

provoke symptoms should be eliminated from the diet.

Approximately 2% to 6% of children with asthma are sensitive to aspirin; therefore, nurses should caution parents to use other analgesic/antipyretic drugs for discomfort or fever and to read package labeling. Although aspirin is rarely given to children in the United States, salicylate compounds are in other common medicines such as Pepto-Bismol. Children with aspirin-induced asthma may also be sensitive to nonsteroidal antiinflammatory drugs (NSAIDs) and tartrazine (yellow dye number 5, a common food coloring).

Nursing Alert

Parents are encouraged to avoid administering aspirin to any child unless specifically recommended by and under the supervision of a health practitioner due to the risk of Reye syndrome. Acetaminophen is safe for children and is the analgesic of choice.

Relieve Bronchospasm

Teach parents and older children to recognize early signs and symptoms of an impending attack so that it can be controlled before symptoms become distressing. Most children can recognize prodromal symptoms well before an attack (about 6 hours) and implement preventive therapy. Objective signs that parents may observe include rhinorrhea, cough, low-grade fever, irritability, itching (especially in front of the neck and chest), apathy, anxiety, sleep disturbance, abdominal discomfort, and loss of appetite.

Children who use a nebulizer, MDI, Diskus, or Turbuhaler to deliver drugs need to learn how to use the device correctly ([Fig. 21-8](#)). The MDI device ([Fig. 21-9](#)) delivers medication directly to the airways; therefore, the child needs to learn to breathe slowly and deeply for better distribution to narrowed airways (see [Family-Centered Care](#) box).

Family-Centered Care

Use of a Metered-Dose Inhaler*

Steps for Checking How Much Medicine Is in the