A Parent’s Guide to Caring for an Asthmatic Child

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A Guide to Parenting a Child With Asthma

As an RN and a grown woman who has had asthma since I was two, I know a thing or two about caring for children with asthma. Not only have I been professionally trained, but I have *lived* the life of an asthmatic child.

As a grown woman, I now have a three and a half-year-old son. Luckily, he doesn’t have asthma – yet. I say yet because I have asthma, and so does my husband, his father. This is not a guarantee, but the odds are stacked against him. He does, however, have food allergies that require close monitoring – something that can be applied to care of the child with any chronic disease.

So, parents – let’s talk about what causes childhood asthma. Then, let’s talk about some practical tips for caring for a child with asthma.

What Causes Childhood Asthma?

According to Mayo Clinic, the exact cause of childhood asthma is often difficult to pinpoint. An overly sensitive immune system is typically the culprit. The overly sensitive immune system gets “turned on” and causes the lungs and airways to swell, producing excess mucus when the child is exposed to specific triggers.

Each child has different triggers which exacerbate their asthma symptoms. The issue is that sometimes, the reaction is delayed – meaning that exposure may have happened several hours prior, making it difficult to pinpoint what caused the reaction.

Triggers may include:

- Viruses (for example, the common cold)
- Air pollution, such as secondhand smoke
- Weather changes (extreme heat or extreme cold)
- Allergens (for example, dust, animals, pollen)
- Physical activity

Who Is at Risk for Developing Childhood Asthma?

So, now that you know what may *trigger* an asthma attack, and that asthma occurs due to an overly heightened immune system, what are the risk factors that may cause the immune system to become excessively heightened?

- Exposure to smoke (both a trigger AND a risk factor – the proverbial double whammy!)
- Having a family history of asthma, hives, eczema, and/or allergic rhinitis
- Having had previous allergic reactions; this may include dermatitis reactions, food allergies, or environmental allergies

- Living in an area with poor air quality
- Having gastroesophageal reflux disease (GERD)
- Being obese
- Having certain respiratory conditions already, such as a chronic stuffy nose, a history of pneumonia, and/or sinusitis

You may be thinking, “Wow – this is a long list of risk factors. My child is doomed.” Not necessarily. Just because your child has risk factors does not mean that they will have asthma. Remember, their immune system must be “turned on” to develop asthma.

Asthma is also challenging because sometimes, children remain undiagnosed, especially when they are very young. Asthma can be difficult to diagnose because there is no “gold standard” that provides a complete diagnosis. A pulmonary function test is often ordered because it can help to determine how much airflow is in the lungs, but this test is tough to obtain in children younger than five.

So, now that you know a little bit about what may cause childhood asthma, here are some tips for parenting a child with asthma.

Know the Difference between Asthma Symptoms and Cold Symptoms

It can be confusing, differentiating between the common cold and asthma symptoms. This especially gets confusing initially after diagnosis, or when you’re awaiting a diagnosis.

It can get confusing because sometimes a cold can exacerbate asthma – meaning that occasionally your child will have *both* a cold and an asthma exacerbation!

The real difference between a cold and asthma is *where* it affects the lungs. A cold is caused by a virus. This virus, although annoying, typically affects the nose and the throat – the upper airway. Asthma affects the lungs – the lower airway.

WebMD notes that when asthma flares, the following three changes begin to happen in the lungs:

1. **Bronchospasm**: the airways begin to tighten and narrow.
2. **Inflammation**: the lining of the airways becomes swollen.
3. **Mucus production**: the cells lining the airways begin to produce excess mucus.

The combination of these three things happening causes the asthma exacerbation.

Asthma Symptoms

Asthma symptoms during an exacerbation are caused by this “trifecta” and include:

- Wheezing of the lungs
- Shortness of breath
- Coughing
- Breathlessness
- Difficulty performing activities, as a result of the symptoms mentioned above

Asthma can also cause day-to-day symptoms, and these symptoms include:

- Shortness of breath (although less severe than during an asthma exacerbation)
- Wheezing
- Frequent coughing
- Chest tightness

The daily symptoms of asthma are why asthma and colds can often be confused. For example, a typical cold doesn't cause coughing as a direct result of the *actual* virus, but the drainage from the cold can cause postnasal drip that may cause the person to cough.

Cold Symptoms

Symptoms of colds include:

- A sore throat, often the initial symptom
- Clear, watery nasal drainage
- Sneezing
- Fatigue
- A low-grade fever
- Postnasal drip that may cause the person to cough

The symptoms of a cold typically are not worse than this; if the symptoms worsen, you may have a more serious bacterial infection. It is also important to note that green drainage from the nose does not *always* indicate a bacterial infection, as was previously the school of thought.

If you have asthma, getting a cold can undoubtedly irritate the lungs – mainly due to postnasal drip. It is important to try to prevent infection from occurring in the first place.

Get Vaccines as Indicated

Unless contraindicated, getting a yearly flu vaccine can prevent asthma exacerbations. Like the common cold, getting the flu can worsen asthma symptoms.

The flu vaccine must be obtained yearly as the vaccine changes each flu season. The CDC changes it each season in anticipation for what strains of the flu they believe will be particularly virulent.

The American Academy of Allergy, Asthma & Immunology also recommends that anyone with asthma, between the ages of 19 and 64, receive the pneumococcal vaccine. The pneumococcal vaccine provides immunity against various strains of bacterial pneumonia, as people with asthma are more likely to develop pneumonia. Infants already get a pneumonia vaccine (PCV13) in a series of four injections.

Next page: Why it's important to carry asthma medication at all times, how to advocate for your child at school, and more additional tips and information about parenting a child with asthma,

Get Your Child Allergy Tested

It is estimated that up to 90% of kids with asthma also have some type of allergy, whether it be a food allergy or environmental allergy – or both. Sometimes the allergy may be easy to pinpoint – for example, the symptoms begin immediately after entering a dusty room. But other times, the symptoms may come seemingly out of nowhere, with no change in habits.

So who do you turn to then?

An allergist/immunologist is a physician trained in diagnosing allergies, asthma, and immunologic disorders. Once the disorders are diagnosed, he or she can also help to manage these disorders.

There are a variety of ways to test for allergies, and the allergist will select the best test for your child based on multiple different factors, such as health status, age, and developmental level.

Once you know what your child's allergies are, you may see a reduction in your child's asthma symptoms.

Carry Rescue Medications – At All Times

If your child had a known anaphylactic reaction to peanuts, I'd bet that you have an epinephrine pen with you everywhere you go. You may even have several extra pens stashed in your purse or briefcase, your car, and your home, right?

Well, if your child has asthma and you're not carrying around a rescue inhaler (and encouraging your child to do the same!) you should begin to do so – today!

The problem with *not* carrying around a rescue inhaler is that an asthma exacerbation can come on suddenly.

For example, if your child is at the mall with you and someone is wearing very strong perfume, that may be all it takes to begin the cascade that sends your child into an all-out asthma attack. Without two to four puffs of the rescue inhaler that opens up the bronchiole tubes, your child may be in the back of an ambulance, heading to the nearest emergency department.

Part of the issue with carrying rescue medication is cost. Albuterol inhalers are *expensive.*

If you have commercial insurance, call your insurance provider to ask which brand is the preferred medication. At this time, there are no generic albuterol inhalers, so you can also find a copay card and bring it to your pharmacy; this can help drive the cost down of the prescription. Some physicians may even have samples of albuterol inhalers, so it never hurts to ask.

Another issue is that your child may not *want* to carry the inhaler. A great solution would be to find a small bag or box that can be kept in his or her backpack. This keeps the inhaler discreet but accessible.

Encourage Exercise

Exercise may seem counterintuitive when your child has asthma, but exercise keeps the lungs strong and healthy. A couple of caveats, of course, is when your child is in the midst of an exacerbation and when your child is ill.

When your child's asthma is under good control, a daily exercise routine is important. Encourage him or her to join the sport of his or her choosing or pick an activity that they enjoy. If your child needs encouragement, you can search online to find a list of famous athletes with asthma.

Encourage Rest

As previously discussed, rest is important if your child is in the midst of an asthma attack or is ill. Rest is also important in maintaining health and preventing illness.

This doesn't mean that just because your child has asthma that he or she needs to take a daily nap until they turn 13. However, encourage proper sleep hygiene, resting when they are ill, and taking breaks when life gets hectic can go a long way!

Encourage Hand Washing

It is no secret by now that proper hand washing prevents illness. As we've discussed, when you have asthma, your immune system is heightened, so washing your hands frequently can prevent illness from occurring – because your immune system is already heightened.

This is so important. The Asthma Society of Canada estimates that proper hand hygiene can reduce disease by 80%. Yes – you read that right. *80 percent.*

For a reminder about how to perform proper hand hygiene. The obvious times to wash hands are after using the restroom and when they are visibly dirty. However, remember to wash them after petting the family dog, who tracks in germs from outside, and before preparing meals, and after playing outside yourself!

Advocate for Your Child at School

If your child is school-age, there is no reason to think that they cannot have a normal experience at school. As we previously discussed, encourage your child to wash his or her hands frequently at school to prevent illness.

Also, enlist the help of your child's physician and school personnel to create a school plan to prevent asthma exacerbations at school, and to treat them, should they occur.

This plan should be shared with the school nurse or coaches (if your child participates in any athletics). If your child is educated, he or she should be able to use their metered-dose inhaler on an as-needed basis and should be able to keep it with them, should the need arise.