secondary muscles in the upper body)
- * Nasal flaring
- * Unable to talk or complete sentences. Some children will go very quiet
- * May try to tell you that their chest “feels tight” (younger children may express this as tummy ache)

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Pathology of Asthma





Information You Need To Know About A Child With Asthma

- What are their triggers
- What symptoms might they display
- The severity of their asthma
- Type of inhaler and spacer they use
- Where to access the inhaler and spacers at all times
- Do they need assistance with taking their inhaler or are they able to take independently?

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What To Do In The Event Of An Asthma Attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's inhaler – if not available, use the emergency inhaler (if consent is in place)
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take 2 separate puffs of their salbutamol inhaler via the spacer
- If there is no immediate improvement, continue to give 2 puffs at a time every 2-5 minutes, up to a maximum of 10 puffs
Cont.....



What To Do In The Event Of An Asthma Attack....Continued

- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better but contact parent to advise of the asthma attack if more than 2 puffs have been required to settle the symptoms.
- If the child does not feel better after 10 puffs or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way as before

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Schools Responsibilities

- Register of all children with Asthma in school
- Management plan for each child
- Named individual responsible for Asthma in school
- Policy for use of inhalers and care of the child with Asthma
- Policy for Emergency Inhalers use in school
- Ability to identify children that are missing school or those that are not able to do physical activities due to poorly controlled Asthma.
- NHS(London Asthma Standards For Children And Young People 2016)



Asthma Plan



My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.



Name: _____

1 My daily asthma medicines

- My preventer inhaler is called _____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:

- My reliever inhaler is called _____ and its colour is _____
I take _____ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

2 When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than _____

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

And also take _____ puff/s of my blue reliever inhaler every four hours.



If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?



IF YES
I take:

_____ puff/s of my reliever inhaler (usually blue) beforehand.



Remember to use my inhaler with a spacer (if I have one)



Emergency Asthma Policy

- Asthma Emergency Policy for the school which may be cross referenced with the schools policy for supporting pupils with medical conditions.
- Arrangements for supply, storage, care and disposal of the inhalers. Supplies to include Salbutamol metered dose inhalers and at least 2 plastic spacers or disposable spacers.
- Register of children with Asthma and evidence of those parents that have given consent for emergency inhalers to be used
- Methods in place to advise staff of the policy, how to recognise the symptoms of an asthma attack, how to check a child is on the register, how/where to access the inhalers, who is designated to help

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Policies And Guidance Documents

- DOH- Guidance on the use of emergency salbutamol inhalers in schools (March 2015)
- DOH- Supporting pupils at school with medical conditions (December 2015)
- NHS- London asthma standards for children and young people (February 2016)



Useful Websites

- Asthma.org.uk
(has demonstration films on using inhalers and spacers)- www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers
- Education for health-
www.supportingchildrenshealth.org (free e-learning)
- DOH – policies and guidance
- NHS Healthy London Partnership-
www.myhealth.london.nhs.uk/healthy-london

