Key Facts About Asthma in Infants & Young Children

1) More than one in 10 infants and young children has asthma. They are not sick everyday, however at times they are troubled by persistent coughing, wheezing, or hard breathing.

2) It is hard to diagnose asthma in young children because their symptoms come and go and the child might be unable to tell anyone what they are experiencing. Asthma is worse during colds and other infections, so symptoms might be hard to recognize.

3) The most common way asthma shows itself in very young children is having too many colds that last too long. Often these children have been given antibiotics many times because they stay sicker longer than other children who catch the same virus. This happens because the airways of a child with asthma do not clear out mucus very well.

4) Keeping a diary that describes the daily symptom pattern and records the need for quick relief medications is an important way that parents and child care providers can help clinicians recognize and treat asthma effectively.

5) Quick relief medicines are given to stop troublesome symptoms of asthma such as coughing, wheezing, and hard breathing. These medicines must be breathed by the child so that the medication passes deep into the lungs.

6) Quick relief medications such as albuterol and ipratropium should start working within 10-15 minutes. The effect lasts 3-4 hours. Like Tylenol® or ibuprofen, quick relief medications only treat the symptoms of a disease, will not change the overall illness pattern, and should not be needed very often.

7) Infants and children who have asthma symptoms more than 2 days a week or who have serious episodes from time-to-time should be given asthma control medications DAILY. These medicines treat airway swelling and sensitivity, reducing the amount of breathing problems and the need for quick relief medication in the future.

8) Most children who have asthma need a daily control medication so their airways will be normal again. If the control medication is not given the child will have a lot of asthma symptoms. Quick relief medications stop helping once airway swelling gets bad. Only control medications can prevent asthma swelling.

9) Daily control medications are usually given as medications that have to be breathed into the lungs. By giving these every day the pattern of asthma can be changed, avoiding serious flare-ups that occur from time-to-time. The need for quick relief medications is reduced by the right dose of control medication.

10) **Masks are required** for giving inhaled medications to infants and young children. Just blowing the mist into the face or spraying a medication into the mouth is NOT effective. Medicines that are swallowed are generally not as effective as inhaled medications for preventing asthma and for stopping breathing trouble.

11) A child’s need for control medication is increased during colds and at other times when asthma flares up. More doses of the control medication might be needed.

12) Without a daily control medication, children with asthma will have periodic flare-ups of coughing, wheezing, or hard breathing that require sick visits to the clinic or hospital. Pneumonia and other lung complications are common.
13) Serious breathing problems and the need for quick relief medications should be reported immediately to the parent or caregiver. Signs of serious asthma include unrelenting cough, wheeze, or hard breathing. The chest wall of a child who is struggling to breathe sucks in too much. Eating and drinking might be difficult. Older children might speak in broken sentences, saying only a word or two at a time when they are having a lot of trouble catching their breath. The parent should be notified immediately and quick relief medication should be given.

14) If serious breathing signs continue even with the use of quick relief medications or if the child’s lips or nail beds appear blue or the child does not respond to you normally - CALL 911. Give another dose of the quick relief medication while waiting for help to arrive.

15) Airborne things can make asthma much worse, especially cigarette smoke, exhaust fumes from cars, trucks, or stoves and fireplaces. Very hot or cold air, pollen, mold, pet dander, and dust mites, that live in pillows, mattresses, and carpet, can also cause an asthma flare-up. Protecting children from these things can help reduce asthma problems and the need for extra medications.

16) Children who receive the right dose of a daily control medication will be able to play and participate in activities like other children.

17) There are two effective ways to give inhaled medications for asthma – by nebulizer or by metered-dose-inhaler (MDI or puffer) with a chamber (special valved tube). Both of these methods require a mask. Failure to use a mask means that little medication will go to the lungs and the asthma will not get much better.

18) Fall, winter, and early spring are usually harder times for infants and young children who have asthma. However, they get a little better each year. By school age most children who were troubled by asthma flare-ups with colds when they were young will have milder asthma by school age, no longer requiring a daily control medication. Regular medical appointments are needed to determine each child’s pattern and medication needs.

19) Good hand-washing technique by staff and family members helps reduce the number of colds to which the child is exposed. Every child with asthma should be protected with a flu vaccine each fall. Eating more vegetables and fruit helps children with asthma to have fewer colds and less asthma symptoms. Active play and exercise is good for the lungs. Overweight children have greater asthma risks.

20) Some young children have acid reflux disease, sinus infections, or allergies that keep their asthma stirred up, even when they are receiving daily inhaled medications to control asthma. These children should see a specialist to determine how best to get asthma under control.

- For more information about asthma: http://www.aanma.org
(Asthma & Allergy Network, Mothers of Asthmatics. A free newsletter is available.)

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