

## Weaning salbutamol at home

The aim is that after 4-5 days your child should not be using the salbutamol (blue) inhaler.

Days post assessment	Number of puff's	Frequency
1	6	4 hourly
2	4	6 hourly
3	2	As required

*(This is a suggested regime, and can be titrated to your child's symptoms. If your child is requiring inhalers more than 4 hourly, seek medical advice)*

***If your child starts to have wheezing in between colds it is important that you speak to your GP. If your child develops a wheeze or difficulty in breathing when they have another cold, follow your wheeze plan and this will help your child. After you have been discharged from ED, book an appointment to see your GP within two days for a review. This is to ensure that your child is responding to the treatment you are giving at home appropriately.***

## Useful resources/contacts

- Your local pharmacy - [www.nhs.uk](http://www.nhs.uk).
- Your GP surgery: please contact your GP when the surgery is open, and call 111 when the GP is closed.
- NHS 111 provides advice for urgent care needs and is open 24hrs a day. They can arrange urgent GP appointments and calls from landlines and mobiles are free.
- NHS Choices - [www.nhs.uk](http://www.nhs.uk).
- [www.whittington.nhs.uk](http://www.whittington.nhs.uk).

### Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or [whh-tr.whitthealthPALS@nhs.net](mailto:whh-tr.whitthealthPALS@nhs.net)

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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## Viral Induced Wheeze Children aged 2-5 yrs

### A parent's guide



## What causes wheeze in children?

Wheeze in young children is very common. Approximately 30% of children under the age of five years will have wheeze at some point. It is usually caused by a virus and is usually called Viral Induced Wheeze. The virus causes the breathing tubes in the lung to become swollen and narrow, causing the wheeze. Children who have other conditions affecting their lungs or have eczema/food allergies/family history of asthma may be more likely to get wheezing with a virus.

## What happens now?

- During your child's assessment they will have seen one of the A&E doctors or one of the paediatric team. They will have assessed whether your child is safe to be discharged after looking at their breathing, their oxygen levels and checking they can drink enough to keep hydrated.
- Your child will have been given medication to help open their airway and help them breathe easier. The medication is called SALBUTAMOL (Blue inhaler). It is often referred to as the 'reliever' due to its quick action. We will give the medication to your child via a nebuliser (if their oxygen levels are low) or with an inhaler and spacer.
- We will give between 6 to 10 puffs via the spacer and depending on their response will stretch the medication until they need it no more than every four hours.
- Sometimes your child may be given oral steroids called Prednisolone, if they have severe wheeze or are known to have a history of atopy. The course of steroids is usually for three days. A short course of steroids does not have any long term side effects.

## **You need EMERGENCY help in your local Accident & Emergency – call 999**

- Your child becomes unresponsive or very difficult to rouse.
- They are struggling to breathe - breathing very fast or very slowly.
- They are using their accessory muscles to breathe; signs of this include sucking in at the ribs when breathing in, nasal flaring, head bobbing and a grunting noise.
- They may have difficulty completing in sentences due to tiredness
- Pale in colour, any signs of blueness to the lips and mouth
- Unable to feed or drink due to tiredness/ lethargy & becoming increasingly weak.

## **You need to contact a doctor / nurse today. Ring the GP, if they are closed call 111**

- Your child is not improving despite intervention and you are generally worried.
- You can hear a wheezing sound when they breath
- Your child is having some mild – moderate increased respiratory effort, breathing slightly faster or deeper than normal.
- Your child has on-going fevers
- Your child is not drinking and has signs of dehydration, which include dry mouth, no tears, sunken/darken eyes.

## **Self-Care – use advice on this leaflet, contact 111 or NHS choices for advice**

- Your child reacts well to calpol or ibuprofen, you can administer this regularly for the duration of their illness.
- Your child reacts well to their salbutamol and regular inhalers, and is not requiring medication more than every 4 hours.
- Your child has been happy, interactive and playing as usual.
- Your child is eating and drinking

## Before you go home

You will need to demonstrate effective technique/ use of the inhaler and spacer for your child. You'll be given a weaning regime for the next couple of days, and further education/ planning.

## Will my child get this again & what do I do?

Some children are at risk of developing wheeze every time they have a cold or viral illness. Viral induced wheeze is very common in young children and most of them will grow out of this. There is a percentage (20%) of children who may go on to develop asthma. Some children who have repeat occurrences of wheeze will be prescribed Montelukast to help reduce the occurrence of wheeze. Make sure to take the dose as prescribed, and follow up with the GP.