

Managing your child's wheeze

Children's Emergency Department

Information for Patients, Parents & Carers

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Medical staff believe that you or your family member have wheeze. This may be viral induced wheeze or asthma. You are well enough to be discharged home. This leaflet explains how to look after them and when to come back.

A wheeze sounds like a high pitched whistle when breathing out. It happens because the airways are narrow.

In children under 5, it is often called viral induced wheeze. You can also get wheezy if you are older and have asthma. Viral induced wheeze is not the same as asthma. Most children will grow out of viral wheeze.

How can it be treated?

We use drugs that open up the airways. For most children this will be salbutamol. It usually comes in a blue inhaler. If your child needs oxygen we will give their salbutamol as a mist (nebuliser). Sometimes we use other inhalers. Sometimes we give drugs through a drip if your child is very sick.

Antibiotics do not work on viruses. They do not help with treating wheeze. We do not recommend them.

Steroids are used for asthma. They are not usually used for viral-induced wheeze as they will not help most children.

If your child uses tablets or a steroid inhaler for their asthma they **must** keep on taking these every day.

The medicines we use are safe. But if children need a lot of salbutamol, they might get quite hyperactive or shaky with a fast heartbeat. This goes away when we reduce the medicine.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

When can my child go home?

Your child will be ready to go home once they only need an inhaler every 4 hours. This could take hours or days. It will depend on how they recover.

How should I care for my child at home?

The healthcare professional who saw you will explain the wheeze advice on page 3 and 4.

They will also go through the letter and checklist at the end of the leaflet.

You must give this letter to your GP receptionist as soon as possible.

Your child should have a follow up appointment with a health care professional in the next 2 working days. Some GP practices may also call you after you have been seen in the Emergency Department to make an appointment. But it is best if you visit them yourself to make sure your child is seen.

Tobacco smoke, even on clothes, will make your child's symptoms worse. The wheeze is more likely to come back. Try to keep your children away from smoke, especially when they are wheezy.

If you need advice on giving up smoking, please speak to a member of staff, your GP or visit:

<https://www.nhs.uk/better-health/quit-smoking/>

What should I do next time?

Wheeze can happen more than once. Often you do not need to come to hospital if you follow this plan:

- At the start of a cold, give 2 puffs of salbutamol through a spacer if needed. Use the plan on page 3 to help you decide how much inhaler they need.
- Always use the spacer with the inhaler. It helps the medicine work better. This leaflet explains how to use the spacer. It has links to videos showing you how.
- Make sure you do not run out of inhalers. There are around 200 puffs in each inhaler. Order more from your GP in plenty of time.

If your child is coughing or wheezing more than usual, give more puffs of the blue inhaler as shown in this leaflet.

See your GP if your child is not getting better with this treatment or come to the Emergency Department in an emergency.

Wheeze Discharge Advice

Advice for parents/ carers

What is wheeze?

Wheeze is a whistling sound caused by narrowing of the airways. This can sometimes only be heard through a stethoscope. It has many causes including viral infections.

If you cannot hear wheezing, working harder to breathe can be a useful sign of airway narrowing (see video link overleaf).

Treating wheeze at home with Salbutamol (blue inhaler)

Over the next few days you should assess your child at least every 4 hours to make sure that they are getting better.

This is particularly important at night and first thing in the morning.

Please follow this flow chart:



Review your child
Are they breathless or wheezy?
Do they have increased work of breathing?

Yes

Give **2 puffs** of blue inhaler one at a time using a spacer. Review their response after 10 minutes. If they are not improving give another **2 puffs** and reassess. If they are still not getting better, repeat up to a maximum total dose of **10 puffs** and reassess.

No

No need for any blue inhaler.
Continue to review **at least** every 4 hours.

Are you still concerned about your child's breathing?

Yes

Give up to another **10 puffs** of blue inhaler one at a time using a spacer.

Seek urgent help
Call 999 or attend your local Emergency Department

No

Assess them again in 4 hours and repeat the process.

Document all reviews and treatment in the treatment log
(See overleaf)

You might need to give some blue inhaler every 4 hours initially and less often as your child recovers.

If you are concerned about your child or they need more than 10 puffs within 4 hours, get urgent medical help via 111, your GP or go straight to your local Emergency Department.

Call 999 if your child has severe symptoms.



Wheeze Discharge Advice

Advice for parents/ carers



How to use an inhaler with a spacer.



- 1 Remove the canister and shake -check that it still contains medicine.
- 2 Put it back into its plastic container and remove the cap.
- 3 Fit the inhaler into the opening at the end of the spacer.
- 4 Place the mask over your child's face or mouthpiece in their mouth ensuring a good seal (most children aged over 3 years can manage without a mask).
- 5 Press the inhaler **once** and allow your child to take 5 slow breaths or count slowly to 10 whilst they breath through the spacer.



Shake the inhaler and repeat steps 3 to 5 if more puffs are needed

Scan the codes below with your smartphone camera to see a video showing how to use aspacer.

With a facemask



With a mouthpiece



Scan this code with your smartphone camera to see a video showing increased work of breathing.



Salbutamol (Blue inhaler) treatment log

If your child needs further medical attention please bring this with you.

| Date | Time | Symptoms | Number of Puffs given |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|-----------------------|
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| | | | |
| It's been 1 day since discharge from hospital—the number of puffs you are giving should be less. If you are giving 10 puffs every 4 hours, please return to the Childrens assessment unit or the Emergency department | | | |
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| | | | |
| | | | |
| | | | |
| It's been 2 days since discharge from hospital—the number of puffs and how often you are giving them should be less. If not ,contact your GP , 111 or go to the Emergency department. | | | |
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| | | | |
| | | | |
| | | | |
| Are you happy that your child / young person is getting back to normal? If they still needing a lot of blue inhaler please contact your GP or 111. | | | |





When should I call an ambulance?

Sometimes children get sick very quickly whatever you do, and you will need to come to hospital urgently. The wheeze advice on p3 explains how to assess your child and when to call an ambulance.

Contact details

If you have any concerns you can contact the NHS helpline on 111 for advice.

Giving us your feedback

We would love to get some feedback on your visit today.

Use your smart phone to scan this QR code for quick access to our online feedback survey form.

Or you can access the feedback form from our website:

<https://www.leicestershospitals.nhs.uk/patients/thinking-of-choosing-us/patient-experience/>



اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk

Wheeze Discharge Letter and Checklist– complete before discharge

Attach Patient Sticker Here

Dear Colleague,

The above named patient has been discharged today from the Children's Emergency Department. They have a diagnosis of wheeze due to asthma / viral induced wheeze (delete as appropriate).

Please can you arrange a follow up appointment, with a health care professional, in 2 working days as per national guidance.

The Children's Emergency Department have-

- Provided and explained a written wheeze plan to the carer and patient. They have checked their inhaler technique in hospital.
- Given a one off dose of Dexamethasone / 3 day course of Prednisolone (delete as necessary)
- Given stop smoking advice to carers / the patient (delete as necessary)
- Advised the family to make this appointment with you

Many thanks,

The Children's Emergency Department, LRI

Scan and email this letter as an attachment to

**childrensed@uhl-tr.nhs.uk AND a&adminoffice@uhl-tr.nhs.uk
before giving to parents to take to GP and book follow up.**