

Asthma: Understanding What's Happening and How to Manage It

What is asthma?

Asthma is a chronic condition of the airways in the lungs. Children with asthma have airways that are extra sensitive. When exposed to certain triggers, their airways react by becoming narrowed and swollen, making it harder for air to move in and out. While asthma has a genetic component, and can't be prevented, it can usually be very well controlled with the right plan.

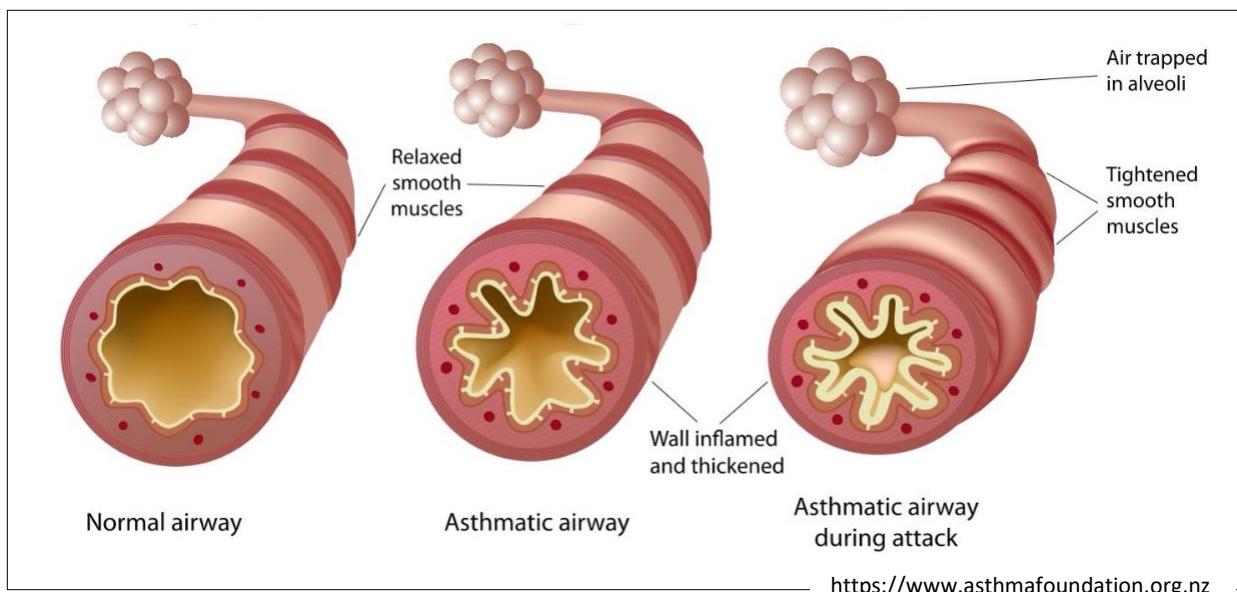
What causes asthma symptoms?

Asthma symptoms happen when a child's airways over-react to triggers.

During an asthma flare:

1. The airway lining becomes inflamed and swollen
2. The muscles around the airway tighten
3. Extra mucus is produced

Together, these changes narrow the airway, making breathing harder.



What do asthma symptoms look like?

Symptoms can vary from child to child and may include:

- Wheezing – may not be audible at the beginning of an asthma-flare
- **Cough, especially: At night, that wakes your child from sleep, or occurs with exercise, laughing, or crying.**
- Chest tightness, discomfort, or shortness of breath
- Breathing faster or working harder to breathe
- Needing frequent breaks during play

A persistent nighttime cough is one of the most common signs of asthma and may occur even without audible wheezing.



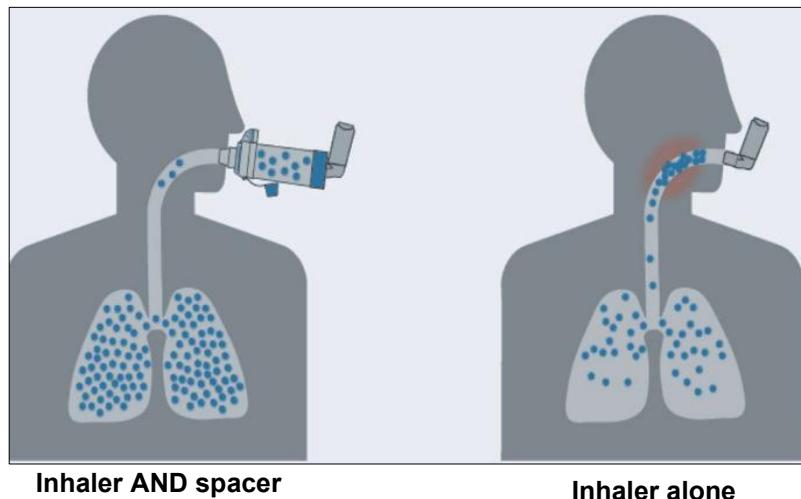
Why are there different asthma medications?

Asthma medications are divided into two main categories, **rescue (reliever)** and **controller (preventer) medicines**, which differ in their function, speed of action, and usage schedule.

Rescue (Reliever) Medications		Controller (Preventer) Medications
Primary Function	Quickly relax the muscles around the airways to provide fast relief of acute symptoms (wheezing, shortness of breath, coughing, chest tightness).	Reduce underlying airway inflammation, prevent symptoms over time, and decrease the risk of severe flare-ups.
Speed of Action	Work quickly, typically within 5–15 minutes.	Work slowly over time; most take several weeks to reach full effectiveness.
Usage Schedule	Used "as needed" for sudden symptoms. May also be used before exercise to prevent symptoms.	Taken every day, often once or twice daily, even when you feel well and have no symptoms.
Underlying Issue Addressed	Treats only the immediate symptoms and muscle tightening (bronchospasm).	Addresses the chronic inflammation that is the root cause of asthma.
Common Examples	Inhaled bronchodilators: * Albuterol (brand names include Ventolin, ProAir, Proventil) * Levalbuterol (brand name Xopenex)	* Inhaled corticosteroids: fluticasone - Flovent , budesonide - Pulmicort, QVAR * Combo inhalers (e.g., Symbicort, Advair, Dulero, Breo Ellipta), contain a corticosteroid & long-acting beta-agonist

Inhalers that need a spacer and why it matters:

- A spacer allows the medicine to get into the lungs easier, instead of being absorbed into the tongue and throat, where it could cause more side effects and not work as well.
- Inhalers that need a spacer are metered dose inhalers (MDIs). These include:
 - **All quick relief “rescue” inhalers (Albuterol, Ventolin, ProAir, Proventil)**
 - Controller MDIs including: Flovent HFA, Symbicort HFA, Advair HFA, Breyna, and Dulera.





Recognizing and avoiding asthma triggers

Triggers don't cause asthma—but they cause symptoms.

Common triggers include:

- Environmental allergies (pollen, trees, grasses, weeds, mold, dust mites, pets)
- Smoke, vaping, pollution, strong odors
- Cold air
- Exercise
- Colds and viral infections

Practical tips to avoid triggers:

- Shower and change clothes after outdoor pollen exposure
- Avoid smoke exposure
- Use allergy medications as recommended
- Use rescue inhaler before exercise
- Keep windows closed during high-pollen days

If you are unsure whether allergies play a role, **environmental allergy testing** can be done in our office. Information on allergy testing done at PAA can be found [here](#) or by scanning this QR code. 

When to schedule an asthma management visit

- Asthma does not seem well controlled. We determine this using the “**Rules of 2**”
 - Has symptoms more than 2 days per week
 - Wakes from cough or breathing trouble more than 2 nights per month
 - Needs a rescue inhaler more than 2 times per week
 - Needs oral steroids 2 or more times per year
- Symptoms are interfering with sleep, school, or play
- You are unsure about triggers or medications or would like to discuss allergy testing
- You want help creating or updating an asthma action plan

Our goal is to help your child breathe comfortably, sleep well, and stay active.

When to schedule a sick visit

- Needing the rescue inhaler (albuterol) or nebulizer more often than every 4 hours, or needing it repeatedly over more than 24 hours
- Cough, wheeze, or breathing trouble is interfering with sleep, school, or normal activity
- Symptoms are not improving or are worsening despite using prescribed rescue medication
- Any breathing difficulty that concerns you, especially fast or labored breathing, chest tightness, or poor response to usual treatments. [Video 1](#) and [Video 2](#) show symptoms of breathing difficulty.  

Trusted Resources & Videos

Scan QR code for trusted asthma education



[Allergy Medication Dosage Chart](#)



[Wheezing Explained: Wheezing vs Congestion](#)



[Asthma in Kids: Signs and When to Seek Care](#)



[Managing Asthma: Inhalers and Action Plans](#)