# Managing your child's wheeze (12 and over) - 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 you have wheeze.** You are already using a preventer inhaler as part of a Maintenance and Reliever Treatment (MART) plan. You 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 with your doctor or nurse what may have caused your symptoms this time.

You are well enough to go home. This leaflet explains how to look after your wheeze and when you would need 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 you need oxygen we will give the salbutamol as a mist (nebuliser). Sometimes we use other inhalers. Sometimes we give drugs through a drip if you are 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. You may be given these as dexamethasone or prednisolone, or as a drip. Your preventer Symbicort® (MART) inhaler also has steroids for your asthma. You **must** keep on taking your maintenance doses every day, along with any tablets you 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 I go home?

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

## How should I care for my asthma/wheeze at home?

The healthcare professional who saw you will explain the wheeze advice on page 4 and 5.

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.**

**You 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 symptoms worse. The wheeze is more likely to come back. Try to keep away from smoke, or vape mist from adults, especially when you are wheezy. You 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 you are coughing or wheezing more than usual, follow your 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 you need.
- See your GP if you 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 your plan.
- Always use your spacer with your inhaler. It helps the medicine work better. This leaflet has links to videos showing you how to use your spacer and inhaler.
- Make sure you do not run out of 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)

- You should now be starting to feel better due to the medication you have been given during your hospital stay.
- The need for the **R**eliever doses of your inhaler should reduce over the next few days.
- You should carry on taking any medication prescribed to treat this episode/attack. Carry on taking your regular **M**aintenance doses as per your personal MART asthma action plan, along with any other regular medications.
- You **must** carry on checking your 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 you no longer need any Reliever doses of your inhaler.

## Your MART maximum doses allowed are:

- The total number of doses you are allowed **in a day** of Symbicort® 100/3 is **24 doses including** your 2 times a day **M**aintenance doses.
- Your total number of allowed **R**eliever doses **at any one time** for symptoms is **12 doses**.
- When you are better from this episode of wheeze / asthma, you should check how often you need 'extra' reliever doses. If you need to regularly take:
    - as many as **16 doses** in a day, **or**
    - need extra doses **more than 2 times a week**, your asthma is not well controlled.

  You should see your GP or contact your health professional.

## What do we do at home?

**Review breathing at least every 3 to 4 hours**.

If you are having symptoms of wheeze, tight chest, shortness of breath, cough or difficulty in breathing:

- Take the cap off the inhaler and shake it. Take 1 dose of your inhaler with your spacer.
- **Wait 3 to 5 minutes** to see if symptoms have gone.
- If you are still worried about breathing, you can take a further **1 to 2 doses** up to a maximum of **12** doses at one time. Shake the inhaler between each dose. Rinse your mouth after using your inhaler. The effects should last for at least 4 hours.

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

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

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

**Yes**

**You are having an asthma attack.**

**Return to the Emergency Department or**

**Seek urgent medical attention by calling 999 or 111 immediately.**

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

**Try to keep calm.**

**No**

Continue to check 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 **R**eliever doses you need should be less than the total you can have 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 you do not need extra doses of your inhaler for 24 hours and activity levels are back to normal, carry on with your regular maintenance treatments.

If you need to take extra doses of your inhaler more than 2 times in a week (day or night) for symptoms of asthma, **or** you are regularly taking **16** doses a day arrange a review with your GP/asthma nurse or other specialist health professional.

Continue to use your Asthma Action Plan. **If you do not have one, ask for one.**

## Symptom and treatment diary

| Date | Time | Symptoms | Peak flow reading | Number of doses of reliever inhaler taken |
|---|---|---|---|---|
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| It has been 1 day since discharge home. The number of doses of reliever inhaler should be less.<br>If you are not lasting 4 hours between doses or you still need 24 doses in 24 hours return to ED. | | | | |
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| 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.<br>You should be reviewed by your GP 2 days after discharge even if symptoms have gone. | | | | |
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## 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 the QR code for quick access to our online feedback survey form.

**Children's Emergency Department and Short Stay Unit**

**Children's Hospital Wards**

Or you can access the feedback form from our websites:

**Children's Emergency Department and Short Stay Unit**

https://www.oc-meridian.com/OCQ/completion/clientmanifest/UHLTR/default.aspx?slid=191&did=CHED_QR&tkn=n9akd9D55a0bY8rBBHNvrBmNpewS6kyC7CxfytwkuP2W0d6f_fNYj3oBQ4G42gOpK1fPhWvKszefZt89UXc8W6uT_xpZp-6zQMzRp0Isovlm7E-FQTEY3Vgh33f47a1r

**Children's Hospital Wards**

https://www.oc-meridian.com/OCQ/completion/clientmanifest/UHLTR/default.aspx?slid=341&did=&tkn=op8lFlOSdEaHubTX9ZTFMAd88fi84-54GJKNayUAgXsKVziSyyTUc5ZuvIAqSvOGVzad_fbpHgboNxFuSZrApl4zSWaU-Nk3F4EWCrZP2n9Rr529DkAs87I1CC2JqAHY

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 ਟੈਲੀਫੋਨ 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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**For Emergency Department use only – complete before discharge**

University Hospitals of Leicester NHS Trust

**Before giving this letter to parents to take to their GP to book a follow-up appointment, scan and email it as an attachment to:**

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

## Wheeze discharge letter and checklist

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.
- ☐ Given stop smoking advice to carers / patient (delete as necessary).
- ☐ Advised the family to make a follow-up appointment with you.

Many thanks,

Children's Emergency Department, Leicester Royal Infirmary