

PRACTICAL MANAGEMENT OF PAEDIATRIC ASTHMA

Classified by severity and frequency, with a view to make management easier.

INFREQUENT: 75% of sufferers

- episodes 6-8 weeks apart, attacks generally not very severe, and the well child has nothing abnormal on examination
- **RELIEVER AS REQUIRED. No need to be on too many medications.**

FREQUENT EPISODIC: 20% of sufferers

- episodes every 6 weeks or so; attacks are troubling. Examination probably normal while asymptomatic.
- **PREVENTER: Sodium cromoglycate or nedocrilal sodium**
 - o **Or: minimum effective dose of inhaled steroids**, if you tried the cromoglycate and discovered that attacks continue at the same rate as before.
- **RELIEVER AS REQUIRED**

PERSISTENT: 5% of sufferers

- episodes nocturnal, more than once a week.
- Symptoms present during the day.
- Severe episodes occasioning hospital admission
- Abnormalities on examination and in lung function testing.
- **PREVENTER: minimum effective dose of inhaled steroids.** If you think they need oral steroids, refer them to a specialist who knows how to manage the dosage of these. Endocrinology referral may be needed.
- **RELIEVER AS REQUIRED; long-acting beta agonist medications.**

AGE GUIDELINES: METHOD OF ADMINISTRATION

Under 4 years old: use a small spacer with mask.

Using a spacer: wash, then allow to dry. Don't scrub dry.

must prime with a few puffs before administering

give 1 puff to 6 breaths.

Give 6 puffs overall.

4 to 6 years old: use a spacer (large or small), with a mouthpiece instead of a mask.

6 to 8 years old: these can be taught to use an autohaler or turbuhaler.

Over 8 years old: these can use a puffer without a spacer, but ...spacers are still good, only embarrassing