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American Academy
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Recognizing an Asthma Attack

You should learn to recognize when your child's asthma symptoms are getting worse or are becoming severe. At times your child's airways may become more irritated and narrowed. If this happens, your child may suddenly start to cough, experience difficulty in breathing, or notice a gradual worsening of asthma symptoms. This is usually called an "asthma attack."

During asthma attacks, the airways are more obstructed and the airflow decreases. Your child's treatment is based on the severity of asthma symptoms and the degree of airway obstruction. Signs of mild, moderate or severe asthma attacks are described below.

Signs that your child may have a MILD asthma attack are:

- Breathing is mildly difficult
- Breathing is only slightly faster than usual
- Speaking in complete sentences is easily done
- Mild complaints of wheezing, cough, shortness of breath or tightness in the chest
- Skin color is good
- Peak flow rate is 70 percent to 90 percent of the child's personal best
- No "drawing in" of muscles between the ribs is noticeable
- Awareness of surrounding is normal and the child is alert

Signs that your child may have a MODERATE asthma attack are:

- Breathing is moderately difficult
- Breathing is faster than usual
- Speaking is affected because of difficulty breathing (phrases or partial sentences are spoken)
- Moderate complaints of wheezing, cough, shortness of breath or tightness in the chest
- Skin color is normal or may be pale
- Peak flow rate is 50 percent to 70 percent of the child's personal best
- Slight to moderate "drawing in" of muscles between the ribs is necessary to breathe
- Awareness of surroundings is normal and the child is alert

Signs that your child may have a SEVERE asthma attack are:

- Breathing is extremely difficult

- Breathing is very fast or very slow with a lot of distress (labored breathing)
- Speaking is affected because of difficulty breathing (single words or short sentences are spoken)
- Severe complaints of wheezing, cough, shortness of breath or tightness in the chest
- Skin color is poor
- Peak flow rate is less than 50 percent of the child's personal best
- "Drawing in" of the neck, abdomen and chest muscles is needed in order to breathe
- Level of awareness has decreased (child may be drowsy)

Signs that your child's asthma is getting worse:

- Asthma symptoms, such as cough, wheezing, chest tightness and shortness of breath, occur more frequently and/or get worse
- Large decreases in your child's peak flow rate occur
- Asthma medications do not seem to help your child's cough or breathing problems
- You frequently have to take your child to your pediatrician or the hospital emergency room for treatment of acute asthma
- Your child is admitted to the hospital for asthma treatment
- Your child is admitted to a hospital intensive care unit for asthma treatment
- Large changes in peak flow rate measurements occur (more than 20 percent change between morning and evening measurements)
- Your child's asthma symptoms increase (cough, wheezing, chest tightness and shortness of breath); symptoms may occur more often at night and awaken the child from sleep
- Your child's asthma attacks last longer and do not easily improve with treatment
- Special oral anti-inflammatory medications, such as steroids, are needed more often to control the asthma
- Your child's asthma attacks quickly become severe
- Your child has panic attacks with severe confusion and anxiety with the asthma attacks

There are different kinds of asthma medications. Your pediatrician will choose the best medications for your child and talk to you about when to use them. Some of these medications are used continuously. Others are used only during asthma attacks. There are two general groups of asthma medications - bronchodilators and anti-inflammatory drugs.

1. Bronchodilators open up narrow passageways. They help relieve the feeling of tightness in the chest, wheezing and breathlessness.
2. Anti-inflammatory drugs help prevent the swelling and inflammation in the airways and may increase drainage of secretions from the airways. These drugs can be given by mouth, by injection or inhaled in an aerosol (mist) form.

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