



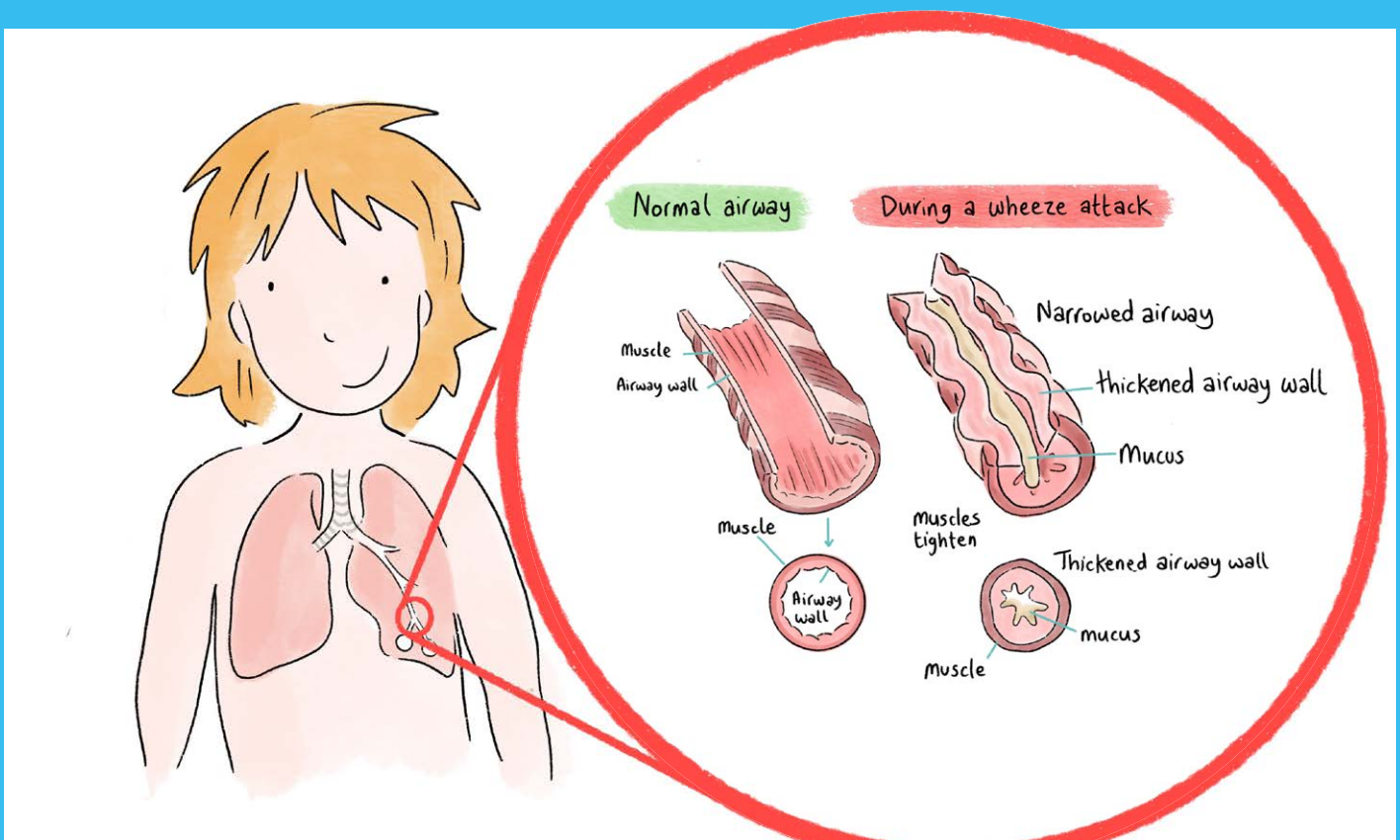
Pre-school Wheeze

Information for parents and carers

Key facts

Pre-school wheeze is a condition which affects the airways, the breathing tubes that carry air to the lung

- Usually affects children aged between one and five years
- Usually caused by a virus
- Between viral illnesses, children are often symptom free

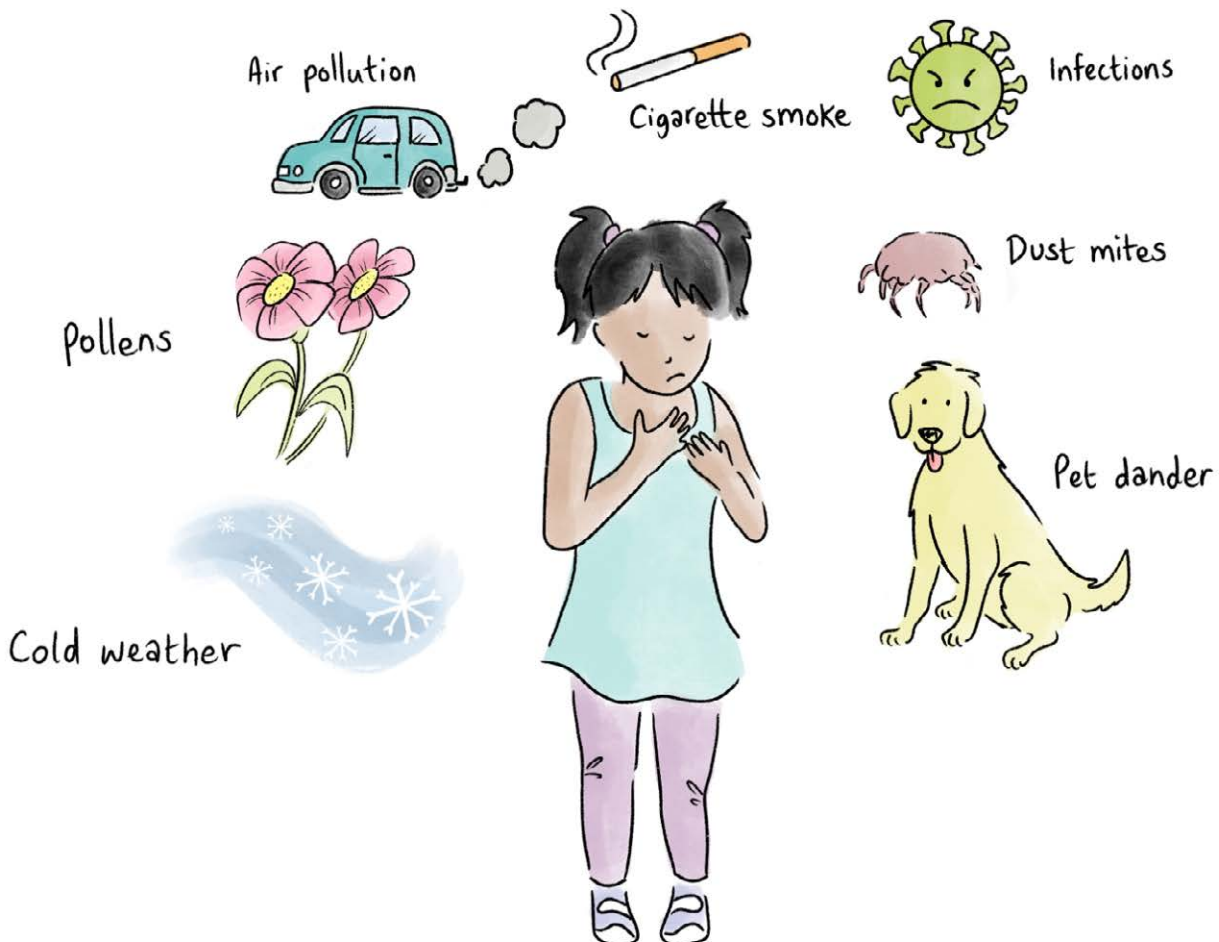


What is pre-school wheeze?

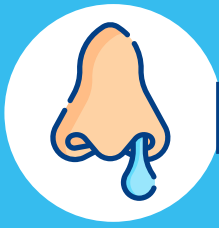
Children with pre-school wheeze have sensitive airways. Wheeze is a high-pitched whistling sound from the chest, most commonly heard when the child breathes out, and occurs when the muscles in the airway walls tighten or there is a build-up of mucus in the airways. This causes the airways to narrow and make it harder to breathe.

In babies and young children the airways can become narrow due to inflammation caused by a viral illness, such as a cold, and it is often referred to as 'Viral Induced Wheeze'. Between viral illnesses, children are often symptom free.

Some children may also have other triggers that can bring on their wheeze/cough such as;



Symptoms of Pre-school Wheeze



Runny nose



Coughing



Tired



Wheezing

A whistling sound when breathing



Difficulty breathing



Tight chest



Sore tummy



Symptoms vary from mild to severe

How is it diagnosed?

A doctor can diagnose pre-school wheeze by listening to your child's chest and understanding their symptoms. Tests are not usually required.

Does my child have asthma?

Most children with pre-school wheeze will not go on to develop asthma in later life. A small number will go on to develop asthma but it is difficult to predict which children will be affected.

Attacks of wheeze

If your child has an asthma attack it is an **emergency**, you may notice the following symptoms

- Too breathless to speak, babble or feed
- Making more effort to breath, such as using 'tummy muscles' or sucking in the spaces between ribs or under the breast bone
- Faster breathing
- Cough
- Wheeze
- The reliever (blue inhaler) does not help

Post-attack plan

When your child is at home recovering from a wheezing episode you may be advised to follow a salbutamol weaning plan.

- **Take the preventer medication as prescribed by the health professional**
- **Take the blue reliever inhaler as needed if your child has any symptoms.** Give 2 puffs, one at time and wait 2 minutes, repeat if necessary until you have given up to 6 puffs. The symptoms should have disappeared. The effects should last for at least 4 hours.
- **If your child needs the blue reliever inhaler more than every four hours, your child's asthma attack is not controlled and you need to take emergency action now.** Take up to 10 puffs and seek urgent medical attention either by arranging an urgent appointment with your GP or if it is closed call 111.
- **If your child is having difficulty breathing not relieved by 10 puffs of salbutamol or is requiring repeated doses of 10 puffs you should call 999.**

Important

Your child should have a review within 48 hours of discharge from hospital to review their progress. A full review of their management should take place within 4 weeks of discharge.



RED

If your child

- has blue lips
- or is unresponsive or very irritable
- or is struggling to breathe
 - pulling in of the chest or neck muscles
 - using tummy muscles
- or has unusually long pauses in breathing
- or has an irregular breathing pattern
- or is unable to swallow or is drooling
- is too breathless to feed or speak
- is unable to take fluids
- is pale, drowsy, weak or quiet

YOU NEED EMERGENCY HELP CALL 999

You need to be seen at the hospital Emergency Department

If you have a blue inhaler use it now, 1 puff per minute via spacer UNTIL AMBULANCE ARRIVES

Keep child sitting up and try to remain calm



AMBER

If your child has any one of these features

- Appears to be getting worse or you are worried
- Restless or irritable
- Increased difficulty in breathing such as
 - Rapid breathing
 - Taking more effort to breathe
 - Flaring of nostrils
- Becoming unusually pale
- Temperature of 39°C despite paracetamol and/or ibuprofen
- Reduced fluid intake by half usual amount
- Passed urine less than twice in 12 hours
- Vomiting
- mild wheeze and breathlessness not helped by usual reliever (blue inhaler)

SEEK MEDICAL ADVICE TODAY

Please call your GP surgery, or, if it is closed call NHS 111

Increase blue inhaler to 10 puffs over 20 minutes and repeat every 4 hours via a spacer



GREEN

If none of the features in the red or amber boxes above are present

If your child is using their reliever more than usual or more than 3x/week but is;

- not breathing quickly
- can continue doing daily activities
- able to talk in full sentences

SELF-CARE

Needs a medical review within the next 48-72 hours

Continue to use your blue inhaler as required

If you feel you need more advice, please contact your local pharmacy, Health Visitor or GP surgery.

You can also call NHS 111 for advice.

Treatments

Pre-school wheeze is treated with medication which is usually inhaled so it goes straight to the lungs. It is very difficult to stop your child from catching viral infections, but if you know that your child is starting with a cold you should be prepared to give them a blue reliever inhaler if wheezing starts.



Spacers

A spacer is a hollow plastic container with a mask at one end and a hole for the inhaler at the other. It is very important that your child uses a spacer device when having their inhaler, this ensures that the inhaled medication reaches their lungs.



Relievers

- Usually blue in colour
- Relaxes muscles around the airways, making it easier to breathe

If your child needs to use their inhaler more than once in any day or 3-4 times a week, it is important to speak to your GP



Preventer

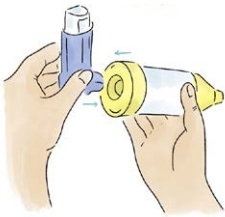
Some pre-school children with recurrent episodes of wheeze may be prescribed a preventer inhaler (typically a brown inhaler) or chewable tablet/granules.

These types of medications are intended to reduce inflammation in the small airways. They aren't always useful in young children, therefore they may only be trialled and stopped if there is no response.

For these preventer medications to be effective they need to be given every day as prescribed by your child's doctor.



1 Shake the inhaler and remove the cap. Check the inhaler has nothing in it.



2 Put the inhaler into the end of the spacer - this is the opening at the opposite end to the face mask.



3 Place the face mask securely over the nose and mouth, ensuring a good seal.



4 If you are able, tilt the chin upwards slightly - this helps the medication in the inhaler reach the lungs.



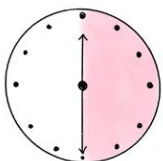
5 Press the canister of the inhaler down once to give 1 dose or 'puff'.



6 Take 5 slow and steady breaths in and out through the spacer.



7 Remove the spacer from your child's face.



30 seconds

8 If more than 1 dose or 'puff' is required, repeat the process as above leaving 30 seconds between each dose or 'puff'.

Remember to always shake the inhaler between each dose/'puff'

Caring for your child at home

If your child does not have any red or amber symptoms in the traffic light advice then you can care for your child at home.

Make sure your child takes their treatment as directed
If symptoms get worse or don't improve seek medical advice.

Make sure your child is never exposed to tobacco smoke. Passive smoking can seriously damage children's health. It can make breathing problems like pre-school wheeze worse. Remember, smoke remains on your clothes when you smoke anywhere, including outside.



Salbutamol Weaning Plan

When your child is at home recovering from a wheezing episode you may be advised to follow a salbutamol weaning plan

Day	Number of puffs	How often
1	8	Every 4 hours
2	6	Every 4-6 hours
3	4	Every 6-8 hours
4	2-4	Every 8-12 hours
5 onwards	2-4	As required

If your child's wheeze symptoms worsen or they are needing the blue reliever inhaler more than 4 hourly, seek medical advice.