

# What is Wheeze?

It is difficult to diagnose asthma in preschool children, as many infants of this age wheeze, and this does not necessarily mean they will continue to have asthma symptoms later in life.

Wheezing in children aged 1 - 5 years can occur particularly after having a cold or flu-type virus, and is known to doctors as 'viral wheeze'.

Young children who only get wheezy when they have a cold or viral chest infection but can breathe normally at other times, may grow-out of their tendency to wheeze.

Some things that make wheeze symptoms worse are known as triggers. Please discuss with your nurse or GP if you suspect a possible trigger for your child. Triggers for wheezing include housedust mite, animal hairs, pollen, exercise, cigarette smoke and viruses.

**Smoking increases the risk of a wheeze or asthma attack and can cause permanent lung damage.**

**If someone in your household is a smoker and wishes to reduce the risk of triggering attacks, they can speak to their pharmacist or contact the stop smoking service:**

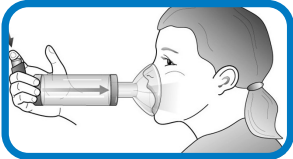

Cumbria Stop Smoking Service  
Tel: **01900 324222** or text  
**QUIT to 82540.**



North Lancashire Stop Smoking Service  
Tel: **01524 845145**

# Taking your medication

A spacer should always be used.

1. Get your child to relax and sit up straight.
2. Shake the inhaler and insert into the back of the spacer.
3. Apply the mask gently to the face, ensuring a good seal around the mouth and nose OR place the mouthpiece of the spacer into the mouth.
4. When ready, press the inhaler ONCE to release a dose of the drug.
5. Get your child to breathe in and out slowly and gently for 10 seconds.
6. Remove the mouthpiece or mask and wait 30 seconds and then repeat steps 1 to 6 for each puff prescribed.

## Discharge home following an episode of wheeze.

**We advise you see your own GP or nurse within 48 hours following discharge.**

When your child is discharged home following an asthma attack, they will require more of their reliever medication than when they are well.

This should be gradually reduced using the following guideline:

### Dose of Salbutamol inhaler via spacer

- Day 1: 8—10 puffs 6 times a day (4 hourly)
- Day 2: 4—6 puffs 6 times a day (4 hourly)
- Day 3: 4—6 puffs 4 times a day (6 hourly)
- Day 4: 4—6 puffs 3 times a day (8 hourly)
- Day 5: 2—4 puffs 2 times a day (12 hourly)

**Then stop if your child is well and has no symptoms.**

# WHEEZE ACTION PLAN

NAME \_\_\_\_\_

GP \_\_\_\_\_

PLAN GIVEN BY \_\_\_\_\_

DATE \_\_\_\_\_

## EMERGENCY CONTACT

NAME \_\_\_\_\_

TEL NUMBER \_\_\_\_\_

## What is a Wheeze Plan?

A wheeze plan is your child's own individual treatment and advice plan, agreed by their GP or nurse.

The plan helps you to make adjustments to the dose of your child's inhalers, depending on there symptoms.

A preventer inhaler (usually a steroid inhaler), taken each morning and at bedtime usually prevents symptoms, and a reliever inhaler may be needed to help manage stronger symptoms.

## GREEN ZONE

No symptoms

### Wheeze action plan.

Follow the advice in your child's wheeze action plan if:

- Your child is able to perform their normal activities.
- They do not have any regular symptoms of cough, wheeze, chest tightness or breathlessness (day or night).
- They need their reliever inhaler less than three to five times per week (not including before doing exercise).

\_\_\_\_\_ wheeze treatment:

### Preventer

Take \_\_\_\_ puff/s in the morning and \_\_\_\_ puff/s at night of my

\_\_\_\_\_ inhaler/s.

**Do this every day.**

### Other medications:

Reliever: (Blue)

Salbutamol 100mcg inhaler.

Take 2— 4 puffs via a spacer device, whenever you wheeze, or have a coughing episode.

## AMBER ZONE

Getting symptoms

### When to increase the blue inhaler.

- Your child has symptoms or is getting a cold causing symptoms
- They have difficulty doing their normal activities because of wheeze symptoms.
- Their sleep is disturbed due to wheeze symptoms.

### Step up

Increase the blue inhaler to 4 puffs every 4 hours. Gradually reduce, and stop when symptoms have improved and your child has been well for 48 hours.

If your child is NOT getting any better increase the blue inhaler to 6 puffs every 4 hours and see your Doctor or Nurse at your Surgery as soon as possible.

**Continue taking a preventer as prescribed.**

## RED ZONE

Emergency Action Plan

If your child has any of these symptoms, act fast:

- Breathless or breathing hard and fast.
- Blue lips.
- Symptoms have worsened despite using reliever.
- Difficulty talking or walking.
- The skin is depressed or sucked in at the neck, around the collarbone or between the ribs.
- Having an allergic reaction which is affecting breathing.

Rescue Treatment  
Consider dialling 999

Keep me calm, sit me up and slightly forward. Loosen tight clothing.

**GIVE 10 PUFFS OF THE BLUE INHALER, ONE PUFF AT A TIME, OVER 10 MINUTES. THIS CAN BE REPEATED ONCE MORE.**

**IF SYMPTOMS DO NOT IMPROVE QUICKLY, TAKE YOUR CHILD TO A&E OR CALL 999.**

Doctor

If this treatment works, arrange to see your child's GP or nurse as soon as possible to prevent it happening again.