

Asthma Attack

Main Symptom

- A wheeze or whistling (purring) sound on breathing out is the classic symptom
- Coughing may be the first symptom of an asthma attack

Causes (Triggers) of Asthma Attacks

1. Viral [respiratory infections](#)
2. [Animal](#) contact (especially cats)
3. Tobacco smoke or menthol vapors
4. [Pollens](#)
5. Air pollution (e.g., barn, circus, wood stove, dirty basement)

Severity of an Asthma Attack

- **MILD**: no Shortness of Breath (SOB) at rest, mild SOB with walking, speaks normally in sentences, can lay down flat, wheezes only heard by stethoscope (GREEN Zone: Peak Flow Rate 80-100% of baseline level or personal best)
- **MODERATE**: SOB at rest, speaks in phrases, prefers to sit (can't lay down flat), audible wheezing (YELLOW Zone: Peak Flow Rate 50-80% of baseline level)
- **SEVERE**: severe SOB at rest, speaks in single words (struggling to breathe), usually loud wheezing or sometimes minimal wheezing because of decreased air movement (RED Zone: Peak Flow Rate less than 50% of baseline level)

Care Advice

Asthma Rescue Medicine:

- Start your child's quick relief [medicine](#) (e.g., albuterol inhaler or nebs) at the first sign of any coughing or shortness of breath (don't wait for wheezing) (Reason: Early treatment shortens the asthma attack).
- The best "cough medicine" for a child with asthma is always the asthma medicine.
- Follow your child's action plan for asthma attacks.



- For albuterol inhalers, give 2 puffs separated by a few minutes, every 4 to 6 hours.
- Continue the asthma rescue medicine until your child has not wheezed or coughed for 48 hours.
- Spacer: Always use inhalers with a spacer. It will double the amount of medicine that gets to the lungs.
- **ASTHMA CONTROLLER MEDICINE**: If your child is using a controller medicine (e.g., inhaled steroids or cromolyn), continue to give it as directed.
- **HAY FEVER**: For nose allergy symptoms, it's OK to give antihistamines (Reason: poor control of nasal allergies makes asthma symptoms worse).
- **FLUIDS**: Encourage drinking normal amounts of clear fluids (e.g., water) (Reason: keeps the lung mucus from becoming sticky).
- **HUMIDIFIER**: If the air is dry, use a humidifier (Reason: to prevent drying of the upper airway).
- **AVOID OR REMOVE ALLERGENS**: Give a shower to remove pollens, animal dander, or other allergens from the body and hair. Avoid known triggers of asthma attacks (e.g., tobacco smoke, feather pillows). Avoid exercise during the attack.
- **EXPECTED COURSE**: If treatment is started early, most asthma attacks are quickly brought under control. All wheezing should be gone by 5 days.

When To Call

Call 911 Now (your child may need an ambulance) If

- Severe difficulty breathing (struggling for each breath, unable to speak or cry because of difficulty breathing, making grunting noises with each breath)
- Your child passed out or has bluish lips/tongue
- Wheezing started suddenly after medicine, an allergic food or bee sting

Call Your Doctor Now (night or day) If

- Your child looks or acts very sick
- Looks like he did when hospitalized before with asthma
- Difficulty breathing not resolved 20 minutes after neb or inhaler
- Peak flow rate lower than 50% of baseline level (personal best) (RED Zone)
- Peak flow rate 50-80% of baseline level after using neb or inhaler (YELLOW Zone)



- Wheezing (heard across the room) not resolved 20 minutes after using neb or inhaler
- Continuous (nonstop) coughing that keeps from playing or sleeping and not improved after using neb or inhaler
- Severe chest pain
- Asthma medicine (neb or inhaler) is needed more frequently than every 4 hours
- Fever over 104° F (40° C) and not improved 2 hours after fever medicine

Call Your Doctor Within 24 Hours (between 8 am and 4 pm) If

- You think your child needs to be seen
- Mild wheezing persists over 24 hours on treatment
- Sinus pain (not just congestion)
- Fever present for more than 3 days
- Fever returns after gone for over 24 hours

Call Your Doctor During Weekday Office Hours If

- You have other questions or concerns
- Don't have written asthma action plan
- Uses an inhaler, but doesn't have a spacer
- Missing more than 1 day of school/month for asthma
- Asthma limits exercise or sports
- Asthma attacks frequently awaken from sleep
- Uses more than 1 inhaler/month
- No asthma check-up in over 1 year

For more information on asthma:

<http://www.advancedpediatrics.com/medical/asthma.html>

<http://www.nlm.nih.gov/medlineplus/asthma.html>

<http://www.lungusa.org/lung-disease/asthma/>

Adapted from *The American Academy of Pediatrics (2011)* at www.healthychildren.org

