Managing your child's wheeze (5-11 yrs) - MART discharge plan with Symbicort® 100/3 MDI and spacer

Children's Hospital & Emergency Departments

Information for Patients, Parents & Carers

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Medical staff believe that your child has wheeze. Your child is already using a preventer inhaler as part of a Maintenance and Reliever Treatment (MART) plan. They are already known to have suspected or confirmed asthma.

There are many things (triggers) that can cause an asthma attack and wheezing. You should discuss what may have caused your child's symptoms this time.

Your child is well enough to go 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.

How can it be treated?

We use drugs that open up the airways. For children in hospital this will be salbutamol. It usually comes in a blue inhaler. If your child needs oxygen we will give the salbutamol as a mist (nebuliser). Sometimes we use other inhalers. Sometimes we give drugs through a drip if they 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. Your child may be given these as dexamethasone or prednisolone, or as a drip. Your child's preventer Symbicort® 100/3 (MART) inhaler also has steroids for asthma. They **must** keep on taking their maintenance doses every day, along with any tablets they may have.

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.

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, and vaping, will make your /your child's symptoms worse. The wheeze is more likely to come back. Try to keep your child away from smoke, or vape mist from adults, especially when they are wheezy. They should not smoke or vape.

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, or if your child is coughing or wheezing more than usual, follow their most recent asthma action plan if you have one. Or you can use the plan on page 4 if you do not. This will 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.

See your GP if they are not getting better with this treatment or come to the Emergency Department if you enter the "you are having an asthma attack" red box on their plan.

Make sure you do not run out of your child's inhalers. There is a dose counter on your inhaler to tell you how much is left. Order more from your GP in plenty of time.

How to treat wheeze/asthma symptoms on Maintenance and Reliever treatment (MART)

- Your child should now be starting to feel better due to the medication they have been given during their hospital stay
- The need for the **R**eliever doses of their inhaler should reduce over the next few days
- Your child should carry on taking any medication prescribed to treat this episode/attack. Carry on giving their regular **M**aintenance doses as per their personal MART asthma action plan, along with any other regular medications
- You **must** carry on checking their breathing at least **every 3 to 4 hours for any signs of:**
  - **wheeze**
  - **tight chest**
  - **shortness of breath**
  - **cough or**
  - **difficulty in breathing**

  until symptoms have resolved and they no longer need any **R**eliever doses of their inhaler.

Your Child's MART maximum doses allowed are:

- The total number of doses they are allowed **in a day** of Symbicort® 100/3 inhaler is **16 doses including** their 2 times a day **M**aintenance doses.
- Their total number of allowed **R**eliever doses **at any one time for symptoms** is **8 doses**.
- When they are better from this episode of wheeze / asthma, you should check how often they need 'extra' reliever doses. If they need to regularly take
  - as many as **12 doses** in a day, **or**
  - need extra doses more than 2 times a week,

  their asthma is not well controlled.

Your child should see their GP or contact your health professional.

What do we do at home?

Review breathing at least every 3 to 4 hours.

If your child is having symptoms of wheeze, tight chest, shortness of breath, cough or difficulty in breathing

- Take the cap off their inhaler and shake it. They should take 1 dose of their inhaler **with their spacer.**
- **Wait 3 to 5 minutes** to see if symptoms have gone.
- If you are still worried about breathing, they can take a further **1 to 2 doses** up to a maximum of **8** doses at one time. Shake the inhaler between each dose.

The effects should last for at least 4 hours

In the **first 24 hours after discharge** you can take up to a maximum of **16 doses as needed.**

Use the symptom/treatment diary (on page 5) to record symptoms and use of Reliever doses.

Have symptoms returned in less than 4 hours or have you taken all of your allowed doses and still have symptoms?

Yes

Your child is having an asthma attack

Return to the Emergency Department or

Seek urgent medical attention by calling 999 or 111 immediately.

They can take more doses, 1 dose at a time every 1 to 3 minutes while waiting for help.

Try to keep your child calm.

No

Continue to review breathing every 3 to 4 hours for the next 24 hours or until symptoms have completely gone.

On day 2 after discharge the number of Reliever doses needed should be less than your allowed maximum in a day

If you have not improved on day 2 after discharge or you need your daily maximum doses of inhaler you must see your GP or call 111 today.

Arrange to see your GP 2 days after discharge from hospital even if symptoms have gone.

Have symptoms returned in less than 4 hours of taking reliever doses?

Yes

No

If your child does not need extra doses of their inhaler for 24 hours and activity levels are back to normal, carry on with their regular maintenance treatments.

If they need to take extra doses of their inhaler more than 2 times in a week (day or night) for symptoms of asthma, **or** they are regularly taking **12** doses a day arrange a review with your GP/asthma nurse or other specialist health professional.

Continue to use their Asthma Action Plan. If they do not have one, ask for one.

Symptoms and treatment diary

Date	Time	Symptoms	Peak flow reading	Number of puffs/doses of reliever inhaler taken
It has been 1 day since discharge home. The number of doses of reliever inhaler needed should be less. If you are not lasting 4 hours between doses or you still need **16 doses in 24 hours** return to ED.				
It has been 2 days since discharge home; the number of doses and how often the reliever inhaler is needed should be less. If not, contact your GP. Your child should be reviewed by their GP 2 days after discharge even if symptoms have gone.				

How to use my inhaler:

https://www.asthmaandlung.org.uk/living-with/inhaler-videos/spacer-tidal

When should I call an ambulance?

Sometimes children and young people with wheeze get sick very quickly whatever you do, and you will need to come to hospital urgently. The wheeze advice on page 4 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.oc-meridian.com/OCQ/completion/clientmanifest/UHLTR/default.aspx?slid=191&did=CHED_QR&tkn=n9akd9D55a0bY8rBBHNvrBmNpewS6kyC7CxfytwkuP2W0d6f_fNYj3oBQ4G42gOpK1fPhWvKszefZt89UXc8W6uT_xpZp-6zQMzRp0Isovlm7E-FQTEY3Vgh33f47a1r

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice
Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

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

إذا كنت ترغب في الحصول على هذه المعلومات بلغةٍ أُخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો.

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

We are a research hospital and you may be asked to take part in research

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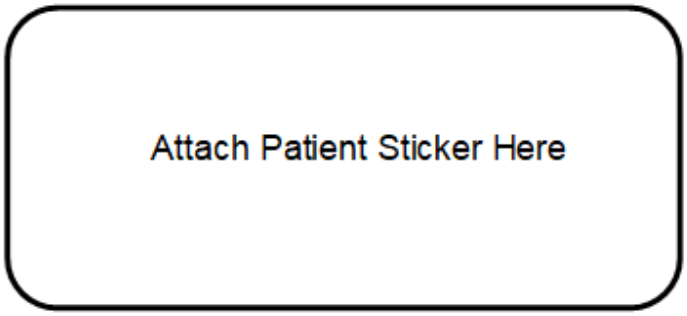
Wheeze Discharge Letter and Checklist– complete before discharge



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, Leicester Royal Infirmary

Scan and email this letter as an attachment to

uhl-tr.childrensed-mailbox@nhs.net AND

uhl-tr.aandeadminofficemailbox@nhs.net

before giving to parents to take to GP and book follow up.