



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Pre-school wheeze plan and information

Information for parents, relatives and carers

① For more information, please contact:

Paediatric Respiratory Specialist Nurses

(Not for urgent advice, phone line not manned 24/7)

Tel: 07929744406

Ward 17/18

York Hospital

Wigginton Road, York, YO31 8HE

Tel: 01904 726017/726018

Duke of Kent Ward

Scarborough Hospital

Woodlands Drive, Scarborough, YO12 6QL

Tel: 01723 342336

What is pre-school wheeze?

Wheeze is a high-pitched whistling sound heard from the chest, usually when breathing air out of the lungs. It is caused by breathing tubes in the lungs (airways) becoming narrowed.

In babies and young children the airways can become narrowed due irritation and inflammation caused by a viral illness, such as a cold, it is often referred to as a 'Viral Induced Wheeze'. This is very common in pre-school aged children - one third of young children will wheeze at some point in their first few years of life.

Viral Induced Wheeze is often accompanied by other symptoms such as increased effort of breathing, breathlessness and cough. Between colds and other common respiratory viruses, children are usually free from wheezing.

Does it mean my child will have asthma?

Many children have wheezy episodes just in their first few years of life, but some children who wheeze do develop asthma and repeated wheezing in later childhood. It is difficult to predict which children will become asthmatic.

How can I prevent my child from becoming wheezy in the future?

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 can be prepared to give them the blue reliever inhaler if wheezing starts again.

Stopping Smoking

You should keep your child away from all cigarette smoke. Children in contact with cigarette smoke are more likely to wheeze.

Help to stop smoking can be obtained from:

- The free Smokefree National Helpline on **0300 123 1044**
- Your GP/Pharmacist
- The NHS Smoke free webpage
www.nhs.uk/smokefree
- Download the Free NHS Smokefree App on your iPhone/Smart Phone.

What to do when my child becomes wheezy?

Your child may have been prescribed a reliever inhaler, usually a blue inhaler, containing a drug called Salbutamol. This inhaler works by opening up the airways if they are tight and narrowed and helps to reduce coughing, wheezing and breathlessness.

You can give it to your child when he/she has a wheeze, or starts with a cold. It should work within a few minutes.

If your child is well, you do not have to give them the blue reliever inhaler

Preventer inhalers/medications

Some pre-school children with recurrent episodes of viral wheeze or those experiencing multi-trigger wheeze may be prescribed a preventer inhaler (typically a brown inhaler) or chewable tablets/granules.

These types of medications/inhalers 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/inhalers to be effective they need to be given every day as prescribed by your child's doctor.

It is very important that your child uses a spacer device when having their inhaler; this ensures that the inhaled medication reaches their lungs.

Useful Information/contacts

Asthma UK - www.asthma.org.uk – has more information about cough & wheeze and fantastic inhaler technique video clips which will help to ensure you are giving your child their inhalers correctly.

Asthma UK also have a help line open Mon-Fri 9am-5pm for expert advice and support.

- Helpline - **0300 222 5800**
- WhatsApp - **07378 606728**

Discharge from hospital – Salbutamol (blue inhaler) weaning plan

When your child is at home and recovering from a wheezing episode give the blue reliever inhaler using their spacer device and follow the plan below.

This plan should have been fully explained to you by hospital staff before your child is discharged home.

Salbutamol (Blue reliever inhaler) weaning plan <i>(Please give the inhaler with the spacer provided)</i>		
	Number of puffs?	How often?
Day 1	8	Every 4 hours
Day 2	6	Every 4-6 hours
Day 3	4	Every 6-8 hours
Day 4	2-4	Every 8-12 hours
Day 5 onward	2-4 puffs	As required

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

Follow the traffic light action plan on page 8-9 in this leaflet for further advice.

Discharge Checklist

Discharging Clinician to complete and sign.

Discharge Checklist	Yes/No or N/A
Inhaler and spacer technique checked and correct	
Discharge weaning plan explained	
Discharge medications supplied and explained (including spacer device)	
Management of future wheezing discussed	
Traffic light action plan explained to patient and family (see page 8-9)	
Patient/family advised to make an appointment with own GP within 48 hours of discharge.	

Name of discharging clinician

Signature

How to give the inhaler via a spacer

There are different types of spacer devices that are different sizes and colours. Depending on your child's age and ability they may have a face mask or mouth piece. **Correct inhaler technique should be taught and directed by a health professional.**

1. Shake the inhaler well and remove the cap – check the mouthpiece of the inhaler has nothing in it.
2. Put the inhaler into end of the spacer – this is the opening at the opposite end to the mouthpiece/face mask.
3. Put the mouthpiece of the spacer between your child's teeth and ask them to close their lips around the mouthpiece. If using a face mask place it securely over their nose and mouth, ensuring a good seal.
4. If they are able, get your child to tilt their chin upwards slightly - this helps the medication in the inhaler to reach their lungs.
5. Press the canister of the inhaler down once to give one dose or 'puff'.
6. Encourage your child to take five slow and steady breaths in and out through the spacer.
7. Remove the spacer from their mouth or face.
8. If more than one 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'.**



Wheeze Plan for:

(It is advised that this plan is shared with your childcare provider)

	<ul style="list-style-type: none">• Your child is well• They have no cough/wheeze• They are doing normal activities	
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	<ul style="list-style-type: none">• Your child is starting to get a cold• They feel unwell• They are coughing or wheezing	
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	<ul style="list-style-type: none">• Your child's coughing or wheezing is getting worse• They are short of breath• Their chest feels tight/they are complaining of tummy ache	
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	<ul style="list-style-type: none">• They are too breathless to eat or talk• They are breathing very hard and/or fast• They are coughing or wheezing a lot• Their reliever inhaler is not lasting 4 hours	
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If prescribed your child will need to take a preventer inhaler every day (even if they are well)

Preventer inhaler is (.....microgram)

Colour is

Give take..... **puff(s)** in a **morning** and**puff(s)** at **night**

Other medicines they take every day are.....
.....

Your child's **reliever** inhaler is **Salbutamol** 100 micrograms per puff. The colour is **blue**.

Give **2-4 puffs** of the **blue** inhaler, every **4 hours**, via a **spacer**.

You can continue to give the inhaler regularly as above until the cold symptoms have gone and they are feeling better.

Give up to **6 puffs** of the **blue reliever** inhaler every **4 hours** and **contact your GP today**.

Give **10 puffs** of the **blue reliever** inhaler.

If they do not feel any better call **999** straight away and then give another **10 puffs** of the **blue reliever** inhaler every **15 minutes** whilst waiting for the ambulance.

If your child does **feel better** and the **blue reliever inhaler lasts 4 hours** they need to see their GP today. They need to continue taking up to **10 puffs** of the **blue reliever** inhaler every **4 hours** until they see the **GP today**. If the GP **cannot** see them today please **call 111**.

We hope that you found this leaflet helpful

If you would like to tell us what you think, please contact:
Jennifer Brownbridge, Paediatric Respiratory Specialist
Nurse, The York Hospital, Wigginton Road, York, YO31
8HE, telephone 07929744406 or email
Jennifer.brownbridge@nhs.net

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email
yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:
www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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