

Virginia Pediatric Group, Ltd.

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Pediatric Asthma

Asthma is a disease of the respiratory system (lungs). It is caused by inflammation and narrowing of the airways. This inflammation limits air flow into the lungs and leads to difficulty in breathing. Some children have very mild disease and require treatment only a few times a year; however, other children have symptoms more than twice a week and require aggressive treatment and close monitoring.

What are the symptoms?

Common symptoms of asthma are coughing, wheezing, rapid breathing, shortness of breath, chest tightness, or a persistent nighttime cough.

What are common triggers for an asthma exacerbation?

Common triggers are secondhand tobacco smoke, cold weather, viral infections, allergy to pollen, mold, perfumes, dust mites, animal dander, air pollution, smoke from fireplaces and wood stoves, and exercise. Not every child is affected by all of these triggers. It is very important to identify which triggers affect your child so you can avoid these triggers, as much as possible. Also you can watch for asthma symptoms in your child if a trigger is encountered. If asthma symptoms are treated early you can often prevent a serious asthma attack.

How can I prevent common triggers?

- Do not smoke or allow anyone else to smoke in your home or car. Even if a smoker steps outside to smoke, the smoke particles remain on clothing and hair. This small amount of smoke residue can trigger asthma symptoms in children. For help to quit smoking please visit:
<http://www.smokefreevirginia.org>.
- Reduce exposure to dust mites. Cover your child's mattress and pillows with allergy-proof covers, change bed linens and wash in hot water at least every 2 weeks, removed stuffed toys from the bedroom, vacuum and dust often. If you can run a dehumidifier or remove carpeting from bedrooms, especially in basements.
- Keep in mind that roaches and mold can both trigger asthma. Be aggressive in your management of either issue in your home.

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- If seasonal changes trigger your child's asthma be sure to keep the windows closed in your home and car during these times of year. A child with asthma should avoid going out of doors when air quality is poor. Please check for this alert on the weather reports especially on a hot day.
- If animals are a trigger it would be best to remove the pet from your home. If this is not possible then keep them out of the child's bedroom, use a HEPA filter in the bedroom, and wash the animal often.

What are warning signs that require urgent attention?

If you notice your child has the following signs, you should start a rescue medicine treatment immediately and call your physician to find out if you should be seen in the office or go to the ER:

- Difficulty speaking in complete sentences without taking a breath
- Flaring of the nostrils with each breath
- If the skin on the neck sucks under the clavicle (collarbone) with each breath
- If the skin on the abdomen pulls under the ribcage with each breath
- If the skin between the ribs pulls in with each breath
- Blue color in the face or lips

If rescue medicines do not relieve these symptoms of an asthma attack, seek immediate medical attention and call 9-1-1.

How is asthma treated?

Asthma is treated by avoiding asthma triggers, and by using rescue and controller medications.

Rescue Medications (*Albuterol, Ventolin, Proair, xopenex*): These inhaled medications help open the airways and rapidly reduce wheezing and coughing during an acute asthma exacerbation, they can be taken every 4 hours **as needed**. It is important to have a nebulizer machine or inhaler/spacer **always available** at home, school and when traveling.

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Controller Medications (*Pulmicort, Flovent, Alvesco, Asmanex, QVAR, Dulera, Symbicort, Advair, or Singulair*): If your child requires albuterol on a frequent basis your physician may recommend starting a long-term controller medication as a preventative measure. Controller medications decrease inflammation of the airways over time and reduce the risk and frequency of severe asthma exacerbations. These **preventative medications** are taken **every day** even when asthma symptoms are not present.

What are the potential complications of uncontrolled asthma?

Missed school for your child, missed work for parents, interrupted sleep, a decreased ability to exercise, emergency room visits, and in some permanent changes in the function of the lung. In severe cases asthma can be fatal.

How often should I see my doctor?

- For any acute exacerbation: if your child is using rescue medications often for longer than 24 hours, or more often than twice a week, or if your rescue medications aren't working.
- For frequent nighttime awakenings due to cough, For trouble with exercise
- Any change in controller medication dosage follow up in 1-2 months to review symptoms.
- If doing well and on a controller medication, at least every 3-6 months.
- If doing well and not on a controller medication at least yearly.

These visits are important for reviewing symptoms and control, refilling medications, and filling out asthma action plans for any what to do during an acute exacerbation. For children older than 6 years old we will attempt spirometry.

For more information please visit our website:

www.vapg.com/asthma

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