

ASTHMA

By Theresa Schornack, CPNP

Asthma is due to constriction and narrowing of the lower airway, often with inflammation and swelling of the airway. Allergies as well as infection or irritants in the air such as dust or chemicals may cause this. Wheezing often follows a respiratory infection or cold. Some children have asthma that is triggered by exercise or exertion.

What to Look for

Asthmatic children often breathe with a rapid rate and wheezing (high pitched sounds in the chest, not rattling in the throat may also be heard. There may also be congestion, cough or fever. Some children may have only a prolonged cough, especially at night.

In more serious cases, your child may develop difficult and rapid breathing, exaggerated movement of the chest, retractions, and blueness of the lips and fingers (cyanosis). With worsening, your child may have difficulty speaking or may become restless or sleepy. Complications may include lung infections, or dehydration (loss of water) due to poor fluid intake.

Wheezing may be due to other problems such as pneumonia or the inhaling of fluid and foreign material into the lungs.

When to Consult Your Child's Doctor

CONSULT IMMEDIATELY IF:

- **If child passes out- Call 911**
- Wheezing after taking a medicine, ingestion of an allergic food or after a bee sting- Call 911
- Breathing becomes more difficult or is not improving
- Any s/s of respiratory distress (severe wheezing, tight breathing, struggling to get air , grunting to get air out, blue or dusky lips or nails, unable to sleep, drink or speak)
- Wheezing not improved after the 2nd dose of asthma medications
- Signs and symptoms of dehydration (loss of water) including decreased urination, less moisture in diapers, dry mouth, no tears, weight loss,
- Sleepiness or irritability.

CONSULT AFTERWARDS IF:

- Breathing is getting worse, but there is no real distress
- Recent hospitalization for asthma
- Steroids such as prednisone taken in the last year for similar symptoms
- Not improving after 24 hours of therapy
- Persistent fever for the last 24 hours
- Difficulty in sleeping
- Medications not tolerated
- There is a persistent cough

What you can do

- Keep your child calm by rocking, holding and being reassuring.
- Reduce activity and encourage warm fluids.
- Fluids are essential and often accepted in small sips; don't worry if your child doesn't take solids for a day or so.
- Keep track of whether your child is improving or getting worse. Make sure medications are taken, if prescribed.

If the problem is caused by an infection or specific exposure, such as dust, continue the medicine for at least 72 hours after the wheezing has ceased. If the problem is recurrent, your child may need prolonged medication.

Avoid substances that trigger the attack (tobacco smoke, feather pillows, exercise). Be certain to remove bother-some asthma items from the home.

If any adults in the household smoke, discuss the importance of not exposing your child to "passive smoking".

Stop smoking.