

**Paediatric Respiratory Medicine**

**Parent information sheet**

**Episodic wheeze - information and discharge advice**

**What is episodic wheeze?**

Many babies and young children cough and wheeze when they have an upper respiratory tract infection or a cold. At this age, the airways are particularly small and symptoms develop easily when they are inflamed with a cold. The tendency to cough and wheeze with colds usually disappears by the age of four years but occasionally may persist for longer.

**Children who are exposed to cigarette smoke have a much greater risk of developing these problems and avoidance is an important part of their management.**

**Medication plan for leaving hospital**

The blue inhaler that contains either salbutamol, Salamol or Ventolin 100mcgs is administered by spacer with mask for babies and small children under three years or with spacer and mouth piece for older children.

This medicine opens up the airways and works within 15 minutes. On discharge, you should continue to give your child the blue inhaler as the symptoms will take several days to completely settle.

Day	Number of puffs (given one at a time)	Frequency	Duration
Discharge day & days 1 & 2	8-10	4 hourly. At night-time, it is not necessary to wake your child 4 hourly if they are not showing any symptoms	2 days
3 & 4	6-8	6 hourly	2 days
5 & 6	4-6	8 hourly	2 days
7 & 8	2-4	12 hourly	2 days

The blue inhaler can then be stopped.

However, if symptoms get worse, go back to previous higher dose of a day or two before & consider medical review.

Arrange to see your GP for a check-up one week after discharge.

**What to do if the symptoms recur/return with a new respiratory infection.**

Restart the blue inhaler. It may help to start a small dose of the inhaler at the onset of a cold even before wheezing starts and increase if wheezing develops or increases.

Dose	Number of puffs	Frequency
Small dose	2-4	up to 4 hourly
Medium dose	5-7	up to 4 hourly
Large/emergency dose	8-10	up to 4 hourly

If your child has a temperature, give them regular paracetamol and make sure that they are drinking enough fluids.

Seek medical review if the inhaler is needed more frequently than every four hours or you are concerned.

The management of further episodes depends partly upon whether symptoms occur only with respiratory infections. You may be asked to keep a record of your child's symptoms to help the doctors to diagnose and treat your child appropriately.

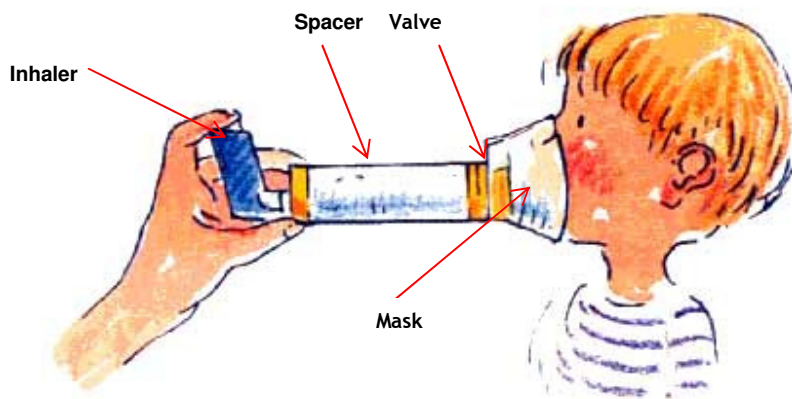
Doctors can only make a firm diagnosis of asthma when they see a pattern of symptoms emerging over time.

### Using an inhaler with a spacer and mask for my baby.

When you first get the spacer, wash it in warm soapy water and leave to **drip-dry**. It should then be washed in this way every month. **Do not** dry with a towel.

For children under three years you will need to use a mask. Above this age use a spacer with a mouthpiece. We will give you a separate instruction leaflet for this.

#### How to give a dose:



- 1 Shake the inhaler well.
- 2 Fit the inhaler into the opening at the end of the spacer.
- 3 Place the mask over your child's mouth and nose. Try to ensure that you have a good seal but do not push too hard or this may upset your child. However, if not firm enough, medicine will escape around the mask.
- 4 In infants of less than 18 months and when using the Volumatic spacer with mask, tilt at an angle of 45 degrees vertically to allow the valve to open. Your doctor or nurse will show you if this is the case.
- 5 Press the inhaler once and ask your child to take five slow normal breaths in and out through the spacer. In children under two years, count to 10 seconds.
- 6 If using the Aerochamber (pictured), check that the valve at the top opens and shuts with each breath.
- 7 If a second puff is required follow steps three to six again.

Your doctor or nurse will tell you how many puffs are needed of the inhaler. If more than two puffs are needed, shake the inhaler after every second puff.

#### Rules to remember:

- Only put **one** puff of medicine into the spacer at a time. If you put in more than one puff they will not get the full dose .
- Spacers should be replaced at least every year. You can get a prescription from your GP.

#### Other tips:

- Cuddle your child on your knee or cradle the baby in your arms. Gently tuck your baby's arms out of the way with one hand if she/he tries to knock the mask away
- Be positive and smile, your child will know if you are anxious
- Gently stroke your baby's cheek with the mask so that she/he gets used to the feel of it
- Use it when your baby is asleep
- Praise your child when she/he uses their spacer correctly

- Many parents find it difficult to use a spacer with very young children. Don't worry - you are not alone, but do keep trying.

Helen Jones, Children's Asthma Nurse June 2012. Review June 2015

