



Paediatric Asthma Clinic

Education Reference Guide

October 2025

Orillia Soldiers Memorial Hospital
170 Colborne St. W Orillia, ON L3V 2Z3
705-325-2201

Welcome

Welcome to Orillia Soldiers Memorial Hospital (OSMH) Paediatric Asthma Clinic! Our clinic hours are Monday to Friday, between 8–4pm. We are available for non-urgent phone calls and strive to return voicemails as soon as possible. Your child will be scheduled for a follow up appointment about every 4 months. You will receive a call from our scheduling department to book this visit as the date approaches. You will also receive a reminder call or email prior to your appointment.

Scheduling: ext. 6154

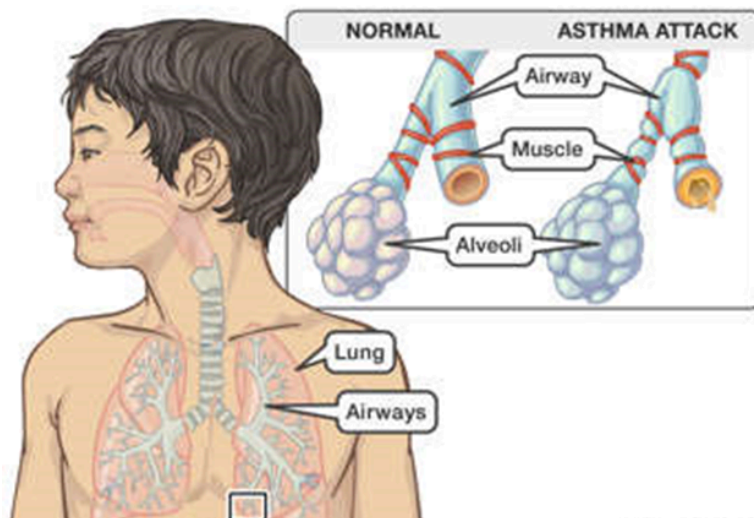
Asthma Educator: ext. 3182

The goal of ~4month appointments is to monitor your child's asthma with an in-person assessment. These appointments allow your team to assess asthma control, monitor for possible adverse effects, monitor growth and adjust medications accordingly. Please note that our clinic does not offer virtual appointments.

Our goal in the Asthma Clinic is to use the lowest possible dose of medication to maintain good asthma control. This will change as your child and their airways grow.

What is Asthma?

Asthma is a chronic (long-term) condition where the lungs “overreact” to certain conditions or triggers which make the airways (breathing passages) extra sensitive. When a child is exposed to one of their triggers their airways become inflamed (swollen), produce extra mucus and the muscles around the airways tighten. When this happens, it blocks the flow of air, especially out of the lungs. This makes it hard to breathe. Often kids will present with a dry, repetitive cough that is worse at night and with physical activity and symptoms worsen based on how much swelling is present (wheeze or visible work of breathing). There are different risk factors that can lead to a child developing asthma, including a family history of asthma, environmental trigger exposure prenatally or in infancy, and a history of allergic disease (eczema, food/seasonal allergies).



Common Triggers

- Viruses– viral illnesses often last longer and are more severe in children with asthma
- Exercise
- Dust, mould, pet dander, pollen, ragweed, grass and other common allergens
- Smoke including 3rd hand smoke left on clothes/hair
- Cold/dry air
- Hot/humid air
- Rapid temperature changes
- Extreme emotion (laughing/crying)
- Irritants such as strong scents or air pollution



Diagnosis

Early diagnosis and treatment of asthma and allergies are helpful to control asthma symptoms and prevent your child's asthma from becoming worse.

To make a diagnosis of asthma, your child's health-care provider will do the following:

- Ask you about your child's current symptoms and past health, as well as the health of other family members, including asking about allergies and exposures to things that can affect breathing. This is called taking a medical and family history.
- Physically examine your child, including listening to your child's breathing with a stethoscope.
- Assess response to any puffers your child has been on in the past. For children over the age of six a breathing test, called spirometry, will be attempted to help with asthma diagnosis.

Treatment & Management

Asthma can be treated with many different medicines. Asthma medications do not cure asthma, but they can help control your child's asthma symptoms, prevent future asthma attacks, and keep your child's asthma from getting worse.

Your child's asthma medicines are part of an Asthma Action Plan that you will develop with your child's health-care provider. The action plan tells you what to do if your child is well, having mild symptoms or having severe worsening.

Puffers come in a spray (MDI) or powder (DPI) form. It is important to learn the correct technique for administering your child's asthma medication. **A spacer device such as an Aerochamber must be used with all spray MDI puffers. Your spacer may have a mask attached (under 5 years old) or may have a mouthpiece (for children around 5 or older). For videos on how to use your MDI properly with a spacer visit:**

<https://www.aboutkidshealth.ca/healthaz/respiratory/asthma-using-a-metered-dose-inhaler-mdi-with-a-spacer/?hub=astmahub&hubSite=https://www.aboutkidshealth.ca/>

Controller Medicine

Controller medicines help to control your child's asthma by decreasing the swelling (inflammation) of their airways. They are used for long periods of time. Children with asthma will usually need to take a controller every day, even if they are feeling well, to reduce swelling and mucus in the airways and help prevent asthma attacks. Some children with asthma need multiple controller medicines to best manage their asthma symptoms. There are 3 main controller medications that we use in our clinic based on the 2021 Canadian Thoracic Society Guidelines for Asthma Management:

- *Inhaled corticosteroids (ICS): Usually coloured red, maroon, orange or brown.*
- *Combination ICS/long-acting bronchodilator (LABA): Usually coloured dark blue/green, purple, or red/white.*
- *Oral leukotriene receptor antagonists (LTRAs): Typically comes in a chewable tablet.*

It is important that all daily puffers are taken as prescribed. Most controllers take 4–6 weeks to work, therefore sporadic use is not beneficial. Compliance is important in managing your child's symptoms.

After use of the controller puffer your child should eat/drink, rinse their mouth or brush their teeth. Coordinating daily asthma medication with mealtime or teeth brushing is a helpful way to encourage consistent puffer use.

Reliever Medicine

Reliever medicines are also called short-acting bronchodilators (SABAs). "Broncho" refers to the airways, and "dilator" means expand, or open up. SABAs provide quick relief for asthma symptoms during a flare-up. They are sometimes also used before exercise, to prevent worsening symptoms. Reliever medications work quickly, usually within just a few minutes, by relaxing the muscles around the airways. Your SABA will wear off in about 4 hours. You will sometimes hear SABAs called rescue or emergency puffers, although they can be taken any time you suspect your child is experiencing asthma symptoms. They are safe and well-tolerated medications. The most common SABA used in Ontario is called salbutamol (Ventolin®), which is a blue-coloured puffer. Older children may use Symbicort® as their reliever, which is a red and white-coloured puffer.

Your child should always have their reliever/rescue medicine available in case they need to use it, including at school. Your child's school may require paperwork outlining their asthma management plan which a member of our staff can sign if necessary.

Prevention

There are two important things that you can do to help control your child's asthma:

1. Make sure that your child is taking their medications as directed by their health-care provider. Most children with asthma need to take medication even when they are feeling well. **(Most Children should have parental oversight when they are taking their asthma medications, even in their teenage years)**
2. Minimize exposure to triggers that can make their symptoms worse. Below is a list of common triggers that can effect your child's asthma.

- ☐ Viruses
- ☐ Dust/Dust Mites/Dust Mite Feces
- ☐ Mould
- ☐ Pet Dander
- ☐ Smoke

The next page highlights strategies that can help minimize their impact on your child's asthma



Viruses

- Frequent handwashing
- Annual flu shot is recommended in addition to routine vaccinations



Dust/Dust Mites/Dust Mite Feces

- Vacuum your child's room at least once per week
- Minimize stuffed animals on the bed
- Launder bedding and any special stuffed animals that your child sleeps with at least once per week. Stuffed animals that are delicate can be placed in the freezer for the day to help kill dust mites that they may contain.
- Dust mite covers that encase the mattress/pillowcases
- Furnace filter change every 3 months
- Keep relative humidity below 50% in your home. Dust mites thrive in high-humidity environments.
- Carpet and heavy curtains may house dust and dust mites and should be avoided in your child's bedroom if possible.



Mould

- Ensure good circulation in high-moisture areas to prevent mould. Consider a dehumidifier in damp areas of your home, such as the basement.
- If you heat your home with a wood fire stove store your wood outside of the home.



Pet Dander

- Air Purifiers/HEPA filters- many private benefit programs will cover with a doctor's prescription which we are happy to provide. We prefer air purifiers to humidifiers as humidifiers are difficult to keep free from mould which can in turn trigger your child's asthma.
- Keep pets out of your child's room



Smoke

- Smoking cessation- we can help direct you to resources to help with your smoking cessation journey. Quitting can make a big difference in your child's asthma!
- If you smoke, always do so outside of the home and never in a vehicle or garage that your child spends time in. Have a dedicated smoking hat/coat which you leave outside. Wash hands/face and brush teeth to minimize third hand smoke exposure for you child.

Frequently Asked Questions

Will my child outgrow asthma?

Asthma may be a lifelong condition for some children. It is difficult to predict. Your child's asthma may be controlled for periods of time and uncontrolled at others. As your child grows it may take more triggers at once to get enough narrowing to have symptoms. Although children don't really outgrow their asthma, many outgrow their asthma symptoms as their airways grow bigger.

Is steroid medication dangerous for my child?

Inhaled corticosteroids are some of the best medications for controlling asthma. There have been no long-term effects associated with low doses. The risks with higher doses of inhaled steroids are always balanced with the risks of uncontrolled asthma. In most cases, the risks of asthma outweigh any potential risks of inhaled steroids. Your child will be monitored at each visit to ensure they are growing adequately on the dose they are prescribed. We may also do bloodwork if your child is on a higher dose of inhaled steroids for a prolonged period of time.

My child does not like using their puffer. What can I do?

Giving puffers may upset a young child. This is natural. Try to make it fun for your child by singing, counting, watching a video or showing them how to use the puffer on yourself or a teddy bear. If your child has older siblings get them involved. Your child will become more comfortable with puffers over time.

How do I know when my child's puffer is empty?

All puffers have a certain number of doses in them. While some inhalers have dose counters, the best way to know when a puffer is empty is to keep track of the number of doses used. A date can also be placed in a frequently used calendar to remind you when to refill your puffer. Bring your child's puffers to every visit at the Asthma Clinic where they can be weighed. Please note that we use a special scale to weigh puffers in our clinic that is not available for retail purchase and there is no reliable way to weigh your puffers at home. A replacement schedule for your child's daily controller puffer will be noted on your Asthma Action Plan.

How often do I need to replace my child's spacer?

Most spacers last about a year before you need to replace them. OHIP+ and most private benefit plans will cover one spacer per year with a prescription. Ask your child's health-care provider for a spacer prescription when it is time to replace your child's spacer.

How do I clean my child's spacer?

It is very important to wash the spacer regularly to clear any build-up of saliva and keep the spacer working properly. Once a week, wash the spacer with soap and warm water by hand and let it air dry. If your child has a cold or virus, it should be cleaned more often to prevent the spread of infection.

References

2021 Canadian Thoracic Society Guideline Update:

https://cts-sct.ca/wp-content/uploads/2021/08/CTS-2021-Guideline-Update_Diagnosis-and-management-of-asthma.pdf

Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention (2024 Update):

https://ginasthma.org/wp-content/uploads/2024/05/GINA-2024-Strategy-Report-24_05_22_WMS.pdf

The Lung Health Foundation ABCs of Kids and Asthma:

<https://lunghealth.ca/asthmakids/>

SickKids About Kids Health Asthma Learning Hub:

<https://www.aboutkidshealth.ca/astmahub>

Asthma Action Plan

705-325-2201
Asthma Educator ext. 3182
Scheduling ext. 6154
Fax: 705-320-3229

The hospital will call you with the next appointment.

Follow-up in: _____ months.

Patient Name: _____

Physician: _____

Date: _____

THIS IS WHAT YOU DO EVERYDAY

**CLINIC CONTACT
QUESTIONS, CHANGE IN
SYMPTOMS**

You are well.
Needing Reliever less than 2 times a week.
No cough or wheeze at night.
No days off work/school.
Enjoying full exercise.

Controller Medicine:

☐ Use Reliever medicine before exercise

Reliever Medicine:

Wait one minute between sprays - prime unused inhalers - waste 2 puffs after 2 weeks.

THIS IS WHAT YOU DO IF YOU ARE SICK

is depleted. Replace every ____ months.

Needing Reliever more than 2 times a week.
Cough or wheeze at night.
Unable to do usual activities.
Getting a "cold".

Controller Medicine:

☐ Continue green zone controller

☐ Use Reliever medicine before exercise

Increase Reliever up to every 4 hours if required, for up to 2 days.

If you are needing Ventolin every 4 hours for longer than 48 hours -Contact your Doctor's office.

For sudden severe attack.
If you cannot speak.
If you have shortness of breath at rest.
If your reliever does not work.
If you know from past experience that this is a severe attack.

**GO TO THE NEAREST
EMERGENCY
OR CALL 911**

Go to the nearest Emergency or call 911

Take 4 puffs of your reliever every 15 minutes while travelling to hospital or waiting for help.

lung health
starts
now

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If you have any regular symptoms or if your peak flow readings are below normal, **see your healthcare provider** and a Certified Respiratory Educator to find out how you can get your asthma under control.