

Thank you for reviewing our draft patient guide. We greatly appreciate your time and insights.

Once we collect all feedback, our writers and designer will edit the guide based on what we hear. This can include making it shorter and easier to read. To see an example of a final guide, please see our recent patient guide for [Low Back Pain](#). (Note: All guides may look different.)

When you're finished reading the draft patient guide, please fill out [this survey](#) by **August 8, 2019**.

**Health Quality
Ontario**

Let's make our health system healthier

Ontario 

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Asthma in Children and Teenagers

What to discuss with health care professionals so
your child receives high-quality care

What is asthma?

Asthma is a common childhood disease that affects the lungs. When a child has asthma, swelling in their lungs makes it hard for them to breathe and often causes other symptoms: their chest might feel tight and they might wheeze, cough up mucus, or have a cough that doesn't go away.

Asthma is a serious disease. If it isn't diagnosed and controlled, symptoms can get worse and lead to emergency department visits, time in the hospital, or in some cases, death.

Talking to health care professionals about your child's symptoms and experiences can help you get a diagnosis and the right treatment. Ask about the following topics to improve your child's—and your own—quality of life:

- Whether your child might have asthma
- Asthma medication
- Tracking symptoms and triggers
- Getting older children involved in managing their asthma
- Support for parents and caregivers

What causes asthma?

A family history of asthma, air pollution, or exposure to smoke can all play a role in childhood asthma, but the exact cause isn't clear.

If you need immediate help:

- Call 911 or Telehealth Ontario (1-866-797-0000)
- Take your child to the nearest emergency department

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Did you know?

- In Ontario, one in four children has asthma
- Half of all new asthma cases affect those under 15 years old
- Asthma is the most common reason for Canadian children to be in the hospital. It is also a one of the top reasons for emergency department visits and school absences

Does my child have asthma?

It might take time to find out if your child has asthma. Symptoms like wheezing and coughing can look like a bad cold, a chest infection, or another illness that causes breathing problems. In older children, symptoms might be linked to exercise or sports. What's more, symptoms tend to change, or look different for each child.

Getting a diagnosis is important: Children and adolescents who aren't diagnosed may not get the right treatment. This could make their symptoms get worse (flare up) and cause serious problems to their health.

How are children diagnosed?

For children younger than one year old: At this age, it is difficult to diagnose asthma. In these cases, the best thing to do is to keep in regular contact with your health care professional about your child's symptoms.

For children one to five years old: In this age range, a health care professional will listen to their breathing and may give them asthma medications to see how they react before confirming an asthma diagnosis.

For children six years old and over: At this age, children with asthma symptoms should have a breathing test before their health care professional diagnoses them with asthma. The

Watch for these symptoms:

- Your child has more than one symptom (such as shortness of breath, chest tightness, wheeze, cough)
- Their symptoms are worse at night or in the early morning
- They get symptoms quite often (such as twice a week or more)
- Their symptoms vary in how bad they are
- Their symptoms are brought on (triggered) by things like cold air, medications, exercise, or irritants such as smoke

It can help to write down your child's symptoms as they appear and change.

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first breathing test children usually get is called “spirometry.” Their health care professional might call it a lung function test or pulmonary function test. It measures how much air they breathe out.

Once your child has a diagnosis, you’ll be better prepared to help them control their asthma. Although there is no cure for asthma, it’s possible for your child to live symptom free.

Ask your child’s health care professional:

Does my child need a breathing test to find out if they have asthma?

How long is the wait for testing? How long will it take to get the results?

Does my child need any medication to relieve their symptoms before a diagnosis is confirmed? Will medication affect their test results?

Will my child need specialized asthma care?

Tell your child’s health care professional:

When and how often your child has shortness of breath, chest tightness, wheezing, or a cough

How they respond to asthma medications when their symptoms get worse

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Learn more

- [“Childhood Asthma”](#): An overview of asthma in childhood
- [For Parents of Children with Asthma](#): Information of how children are diagnosed and treated with asthma, including resources to help you and your child
- [Asthma Education Initiative](#): Free resources for educators, instructors, and coaches about asthma management in schools and other children and youth focused environments

Talking about: asthma medication

Your child's health care professional should explain how asthma may affect them and how the right medication will help their symptoms.

Your child's asthma action plan

An [asthma action plan](#) is a written plan that lists your child's medications and explains how to take them. It can include advice on how to stay healthy.

Asthma action plans help you understand your child's asthma symptoms, and they use colour coding, so you'll know what to do if:

- Your child's asthma is well controlled
- Your child's asthma is getting worse, or
- You child is having an asthma emergency

They will work with you to write a personalized asthma action plan that lists your child's medications and explains how to use them. Using the medication will reduce the risk of flare-ups and make it easier for your child to participate in school and social and sports activities.

Inhalers (“puffers”)

There are two types of inhalers (known as “puffers”):

- A “controller” puffer brings down the swelling in the airways in the lungs
- A “rescue” puffer relieves symptoms quickly by opening the airways

It's important to understand how to use both types of puffers, a spacer, if needed, and any other medication that's part of your child's asthma action plan.

As your child gets older, their medication may change, and any new puffer may use different techniques. Cost and convenience may factor into decisions about new medication, as well as your child's preferences.

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What is a spacer?

Depending on the type of puffer your child needs to take, they may also have a **spacer**. A spacer is a long tube with a valve that attaches to the puffer to make it easier for them to breathe in the medication.

Ask your child's health care professional:

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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 alternatives?

How often should we be updating my child's asthma action plan?

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Talking about: tracking their symptoms and triggers

When your child has asthma, you can take important steps in their care at home. Paying close attention to your child's symptoms, what makes them worse, and how they react to medication will go a long way in controlling their asthma day to day.

Symptoms

Keep an eye on your child's symptoms, and note how often they experience the following within a four-week period:

- Your child had symptoms during the day and at night
- Your child needed their rescue puffer each week
- Your child has been unable to participate in physical activity because of their asthma
- Your child missed a day from school, and you had to stay home from work to care from them
- Your child's symptoms got worse, they needed new medication, or had to go to the hospital

There's a [diary here](#) that you can download. It can help you keep track of their symptoms and what makes them better or worse.

Triggers

Different things, like perfume, temperature, smoke, or air pollution can make asthma worse. It can take a bit of trial and error to figure out which ones cause flare-ups for your child. And some allergy tests may help pinpoint specific triggers like pet dander. Once you start to understand your child's triggers, you can discuss them with their health care professional and get help to avoid them as much as possible.

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Ask your child’s health care professional:



How do I identify triggers? How can I avoid my triggers?

What should I do if my child’s symptoms get worse?

Tell your child’s health care professional:



About the things that trigger your child’s symptoms at home, at school, outside, or in other places

“We were watching food, environment, perfume, anything that could cause an issue. A lot of [managing asthma] is being on guard.”

PARENT OF A CHILD WITH ASTHMA

If you need more help managing your child’s asthma:

- [The Ontario Lung Association: Lung Healthline: 1-888-344-5864](#)
- [Asthma Canada: Asthma Helpline: 1-888-787-4050](#)

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Talking about: getting older children involved in managing their asthma

As your child gets older, they will be able to manage asthma on their own more and more. This can help them feel empowered and more confident about taking part in everyday activities.

Teach them:

- To recognize when they need their medication
- How important it is to take their daily controller puffer
- The proper names of their medication
- To read the counter on their controller puffer so they know how much medication they have left
- To track their symptoms and how much they're using their rescue puffer
- How to talk about their asthma with their teachers or friends
- To speak up if they come across a trigger, like smoke or perfumes, at school or among friends

Gradually parents or a caregiver can hand over the responsibility for managing asthma to their child.

Ask your child's health care professional:

At my child's age, what can I do to help them be more involved in their asthma care?

How can I help my child manage their asthma at school or when they are with friends?

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What books, online tools, or other resources can help my child understand and manage their condition?

“We started early [teaching her] the real name of medication. My daughter is in university now and has to handle it on her own. She understands how important the daily controller is, and that the rescue puffers don’t have counters.”

PARENT OF A CHILD WITH ASTHMA

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Talking about: support for parents and caregivers

Parents and caregivers for children with asthma are always on alert. This can affect your own quality of life as you manage your child's condition and help them gradually learn to manage it on their own. It can help to know there is support out there for you, too.

Ask your child's health care professional:

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What supports are available to help caregivers like me?

What should I tell my employer about my child's asthma (for example, how many days should I expect to be away from work)?

As a parent or caregiver:

You might have more in-depth questions or need to access to specific resources or connections to other parents or caregivers of children with asthma.

- [Asthma Canada](#) provides resources to better support parents and caregivers of people with asthma
- [Asthma Canada Member Alliance](#) provides a safe peer support community that you can access anytime, anywhere

"Most years, most of my sick days are used for my daughter with asthma."

PARENT OF A CHILD WITH ASTHMA

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For your reference: the quality standard in brief

Health Quality Ontario is committed to helping patients, health care providers, and organizations improve the quality of health care in Ontario.

We know that not everyone across the province receives the right care, every time. So, to help address gaps in care, we produce quality standards that outline **what quality care looks like** for specific conditions and situations, such as asthma. Quality standards are based on current best evidence and input from patients, caregivers, and health care providers.

This patient guide accompanies the quality standard on asthma in children and teenagers.

If you're interested in the quality standard, below is a summary. To read more, you can download it [here](#).

Diagnosis

For clinicians: Children (6 years of age and older) and adolescents clinically suspected of having asthma undergo 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 and/or symptoms of airflow obstruction, reversibility of 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 health care professional

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should make sure they a breathing test before diagnosing your child with asthma. Your child may need to start taking medication while they wait to be tested.

If your child is younger than 6 years old, they may not be able to do the breathing test. To find out if they have asthma, your child's health care professional 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

Asthma Control

For clinicians: Children and adolescents with asthma regularly have a structured assessment to determine their level of asthma control and reasons for poor control.

What this means for you

A health care professional should see your child at least every 6 months to check on their asthma. If your child has a severe flare-up or a change in their medication, their health care professional may need to see them more often. At these appointments, 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.

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Pharmacological Management

For clinicians: Children and adolescents with asthma receive appropriate pharmacotherapy and devices based on their age and current asthma control level, including early initiation of inhaled anti-inflammatory therapy.

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 health care professional should work with you and your child to develop a treatment plan that works for your child. They should:

- Explain how and when your child should use their medications
- 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 medication. If your child's asthma symptoms continue on their current medications, talk with their health care professional about trying a different dose or a different asthma medication.

Self-Management Education and Asthma Action Plan

For clinicians: Children and adolescents with asthma and their caregivers receive asthma self-management education and a written personalized asthma action plan that is reviewed regularly with a health care professional.

What this means for you

Your child's health care professional 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

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- Things your child can do each day to stay healthy
- What to do if your child's symptoms flare up

Referral to Specialized Pediatric Asthma Care

For clinicians: 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 family doctor or nurse practitioner has other concerns, they should consult with or refer your child to someone who specializes in asthma care for children.

Follow-Up After Discharge

For clinicians: 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 family doctor or nurse practitioner 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.

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

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What's next?

Remember, everybody is different.

The support you need, what you need to know about asthma, and the asthma action plan you develop with your child's health care professional will be unique to your child.

The questions in this patient guide are meant only as a starting point. You may have other topics you want to cover with your health care professional. It's important to speak to them about any other questions or concerns.

Need more information?

If you have any questions or feedback about this guide, please contact us at qualitystandards@hqontario.ca or 1-866-623-6868.

For more reading on asthma in children and teenagers, read the quality standard at: hqontario.ca/qualitystandards

For more information, please visit: hqontario.ca

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