

What is viral induced wheeze?

A wheeze or whistling sound that is caused by a viral infection (a cough or a cold). The wheeze may return each time your child has a cold. Usually the child is well in-between the viral infections but the wheeze can last for some weeks after the infection. Children under the age of 3 years are more likely to be affected as their air passages are small.

Treatment

Over the next few days, your child will need to be regularly given a blue (salbutamol) reliever inhaler.

Dose of blue (salbutamol) reliever inhaler via Spacer:

Today 10 puffs, 4 hourly for first 24 hours (including through the night)

Then 5 puffs, 4 hourly for 24 hours

Then 2 puffs, 4 hourly until symptoms improve

After which your child should be back to normal and you should be able to stop the blue inhaler.

In the event that your child has been started on steroid tablets, these should be continued once daily (usual treatment course is 3 days).

If your child becomes increasingly breathless despite following the plan above, you should follow the instructions outlined in the table below.

Looking after your child during episodes of viral induced wheeze

At the start of cold symptoms (such as runny nose), begin your child on blue (salbutamol) reliever inhaler 10 puffs 4 hourly (including through the night).

| | Symptoms | Your Action: |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mild | If your child's breathing is not laboured or fast and he/she is able to continue their normal day to day activities | Start blue (salbutamol) reliever inhaler 10 puffs 4 hourly for 1 day, then 5 puffs 4 hourly for 1 day, then 2 puffs 4 hourly (including through the night) until symptoms improve. |
| Moderate | If you / your child is: <ul style="list-style-type: none">• Wheezing and breathless and the reliever treatment is not lasting 4 hours• Having day-time and night-time symptoms of cough or wheeze• Too breathless to run and play | Give 10 puffs blue (salbutamol) reliever inhaler. Immediately contact your GP and make an appointment for your child to be seen that day face to face. Alternatively phone 111 for 24 hour advice if you are unable to contact your GP or if the gap between inhalers getting shorter |
| Severe | If you / your child is: <ul style="list-style-type: none">• Too breathless to talk / eat or drink• Has blue lips• Having symptoms of cough/wheeze or breathlessness which are getting worse despite treatment• Confused and drowsy | Ring 999 for immediate help. Give 10 puffs of blue (salbutamol) reliever inhaler every 10 minutes until ambulance arrives. |

Standard technique for use of inhaler and spacer

Choose appropriate sized spacer with mask (or mouthpiece if child is over 3 years with good technique and is not significantly short of breath)



Spacer without a mask

1. Shake inhaler
2. Place inhaler in end of the spacer
3. Place mouth piece of spacer into the mouth
4. Press inhaler once
5. Breathe slowly five times
6. Repeat from step one for each dose prescribed

Spacer with mask

1. Join mask to spacer
2. Shake inhaler
3. Place inhaler in the end of the spacer
4. Tip spacer up until valve opens
5. Place over nose and mouth
6. Press inhaler once
7. Count to 20-30 seconds
8. Repeat for each dose prescribed



Plastic spacers should be washed before 1st use and every month as per manufacturer's guidelines

Does this mean my child has asthma?

No, not necessarily. This is a different condition from asthma, although a few children do go on to develop asthma. Children with asthma:

- Are often wheezy, even when they do not have a cough or cold
- Usually have a family history of asthma and allergy
- Are generally more breathless than their friends when they run around or become wheezy on exercise.
- Often have a regular night time cough

If you are worried that your child has asthma, you should make an appointment to see your GP or GP asthma nurse.

Follow up

Although your child has not been diagnosed with asthma, your GP asthma nurse will usually be happy to review children with viral induced wheeze. If your child has been discharged from hospital, you should arrange for them to be seen in the next 48 hours by your GP or GP practice nurse. You should arrange for them to be reviewed by your GP if they continue to have lots of problems with wheeze once they have recovered from their cold.

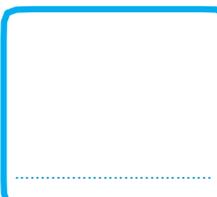


GP Surgery
(make a note of number here)

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NHS 111
dial 111

(available 24 hrs -
7 days a week)



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