

QUALITY STANDARDS

Asthma

A guide for children
and teenagers
with asthma
and their families

2025 UPDATE



Ontario Health is committed to improving the quality of health care in the province in partnership with patients, clinicians, and other organizations.

To do that, Ontario Health develops quality standards. These are documents that outline what high-quality care looks like for conditions or processes where there are large differences in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. These quality standards set out important steps to improve care. They are based on current evidence and input from an expert committee that includes patients, care partners, clinicians, and researchers.

This patient guide accompanies the quality standard on [asthma in children and teenagers](#). It outlines the top 6 areas where clinicians can take steps to improve care for children and teenagers with asthma. The patient guide also includes suggestions on what to discuss with your clinicians, as well as links to helpful resources.

DID YOU KNOW?

“Clinicians” are health care professionals who provide care to patients, including doctors, nurses, nurse practitioners, pharmacists, physiotherapists, psychologists, respiratory therapists, and social workers.

“Primary care clinicians” are family physicians or nurse practitioners.

Everybody is different, and some options may not apply in your situation. If you have questions about your care, **it is important to speak with your clinician.**

If your child suddenly has trouble breathing, they could be having an asthma attack.

- Give them their “rescue” or “reliever” medication right away
- Follow their action plan, if they have one
- Call **9-1-1** or go to the nearest emergency department if they need help right away

What is asthma?

Asthma is a common but serious childhood disease. When children have asthma, swelling in the airways in their lungs makes it hard for them to breathe. Their chest can feel tight, and they might wheeze, cough up mucus, or have a cough that doesn't go away.

If asthma isn't diagnosed and controlled, symptoms can get worse and lead to emergency department visits, time in the hospital, or in some cases, death. There's no cure, but with the right treatment, your child can have a healthy life without symptoms.

WHAT CAUSES ASTHMA?

It's not clear what causes asthma in childhood, but it can be related to:

- A family history of asthma
- Having other conditions (like eczema or allergies)

About 2.5 million people in Ontario live with asthma, and more than 60% of these people are under 15 years of age.

Does my child have asthma?

If your child has trouble breathing, is wheezing, is coughing, or feels tightness in their chest, these could be signs of asthma (see box below). Their symptoms can last a long time, or they can come and go.

Asthma symptoms are different for every child, and putting the pieces together can take time. But having a diagnosis is important: with one, your child will get the right treatment, which will help prevent serious health problems.

WATCH FOR SYMPTOMS THAT:

- Come in groups (like shortness of breath, chest tightness, wheezing, or a cough)
- Are worse at night or in the early morning
- Happen twice a week or more
- Don't follow a regular pattern
- Are triggered by colds, allergies, cold air, hot and humid air, exercise, or exposure to smoke

Write down your child's symptoms as they show up and change. This can help your child's primary care clinician to diagnose asthma.

Asthma symptoms and triggers

It can take some trial and error to figure out what causes your child's asthma symptoms. Allergy tests can help pinpoint some triggers, like pet dander, but for the most part, there is no test for common asthma triggers. You can identify them by tracking what makes your child's asthma symptoms worse. When you and your child understand their triggers, this can help your child avoid them as much as possible.

Different things can make asthma symptoms worse, including:

- An illness, like a cold
- Allergies
- Smoke
- Cold air
- Hot and humid air
- Air pollution
- Perfumes or scents
- Household chemicals

You can use an [asthma diary](#) to help track your child's triggers and symptoms. This can also help you compare how your child is feeling over time. The more their primary care clinician knows about their symptoms and triggers, the easier it will be to prescribe the right medication and dose.

Getting your child involved in managing their asthma

As your child gets older, they can become more involved in managing their asthma. This can help them feel more confident about taking part in school, sports, and social activities.

To help your child take more responsibility in managing their asthma, teach them:

- How important it is to take their daily controller (or preventer) puffer
- To recognize when they need medication
- The proper names of their medication
- To recognize when the medication in the controller puffer is running low and should be replaced
- To track their symptoms and how much they use their rescue puffer
- How to talk about their asthma with teachers or friends
- To speak up if they come across a trigger, like smoke, at school or with friends
- How important it is to get their flu shot every year

- (If they're older) to cut back or quit smoking or vaping cannabis, nicotine, tobacco, or other substances
- How important it is to live in a smoke-free home

Top 6 areas to improve care for children and teenagers with asthma



Quality Statement 1: Diagnosis

What the standard says

Children 6 years of age and older and adolescents clinically suspected of having asthma complete spirometry to demonstrate reversible airflow obstruction and, if negative, other lung function testing to confirm the diagnosis of asthma, as soon as possible. Children 1 to 5 years of age are diagnosed with asthma after documentation of signs or symptoms of airflow obstruction, clear improvement in signs and symptoms with asthma medications, and no clinical suspicion of an alternative diagnosis.

What this means for you

If your child is 6 years of age or older and is short of breath, has a tight feeling in their chest, or is wheezing or coughing, your child's clinician should make sure they have lung function testing before diagnosing your child with asthma. Since you might have to wait a while for these tests, your child may need to start taking medication right away to help them breathe. Once your child's test results are available, their primary care clinician will review the results with you.

If your child is younger than 6 years old, they may not be able to do the lung function tests. To find out if they have asthma, your child's clinician will:

- Check their breathing and symptoms
- Prescribe asthma medication to see if it helps
- Check to see if something other than asthma is causing their symptoms

HOW ARE CHILDREN DIAGNOSED WITH ASTHMA?

For children younger than 1 year old: It can be hard to diagnose asthma at this age. It's important to stay in regular contact with your child's primary care clinician about your child's symptoms.

For children 1 to 5 years old: The primary care clinician will check your child's breathing. They might see whether asthma medication helps before making a diagnosis.

For children 6 years old and over: A breathing test called spirometry measures how much your child can breathe out and is an important part of a diagnosis at this age. It's also called a lung function test or pulmonary function test.



Quality Statement 2: Asthma Control and Risk of Exacerbations

What the standard says

Children and adolescents with asthma have a structured assessment at least annually to determine their level of asthma control, reasons for poor control, and risk of future exacerbations.

What this means for you

A clinician should see your child at least annually to check on their asthma. If your child has a severe flare-up or a change in their medication, their clinician may need to see them more often. At these appointments, they should explain how your child can expect to feel when their asthma is controlled, and they should ask you and your child about:

- Their asthma symptoms and what makes them worse
- Their use of medications
- Anything else that might be affecting how they feel

You can help by keeping track of these details between appointments.

ASTHMA SYMPTOM CONTROL

If your child takes their **controller (preventer)** puffer as prescribed and still has symptoms that get in the way of their daily activities, then their asthma isn't controlled. Every time you see their primary care clinician, tell them if your child has any of these signs that their asthma is not controlled:

- They have symptoms during the day more than twice a week
- They have symptoms at night once a week or more
- They need their **rescue (reliever)** puffer more than twice a week
- They can't participate in sports because of their asthma
- They missed a day from school, and you had to stay home from work to care for them
- Their symptoms have gotten worse and they needed new medication or had to go to the hospital

Your child's primary care clinician might refer them to an asthma or allergy specialist if their asthma is hard to control.



Quality Statement 3: Asthma Medication

What the standard says

Children and adolescents with asthma receive appropriate medication and devices based on their age, current level of asthma control, and risk of future exacerbations, including early initiation of regular inhaled anti-inflammatory therapy.

INHALERS (OR “PUFFERS”)

A **controller** or **preventer** puffer prevents symptoms by reducing the swelling in the airways in the lungs. It’s best to use this regularly even when your child doesn’t have symptoms.

A **rescue** or **reliever** puffer relieves symptoms quickly by opening the airways.

SPACERS

A spacer is a long tube that attaches to the puffer to make it easier to breathe in the medication. Depending on the puffers prescribed, your child might also need a spacer.

What this means for you

Most people with asthma can live symptom free by regularly using their controller puffer and by avoiding triggers as much as possible. Your child’s clinician should work with you and your child to decide what asthma medication and devices would work best for your child. They should:

- Explain when your child should use their puffers and show you and your child how to use them
- Ask you or your child to show them how to use their puffers to make sure you and your child are confident using them

There are many different types of asthma medication. If your child continues to have asthma symptoms while on their current medications, talk with their primary care clinician or other clinician about trying a different dose or a different asthma medication. When you fill prescriptions, the pharmacist will teach you and your child how to use the medication and answer any questions you have. It is important for your child to take their controller medication every day if their primary care clinician has prescribed it this way.

Your child should always carry their rescue inhaler with them. Talk to their teachers, other educators, and school or day care staff about your child’s asthma and the medication they need.



Quality Statement 4: Self-Management Education and Asthma Action Plan

What the standard says

Children and adolescents with asthma and their care partners receive asthma self-management education and a written personalized asthma action plan that is reviewed regularly with a clinician.

What this means for you

Your child's clinician should help you and your child learn how to manage their asthma. They should work with you and your child to create an asthma action plan. This plan describes:

- Your child's medications and how to take them
- Things your child can do each day to stay healthy
- What to do if your child's symptoms flare up

You can share a copy of your child's asthma action plan with any of their other clinicians and their school or day care.

MANAGING ASTHMA AT SCHOOL AND DAYCARE

Your child should always carry their rescue inhaler with them. Talk with their teachers, other educators, or staff about their asthma and the medication they need. You can share a copy of your child's asthma action plan with their school.

According to [Ryan's Law](#), Ontario schools must have policies and procedures that support students' asthma needs.



Quality Statement 5: Referral to Specialized Pediatric Asthma Care

What the standard says

Children and adolescents with asthma with appropriate indications are referred to specialized pediatric asthma care.

What this means for you

If your child takes their medication and avoids triggers as much as possible but continues to have asthma symptoms, or if their primary care clinician has other concerns, they should consult with or refer your child to someone who specializes in asthma care for children.



Quality Statement 6: Follow-Up After Discharge

What the standard says

Children and adolescents who have had an emergency department visit or been hospitalized for an asthma exacerbation have a follow-up assessment within 2 to 7 days after discharge.

What this means for you

If your child has gone to the emergency department or been admitted to hospital because of an asthma flare-up, their primary care clinician should follow up with them within 2 to 7 days of leaving the hospital. They will check to see how your child is doing and make any needed changes to their medications and asthma action plan.

In some cases, the initial follow-up may be done by a respirologist, allergist, or another physician, or by other members of the care team, such as nurses, respiratory therapists, and pharmacists who are certified respiratory educators (CREs) or certified asthma educators (CAEs).

At this visit, you can also ask questions to make sure you understand:

- What caused the flare-up
- What care your child received
- What you and your child can do to prevent asthma flare-ups

IF YOUR CHILD HAD TO GO TO THE HOSPITAL...

If your child had to go the hospital because of an asthma attack, their primary care clinician will want to see them a few days later to make sure they're feeling better.

Suggestions on what to discuss with your child's clinicians

Ask your child's clinicians:

- Does my child need a breathing test to find out if they have asthma?
- How long is the wait for testing? How long will the results take?
- What medication can my child take for their symptoms before they get a diagnosis? Will medication affect their test results?
- Can my child continue normal activities, go to school, and play sports?
- How do my child and I identify their triggers? How can my child avoid triggers?
- What community services can help me limit or help them avoid their triggers?
- What should I do if my child's symptoms get worse and they have an asthma attack?
- What kind of puffers does my child need? What are their side effects?
- How often should they take their puffers?
- How much will my child's medication cost? Are there lower-cost options?
- What will we do if my child's asthma is not controlled with their current medication? For example, will they need different medication? Or do they need care from a pediatrician, a pediatric asthma specialist, or an allergy specialist?
- At my child's current age, how can they be more involved in their asthma care?
- How can I help my child manage their asthma at school or when they are with friends?
- What books, online tools, or other resources can help my child understand and manage their condition?
- Where can my child (or I) get asthma education (for example, from a CAE) in our area?
- Is there any support for me to help my teenager cut back or quit smoking or vaping (cannabis, nicotine, tobacco, or other substances)?

Share with your child's clinicians:

- When and how often your child has shortness of breath, chest tightness, wheezing, or a cough
- How your child responds to asthma medications when they are having symptoms
- The things that trigger your child's symptoms at home, at school, outside, or in other places
- If symptoms are worse at a certain time of day or during activities
- Any behaviour changes you think might be related to your child's asthma
- If your child has taken asthma medication before
- Any medication they take for other conditions

If you are a care partner

You might have your own questions. Care partners of children or teenagers with asthma, such as parents or legal guardians, are always on alert. Managing your child's condition and helping them gradually manage it on their own can affect your own quality of life. It can help to know that there is support out there for you, too.

It can help to identify yourself as the patient's care partner to their health care team. This will make sure they know and respect your questions and concerns.

- Let them know what your role will be in helping the patient manage their asthma
- Let them know if you need support to tell your employer about your child's asthma (for example, how many days you might be away from work)
- Let them know if you need help

Learn more

The [Children’s Hospital of Eastern Ontario](#) (CHEO) and the [Lung Health Foundation](#) have helpful resources about childhood asthma, including asthma action plans and videos on how to use an inhaler.

[Asthma Canada](#) provides resources to support parents and care partners of people with asthma, including the [Asthma Pals Mentorship Program](#), an 8-week online program that connects peer mentors and children with asthma from all over Canada in supervised virtual meetings.

The [Asthma Canada Member Alliance](#) provides a safe peer support community that you can access anytime, anywhere.

If you need help managing your child’s asthma, there are helplines you can contact, including:

- [Lung Health Line](#) (Lung Health Foundation): 1-888-344-LUNG (1-888-344-5864)
- [Asthma & Allergy Helpline](#) (Asthma Canada): 1-866-787-4050

Ontario Health has developed other quality standards and patient guides on lung health, mental health and addictions, and transitions in care that may be useful, including:

- [Anxiety Disorders](#)
- [Chronic Obstructive Pulmonary Disease \(COPD\)](#)
- [Major Depression](#)
- [Obsessive–Compulsive Disorder \(OCD\)](#)
- [Transitions Between Hospital and Home](#)
- [Transitions From Youth to Adult Health Care Services](#)

Need more information?

If you have any questions or feedback about this guide, please contact us at QualityStandards@OntarioHealth.ca or 1-877-280-8538 (TTY: 1-800-855-0511).

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca

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