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Please contact (PALS) the Patient Advice and Liaison Service on:

Frimley Park Hospital

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Translation



Audio



Braille

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Title of Leaflet	Going home after a wheezy episode				
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Legal Notice

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible. Please therefore always check specific advice or any concerns you may have with your doctor.

Frimley Park and Wexham Park
Hospitals



Going home after a wheezy episode

Information for patients, relatives
and carers

Name _____ Date _____

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NOTES

Please use the space below to write down any questions or queries you may have and bring this with you when you come into hospital.

Always ask anything you wish, no questions are trivial or 'silly'. The person you ask will do their best to answer but, if they don't know, they will find someone else who is able to discuss your concerns.

Your child's treatment plan

Preventer treatments:

Name of medication	Dose	Instructions

Reliever treatments:

Name of medication	Dose	Instructions

What is a wheeze?

Wheeze or wheezing is a high pitched sound from the chest that is usually heard when breathing out. A wheeze is caused when the tubes in the lungs become narrow and inflamed.

It is common for young children to wheeze with viral infections (colds). Children who were born prematurely or are exposed to cigarette smoke are more likely to wheeze.

How is wheeze treated?

Reliever inhalers:

This should be used only when needed and your child has symptoms of wheeze, difficulty breathing, or when coughing. The reliever inhaler helps to relax the muscles around the airways and help your child breathe.

Preventer treatment:

Some children who have lots of episodes of wheeze are given a medication to help reduce the episodes.

Granules/chewable tablets (Montelukast)

This medicine helps to reduce inflammation and is taken once daily. The granules can be mixed in to soft foods such as yoghurt or ice cream.

Preventer inhalers

This medicine contains steroid which also helps to reduce inflammation. Remember to rinse out your child's mouth after use.

Does this mean my child has asthma?

Having a wheeze with viral infections does not mean your child has asthma. For example, if your child is well between episodes, has no allergies and there is no family history of asthma then they are unlikely to develop asthma. Most children will grow out of this as they get older (usually between 4-6 years).

Your child is more likely to develop asthma if they have eczema, allergies or if there is a family history of asthma. Children with asthma will have symptoms between viral infections, often with exercise or laughter.

How do I use my inhaler?

A spacer device should be used with a pressurised metered-dose inhaler no matter how old you are.



1. Shake the inhaler and remove the cap
2. Insert inhaler into the open end of the spacer
3. Ensure you have a good seal with the mask or around the mouthpiece. Tip: you should see the valve moving with no whistling
4. Hold spacer upright and press the inhaler once, followed by 5 slow breaths or count to 10 seconds (watch the valve move forward/back with each breath)
5. Return to step one and repeat for each puff of inhaler as needed

Spacers should be cleaned monthly and replaced annually. Please provide a spacer to your school or nursery at the start of the Autumn term.

If you do not know how to use your inhaler or need help, please contact your GP, practice nurse or pharmacist. Alternatively, visit Asthma & Lung UK for video resources:



Post attack/discharge plan

Look out for signs of wheeze, shortness of breath, coughing or difficulty breathing. If your child has been prescribed preventer medications, please take these as prescribed



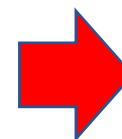
If you/your child has wheeze, difficulty breathing or is coughing, take 2 puffs of the blue inhaler via the spacer. Wait 2 minutes and repeat if necessary until you have given 6 puffs.



You/your child should feel better after a few minutes and these effects should last 4 hours. If you/your child do not feel better, move to the red box immediately.



You/your child should see their GP within 48 hours (or the next working day) to ensure the attack is over



If you/your child:

- Still has symptoms after 6 puffs of the blue inhaler OR
- Needs the blue inhaler more than every four hours

They are **not getting better**, and you need to take action now:

1. Give up to 10 puffs of the blue inhaler via spacer, 1 puff at a time. AND
2. Arrange an urgent review with their doctor today, or go to the emergency department if this is not possible.

If your child is continuing to need 10 puffs of the blue inhaler every 4 hours, you should get a more urgent review (within the next few hours).

If your child is having difficulty breathing not relieved by 10 puffs of salbutamol or needs 10 puffs more often than every 4 hours

You should **call 999** and if the ambulance has not arrived within 10 minutes, repeat step 1. If after repeating step 1 you/your child's symptoms have not improved, **call 999 again immediately** to update.