

Your Child's Asthma

What to discuss with your child's family doctor or nurse practitioner to help them receive high-quality care



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

To do that, Ontario Health, through its Quality business unit, develops quality standards that set out important steps to treat conditions like asthma.

These standards are based on current evidence and input from an expert committee that includes patients, health care professionals, and researchers.

If you're interested in learning more about the quality standard on asthma in children and teenagers, see page 15 of this guide. It has a summary of the top six areas to improve care for children and teenagers under 16 years of age with asthma. You can also download the complete [quality standard here](#).



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 **911** 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.

Use this guide to start conversations with your child's family doctor or nurse practitioner. It doesn't tell you everything you need to know about asthma, but it can point you toward the right care. It includes questions on these topics:

- Does my child have asthma?
- Asthma symptoms and triggers
- Asthma medication
- Asthma symptom control
- Getting children involved in managing their asthma
- Support for parents and caregivers

If you don't have time to read the whole guide, use this checklist when you talk with your child's family doctor or nurse practitioner. The more you talk with them, the more help you can get managing your child's asthma.



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 1 in 4 children in Ontario live with asthma.



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.

How are children diagnosed?

For children younger than one year old: It can be hard to diagnose asthma at this age. It's important to stay in regular contact with your child's family doctor or nurse practitioner about your child's symptoms.

For children one to five years old: The family doctor or nurse practitioner will check your child's breathing. They might see whether asthma medication helps before making a diagnosis.

For children six 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.



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 family doctor or nurse practitioner to diagnose asthma.

Ask your child's family doctor or nurse practitioner:

- 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?
- Where can my child (or I) get asthma education (for example, from a certified asthma educator) in our area?

Tell your child's family doctor or nurse practitioner:

- 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



Learn more

- [Childhood Asthma](#): The Children's Hospital of Eastern Ontario (CHEO) shares an overview of asthma in childhood
- [For Parents of Children with Asthma](#): Information from the Lung Health Foundation on diagnosing and treating children with asthma, including resources to help you and your child
- [Asthma Education Initiative](#): Free resources from Ophea (the Ontario Physical and Health Education Association) for educators, instructors, and coaches about managing asthma in schools and other places for children and youth



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/scents
- Household chemicals

You can use an asthma diary to help track your child's triggers and symptoms (ask their family doctor or nurse practitioner or check out resources from the [Lung Health Foundation](#)). This can also help you compare how your child is feeling over time. The more their family doctor or nurse practitioner knows about their symptoms and triggers, the easier it will be to prescribe the right medication and dose.

We were watching for ... anything that could cause an issue.

A lot of [managing asthma] is being on guard.



PARENT OF A CHILD WITH ASTHMA

Ask your child's family doctor or nurse practitioner:

- 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?

Tell your child's family doctor or nurse practitioner:

- About 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 certain activities
- About any behaviour changes you think might be related to your child's asthma



Asthma medication

Medication plays a big part in controlling your child's asthma and their symptoms. Treatment isn't "one size fits all"—it will match your child's symptoms and test results. With the right medication and dose, they shouldn't have symptoms.

Your child's family doctor or nurse practitioner will usually prescribe two types of inhalers, or "puffers." They will explain how and when to use them and any side effects to look out for.

Inhalers (or "puffers")

- A "**controller**" or "**preventer**" puffer prevents symptoms by bringing down 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.

When you fill the prescription, the pharmacist will teach you and your child how to use the puffers, spacer, or other medications in your child's asthma action plan (see box on page 9). They will also answer questions about your child's medications.

Make sure that your child takes their medication as prescribed, even if they don't have symptoms. If they're taking their **controller (preventer)** puffer and still have symptoms that affect their daily activities like sports, talk with their family doctor or nurse practitioner. They might need a different dose or a different medication. If their medication changes—now or as they get older—keep in mind that their new puffers might work differently.

Ask your child's family doctor or nurse practitioner:

- What should I do when my child has 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?
- How often should we update my child's asthma action plan?

Tell your child's family doctor or nurse practitioner:

- If your child has taken asthma medication before
- About any medication they take for other conditions



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.



Your child's asthma action plan

Your child's family doctor or nurse practitioner will work with your child to write a personal asthma action plan for them.

The plan lists their medications and explains how and when to take them. Their doctor or nurse practitioner will explain how to use it and give you a copy.

It should explain what to do:

- To control your child's asthma
- If their asthma is getting worse
- If they're having an asthma emergency

Using your child's action plan will help them stay healthy.



Asthma symptom control

Talk with the doctor or nurse practitioner about your child's asthma symptoms on a regular basis to make sure that their medication and asthma action plan are right for them. At each visit, the doctor or nurse practitioner will ask about symptoms, what makes them worse, and how your child responds to medication between appointments.

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 family doctor or nurse practitioner, 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 family doctor or nurse practitioner might refer them to an asthma or allergy specialist if their asthma is hard to control



If your child had to go to the hospital...

If your child had to go the hospital because of an asthma attack, their family doctor or nurse practitioner will want to see them a few days later to make sure they're feeling better

Ask your child's family doctor or nurse practitioner:

- 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 specialized pediatric asthma care from a pediatrician, a pediatric asthma specialist or an allergy specialist?



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

- [The Lung Health Foundation's lung helpline](https://www.lung.ca/help): 1-888-344-5864
- [Asthma Canada's Asthma & Allergy HelpLine](https://www.asthma.ca/help): 1-888-787-4050



Getting children 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

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



PARENT OF A CHILD WITH ASTHMA

Ask your child's family doctor or nurse practitioner:

- At my child's 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?



Support for parents and caregivers

Parents and caregivers of children with asthma 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.

Ask your child's family doctor or nurse practitioner:

- What supports are available to help caregivers like me?
- Is there any support for me to help my teenager **cut back or quit smoking or vaping (cannabis, nicotine/tobacco, or other substances)**?
- What should I tell my employer about my child's asthma (for example, how many days I might be away from work)?



As a parent or caregiver:

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

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



For your reference: the quality standard in brief

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

Below is a summary of the top six areas to improve care for children and adolescents with asthma. To read more, you can download the [quality standard here](#).

Quality Statement 1: Diagnosis

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, reversibility of symptoms with asthma medications, and no clinical suspicion of an alternative diagnosis.

Quality Statement 2: Asthma Control

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

Quality Statement 3: Asthma Medication

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

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

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

Quality Statement 5: Referral to Specialized Pediatric Asthma Care

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

Quality Statement 6: Follow-Up After Discharge

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'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.

This conversation guide is only a starting point.

You may have other topics you want to cover with your child's health care professional. It's important to speak with 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.