

## 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, 4hourly for first 1day  
Then 5 puffs, 4 hourly for next 1day  
Then 2 puffs, as needed or stop once symptoms improved.

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- 5 days for prednisolone or 1 day for dexamethasone).

If your child becomes increasingly breathless despite following the plan above, you should follow the instructions outlined in red/amber/green traffic light table.

## Looking after your child during episodes of viral induced wheeze

	Symptoms	Your Action:
<b>Green</b>	If your child starts to cough, wheeze or has a tight chest but can continue day to day activities	<b>Give 2-4 puffs blue (salbutamol) reliever inhaler every 4 hours until symptoms improve. If needing this more than 24hrs contact your GP or 111 out of hours.</b>  If you require more puffs and/or have to use your blue inhaler more frequently than every 4 hours move to <b>AMBER</b> .
<b>Amber</b>	<ul style="list-style-type: none"> <li>•Wheezing and breathless and blue (salbutamol) reliever inhaler 4 puffs is not lasting 4 hours</li> <li>•Having a cough or wheeze/tight chest during the day and night</li> <li>•Too breathless to run / play / do normal activities</li> <li>•Peak flow less than 70% normal</li> </ul>	<b>Immediately contact your GP or 111 out of hours and make an appointment for your child to be seen that day face to face.</b>  Increase blue (salbutamol) reliever inhaler 6-10 puffs every 4 hours If using 10 puffs every 4 hourly and symptoms are not improving or getting worse, move to <b>RED</b> .
<b>Red</b>	<ul style="list-style-type: none"> <li>•Too breathless to talk / eat or drink</li> <li>•Has blue lips</li> <li>•Having symptoms of cough/wheeze or breathlessness which are getting worse or not improving despite 10 puffs blue (salbutamol) inhaler every 4 hours</li> <li>•Confused and drowsy</li> <li>•Peak Flow less than 50% normal</li> </ul>	<b>Ring 999 for immediate help.</b> <b>Give 10 puffs of blue (salbutamol) reliever inhaler every 10 minutes until ambulance arrives.</b>  Keep child in upright position and reassure them

## 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)



- 1 Shake the inhaler well and remove cap.
- 2 Fit the inhaler into the opening at the end of the spacer.
- 3 Place mask over the child's face or mouthpiece in their mouth ensuring a good seal
- 4 Press the inhaler once and allow the child to take 5 slow breaths or slow count to 10 between each dose
- 5 Remove the inhaler and shake between every puff. Wait 1 minute between puffs.



**Repeat steps 1 – 5 for subsequent doses**

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

For videos on using your child's inhaler and spacer correctly see [goo.gl/235DQf](https://goo.gl/235DQf)



## 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. Asthma is rarely diagnosed before the age of 5 as the majority of children will grow out of viral induced wheeze.

If your child has multiple episodes of viral induced wheeze especially if they have factors that make them more likely to develop asthma, they are sometimes treated with similar medication to prevent episodes.

Children with asthma (who are not well controlled)

- 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 reviewed 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.

Make sure your child is not exposed to tobacco smoke. Passive smoking can seriously damage your child's health. It makes breathing problems like viral induced wheeze worse. Remember smoke remains on your clothes even if you smoke outside.

If you would like help to give up smoking you can find information below:

<https://frimley-healthiertogether.nhs.uk/health-for-young-people/growing/smoking-and-e-cigarettes-1>

