Managing your child's wheeze (5 and over) - discharge plan with salbutamol and spacer

Children's Hospital & Emergency Departments

Information for Patients, Parents & Carers

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Medical staff believe that you or your child has 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.

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 preventer 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.

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.
- 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. Blue inhalers do not have a dose counter so try to keep track of how many doses are used. Order more from your GP in plenty of time.
- 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.

How to treat wheeze/asthma symptoms after discharge

- Your child should now be starting to feel better due to the medication they have been given during their hospital stay
- The need for doses of their blue **Reliever (salbutamol) inhaler** should be less over the next few days. **Always use it with a spacer.**
- Your child should carry on taking any medication prescribed to treat this episode/attack. Carry on giving their regular preventer inhaler if they have one and 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 Reliever doses of their inhaler.

What do we do at home?

Review breathing at least every 3 to 4 hours.

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

- Take the cap off their Reliever inhaler (salbutamol, blue) and shake it .
- They should take 2 puffs, 1 at a time with their spacer. Shake the inhaler between each puff.
- **Wait 2 minutes** to see if symptoms have gone.
- If you are still worried about breathing, repeat if necessary until they have taken up to **10** puffs.

The effects should last for at least 4 hours

Use the symptom/treatment diary on (page 4) to record symptoms and use of Reliever inhaler

Yes

Your child is having an asthma attack.

Take 10 puffs of the blue Reliever inhaler. Take 1 puff at a time (every 30 to 60 seconds). Use the spacer

Try to keep calm.

Return to the Emergency Department or arrange a GP review by calling 111 or 999 for help.

No

Continue to review breathing every 3 to 4 hours.

If symptoms return, after 4 hours, you can take upto another 10 puffs,1 at a time, every 4 to 6 hours if needed. If you have not improved after 24 hours and you still need up to 10 puffs every 4 to 6 hours 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?

Yes

No

If your child does not need the blue inhaler for 24 hours and activity levels are back to normal, carry on with your regular preventer treatments, if these are prescribed.

If the blue inhaler is needed more than 2 times in a week (day or night) for symptoms of asthma, arrange a review with your GP/asthma nurse or other specialist health professional.

Continue to use your child's Asthma Action Plan if you have one. If you do not and they are on regular preventer treatment, ask for one from your GP or healthcare professional.

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 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.				

Watch the videos from Asthma and Lung UK on how to use an inhaler and spacer

www.asthmaandlung.org.uk/living-with/inhaler-videos

Please be aware:

Salbutamol (Salamol/Ventolin) only has a maximum of 200 doses but will continue to ‘fire’ when empty. Order new inhalers in plenty of time.

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 page 4 explains how to assess you 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.

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 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

For Emergency Department use only – complete before discharge

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 / 3 day course of prednisolone (delete as necessary).
- ☐ Started a regular steroid preventer inhaler _ .
  Please add this to their repeat prescription and code as 'suspected asthma'.
- ☐ 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