Managing your child's wheeze (under 5 yrs) – discharge plan with salbutamol and spacer

Children's Hospital & Emergency Departments

Information for Patients, Parents & Carers

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Your child has been given this plan because they were seen by the medical team for wheezing.

The wheeze is usually caused by a virus. These are the same viruses that cause coughs and colds.

When a child has a virus:

- The small airways in the lungs can get tighter,
- This makes breathing noisy.
- The whistling sound is called "wheeze".

This does not mean your child has asthma.

The wheeze should get better on its own. Your child should stop wheezing when the cough or cold has gone.

They might wheeze again when they get another cough or cold, but this should not happen more than 1 or 2 times a year. It should also not be so bad that they need to stay in hospital or have strong medicines like oral steroids.

If your child gets wheeze or breathlessness often, or if symptoms are very bad, the medical team may start a steroid inhaler. This is because your child may have asthma.

When your child is 5, if they still have symptoms, their doctor or nurse may refer them for breathing tests.

These tests can help confirm whether your child has asthma.

How can it be treated?

We use medicines that help open the airways and make breathing easier. 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).

Antibiotics do not work on viruses. They do not help with treating wheeze. We do not recommend them. We only use antibiotics if we think there is a bacterial infection.

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

If your child has frequent or severe symptoms, they may be given a regular preventer steroid inhaler for possible asthma. They **must** keep on taking this 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 do not need a blue inhaler more than once every 4 hours. This could take hours or days, depending on how they recover. If the medical team think that it is possible that your child has asthma, they will go home with a steroid ‘preventer’ inhaler to take regularly.

How should I care for my child at home?

The healthcare professional who saw you will explain the wheeze advice on what to do if symptoms come back. This is on pages 3 and 4. They will also go through the letter and checklist at the end of the leaflet.

- You might need to give some blue inhaler every 4 hours at first., then less often as your child recovers. **Always use the yellow spacer and mask with the blue inhaler.**
- 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.
- Get urgent medical help if you are worried about your child, **or if they need the blue inhaler more often than every 4 hours.**
- You can call 111, contact your GP, or go to your local emergency department.
- Call 999 if you think your child is very unwell.
- You can keep a note of how many doses, and how often the blue inhaler is needed over the next 2 days on page 6. This should be less each day if your child is recovering well.

- **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.

Smoking and vaping

Smoke from cigarettes, even on clothes, and vape mist can make 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. 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?

If your child is wheezing, often you do not need to come to hospital if you follow the plan on the next page:

- **Always use the yellow spacer and mask with the inhaler.** It helps the medicine work better.
- Make sure you do not run out of inhalers. There are around 200 puffs in each blue inhaler. They do not have a dose counter so try to keep track of how many doses are used. Blue inhalers may still sound like there is medicine in them when you shake them after all the doses have been used.

What if my child does wheeze or need salbutamol (blue inhaler) regularly?

Wheeze can happen more than once. If your child wheezes even when they do not have a cough or cold, or if they have had more than one bad episode of wheeze needing steroid medicine or a stay in hospital, they may have asthma. You should talk to your child's doctor or nurse about this.

You and your doctor or nurse can use the link or QR code below to check if your child should start a regular steroid inhaler for possible asthma. If your child is already on a steroid inhaler then talk to your child's doctor or nurse about their symptoms if they are still wheezing regularly.

Leicester Preschool Wheeze/Asthma Management website

Scan the QR code or go to https://ip2am.replit.app/

On the website you will also find:

- How to use an inhaler correctly
- How to check if an inhaler is empty
- Advice on avoiding smoke and allergens (things that can trigger wheeze)
- Other useful information about wheeze in preschool children

What do we do at home? How do I know my child is getting unwell?

Unwell
Wheeze, cough or more breathless than usual.
Needs blue inhaler more often but not more than every 4 hours.
Follow plan below, see GP or call 111 if no better after 48 hours.

Getting worse
Wheeze, cough and breathlessness getting worse or more often.
Blue inhaler still working but need more often than every 4 hours.
Follow plan below and see GP urgently or go to local emergency department.

Emergency
Breathing fast and hard.
Too breathless to talk or eat.
Tired and sleepy.
Blue inhaler not working
Lips or fingers look blue.
Call 999 and follow plan below.

Treating viral wheeze at home with blue inhaler (salbutamol)

Your child has been recently been seen in hospital. They are well enough to go home. Over the next few days you should check your child every 4 hours to make sure that they are getting better. This is very important at night and first thing in the morning.

Review your child
Are they wheezy, breathless or working hard to breathe?

Yes

Your child needs their blue inhaler now
Give 2 puffs of the blue inhaler one at a time using the spacer
Check if it has helped after 10 minutes
If they have not improved give another 2 puffs and check again after 10 minutes.
If they are still not getting better, repeat 2 puffs again and check again
Your child has now had 6 puffs.

Are you still worried about your child's breathing?

Yes

Get urgent help now
Call 999 or go to your local emergency department straight away
Give another 10 puffs of the blue inhaler, one at a time, using the spacer while waiting for help.

No

Continue to check your child at least every 4 hours until all the following are true:
- Your child has not had any wheeze or breathlessness **and**
- they have not needed any blue inhaler for at least 24 hours, **and**
- they are back to their normal activity levels

If your child is not getting better after 48 hours, or they still need the blue inhaler every 4 hours, you must see your GP or call 111 for advice.

Does your child get wheezy or breathless again in less than 4 hours after the blue inhaler?

Yes

For children who have been started on a steroid preventer inhaler

This page is for children who have been started on a regular steroid ‘preventer’ inhaler for suspected asthma. Ignore this page if they have not been started on a steroid inhaler.

Your child’s steroid inhaler treatment plan

When your child is well, they should have no regular symptoms of wheeze, breathlessness or cough. They should be able to do all their normal daily activities. They should be given their prescribed preventer medicine(s) every day. They should not need to use their blue inhaler every day.

My Child’s Daily Asthma Medicines:

Daily **Preventer** is called: _____

It is_____ in colour. It is given____ puff(s) in the morning and____ puff(s) in the evening. This is given every day even if my child feels well.

My child also takes these medicines every day to help with their asthma symptoms:

_____

My child’s **Reliever** inhaler is called **Salbutamol.** It is **BLUE**. I only give this to them when they are wheezy and/or breathless (see wheeze action plan on Page 4).

My child must always have their reliever inhaler with them in case they have breathing difficulties.

Important things to remember:

Spacer: I must always use a spacer with my child(s) inhaler. It is_____ in colour and has a mask. (Some children over 4 years may manage with a mouthpiece if they can make a good seal with their lips.)

Rinse mouth: My child should rinse their mouth after using their steroid inhaler. It can help to do this if you give their inhaler just before they brush their teeth twice a day.

Checking when empty: Check your child’s inhalers often to make sure they are not empty. Get new prescriptions before they become empty.

If they do not have a dose counter, you will need to keep a record of how much you child has used. Blue inhalers may still sound like there is medicine in them when you shake them but they are empty after 200 doses have been used.

Triggers – avoid known triggers for your child’s symptoms where possible, particularly cigarette smoke.

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 Emergency Department.**				
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

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.

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.
- ☐ 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