

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Freephone: 0800 183 0204

From a mobile or abroad: 0115 924 9924 ext 65412 or 62301

E-mail: pals@nuh.nhs.uk

Letter: NUH NHS Trust, c/o PALS, Freepost NEA 14614, Nottingham NG7 1BR

www.nuh.nhs.uk

Wheeziness at home

Information for patients, carers and young people

Nottingham Children's Hospital

If you require a full list of references for this leaflet please email patientinformation@nuh.nhs.uk or phone 0115 924 9924 ext. 67184.

The Trust endeavours to ensure that the information given here is accurate and impartial.

NUH02308N

This document can be provided in different languages and formats. For more information please contact:

Nottingham Children's Hospital
Queen's Medical Centre Campus
Tel: 0115 9249924 ext 64008

Aim of the leaflet

This leaflet is aimed at parents and carers of children with respiratory problems. This leaflet aims to tell you what to do if your child is experiencing wheeziness at home.

Names and Numbers

This book belongs to: _____

G.P. _____ Tel: _____

Nurse/
Health Visitor: _____ Tel: _____

Hospital Consultant: _____ Tel: _____

Asthma UK

Dial 0845 7010203
Monday — Friday
9.00am—5.00pm
www.asthma.org.uk



For more information contact the practice nurse, GP or hospital respiratory nurses
0115 9249924
Debra Forster ext 62501
Caroline Youle ext 64842

Wheeziness at Home

Salbutamol (blue/reliever inhaler)

- Give 10 puffs of blue inhaler every 4 hours whilst still coughing, breathless and wheezing. (IF BLUE INHALER NOT LASTING 3 - 4 HOURS YOU MUST SEEK MEDICAL HELP. IF YOUR CHILD REQUIRES 10 PUFFS EVERY 4 HOURS FOR LONGER THAN 2 DAYS SEE GP)
- When your child is coughing less, not as breathless and is less wheezy give 5 puffs of blue inhaler every 4 hours.
- Reduce to 2 puffs of blue inhaler as symptoms (cough, breathless and wheeze) improve and blue inhaler seems to last longer.
- When symptoms become normal for your child give blue inhaler as and when required.
- Refer to usual action plan for further information.

Oral Steroids (Prednisolone)

- If prescribed; give oral steroids as directed by doctor

See GP 2 days after discharge for a review

Wheeziness at Home

Discharge information following admission to hospital for asthma/viral wheeze

This section aims to tell you what to do with the inhalers and medication in the few days post discharge from hospital.

Inhaler Technique

You must feel confident that you are giving your child their inhaler correctly.

Preventer medication

Continue to give as prescribed.

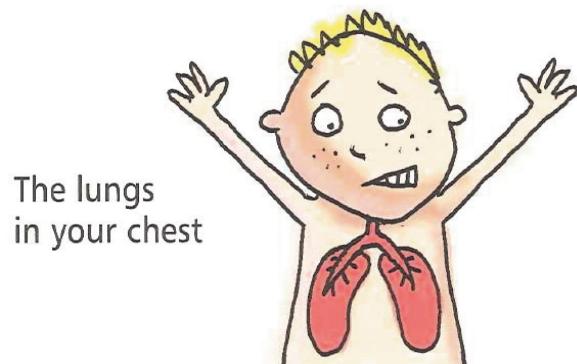
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Wheeziness at Home

What happens in the lungs

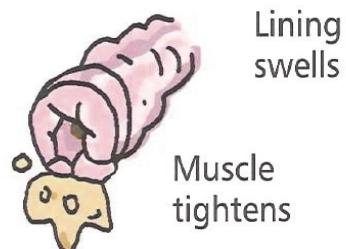
The lining of the airways become swollen and inflamed. The airways produce thick mucus. The muscles around the airway tighten and make them narrower. This makes it more difficult to breathe.



Normal airway



Poorly airway



Lining swells

Muscle tightens

Extra mucus

Wheeziness at Home

Questions for your doctor /nurse:

Wheeziness at Home

Your child's usual treatment

Reliever name: _____

Dose: _____

How often: _____

Use this when wheezy, coughing or out of breath.

Preventer name: _____

Dose: _____

How often: _____

Use this every day, as requested by your doctor or nurse.

Any other inhalers: _____

Dose: _____

How often: _____

Oral name: _____

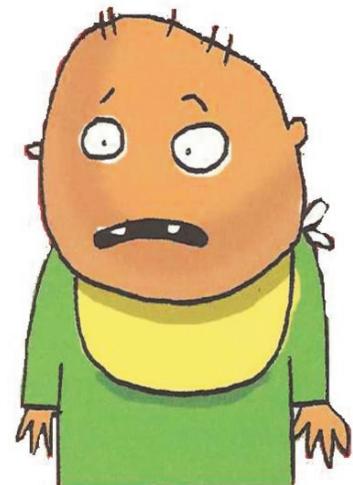
Dose: _____

How often: _____

Wheeziness at Home

Common symptoms

- Short of breath
- Wheezing
- Coughing
- Tightness of chest (your child may complain of tummy ache)



What are your child's warning signs?

WHEEZINESS at HOME

Triggers

Contact with triggers cause the sensitive airways to become swollen, produce a lot of mucus and tighten up. **This leads to shortness of breath, coughing and wheezing.**



Smoking



Exercise



Animal fur or feathers



Pollen



Common cold



House dust mite

Remember, these are the most common triggers.

What are your child's triggers?

Please ask your nurse for more information on avoiding triggers.

WHEEZINESS at HOME

Coping with a wheezy/asthma episode

As soon as your child develops warning signs - for example, has a cold - start using their **reliever**. Give it regularly every 4 hours.

Remember:

Stay calm - Don't panic!

Encourage your child to take deep slow breaths.

Give the reliever (blue) inhaler

Refer to action plan.

If increased puffs of **reliever** do not last 4 hours, then you will need to seek medical advice/help **URGENTLY**

Wheeziness at Home



Not very well

Very distressed by coughing, wheezing and breathlessness. Usual doses of **reliever** are not lasting 4 hours. Your child is not talking in full sentences or is too breathless to eat.

- Give 10 puffs of **reliever** (blue inhaler) slowly through the spacer every 4 hours, up to six times in 24 hours, i.e. During the night, too.
- Continue to give **preventer**
- If increased puffs of **reliever** not lasting 4 hours, then you will need to seek medical help **URGENTLY**. You may be asked to repeat the dose.

EMERGENCY

- If your child's breathing becomes worse and the **reliever** inhaler is not working or they are blue and gasping...

CALL FOR AN AMBULANCE. DIAL 999

Wheeziness at Home

Treatment

There are two main types of medicine for wheeziness and asthma: Relievers and Preventers. Almost all medication is given by an inhaler.

Relievers (usually blue)

Relieve wheeziness and symptoms by relaxing the muscles around the airways. A common reliever is Salbutamol. Relievers work within 5-10 minutes and last 4 hours. Use a reliever when your child is wheezy, coughing or breathless, or before exercise. It is only given as necessary.

Preventers (usually brown, orange or lilac)

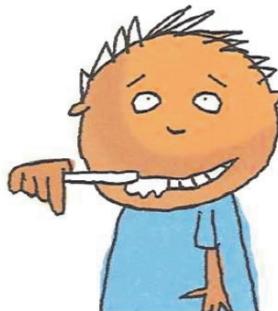
Prevent asthma and wheezy symptoms by stopping the inflammation and swelling in the airways before it causes symptoms. Preventers **must** be taken every day.

Wheeziness at Home

Remember to clean your child's teeth or give him/her a drink after taking the preventer, to stop them getting a sore mouth.

There are also 'preventer' medicines, which are available as tablets or granules. They are called **Montelukast or Singulair**.

These can be given to babies from 6 months of age. They are given once a day, usually at night.



Long Acting Relievers (usually green)

Long acting relievers are inhalers that help to reduce troublesome symptoms during exercise and at night. This long acting inhaler must be given regularly with your preventer.

Combination Inhalers (usually lilac)

These inhalers are usually used with children over 5 years old. They are a combination of a preventer and long acting reliever. They are taken twice a day.

Wheeziness at Home



Not so well

Coughing, wheezing and breathless or has a cold, which you know usually triggers the symptoms/asthma. Your child is distressed by the symptoms of cough/breathlessness/wheezing. Your child may be acting differently

- Give usual dose of **reliever** (blue inhaler) but increase to every 4 hours, up to six times in 24 hours.
- Continue to give **preventer** (brown, lilac or orange inhaler) but still give only in the morning and evening.
- If your child's symptoms do not improve within 48 hours see your GP
- **DON'T FORGET** to reduce dose of **reliever** inhaler - usually after about a week.

Wheeziness at Home

ACTION PLAN



When well

Not really coughing, wheezing or breathless.

Give usual doses of preventers.

Your child should not need their **reliever** (blue inhaler) every 4 hours at this point, but can have usual dose of reliever inhaler before exercise/activity if this is a trigger.

Wheeziness at Home

These are very different to the steroids that body builders use (anabolic). The ones used in asthma treatment are known as **corticosteroids**. Steroids are taken by mouth. They work by reducing the amount of inflammation, mucus and swelling in the air passages. A short course of steroid tablets (3-5 days) is sometimes needed to treat an attack, in addition to the preventers and relievers.

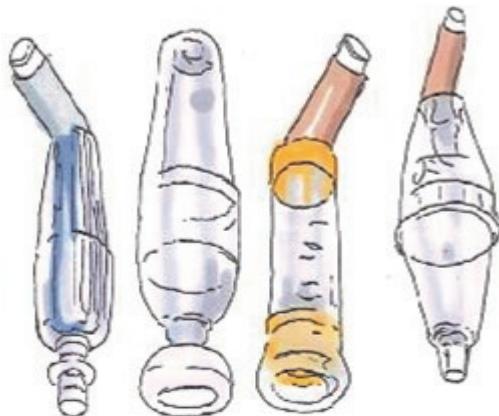


Talk to your nurse if you have any worries about your child's asthma treatment.

Wheeziness at Home

Inhalers

It is very important to use inhalers correctly to get the medication to the airways. You and your child should use the inhaler in the same way that the nurse has demonstrated.



Please ask your nurse about the best way to care for spacer devices. If you, or your child, are unsure about inhaler technique, please ask!

Some children over about 5 years old use peak flow meters to help manage their asthma symptoms. Ask your nurse or doctor if you think this might be helpful.

How to use a large volume spacer

Using the mouthpiece

This is the best way to use the spacer. However, your child needs to make the valve move by blowing and sucking, so don't worry if you have to use a mask with the spacer some of the time. Follow the instructions given by the nurse or doctor.

1. Shake the inhaler.
2. Place the mouthpiece of the spacer into your child's mouth. When you push the end of the inhaler down, a cloud of medicine is released into the spacer. It will only stay there for about 10 seconds before it starts to stick to the side of the spacer.
3. Once the medicine is inside the spacer, your child needs to breathe in and out of the spacer to make a clicking sound. Five good breaths will be enough to empty the spacer. By doing this, the medicine travels to the lungs where it is needed.
4. If the dose needs to be repeated, re-shake the inhaler before giving another dose.
5. If you are giving your child an inhaled steroid (brown, lilac or orange), make sure they clean their teeth or rinse their mouth with water afterwards.

Using the spacer with a face mask

Many small children are not able to use a mouthpiece. Some are too young and there may be days when your child just does not want to take it! However, do keep trying - use lots of play, praise, and laughter to get them used to having their inhaler. The face mask method can be used whilst your child is asleep, but you must not wait until they are asleep to give the medicine if they are wheezy or coughing.

1. Put the mask onto the mouthpiece of the spacer.
2. Hold your child in a comfortable position, but tilted back. You need two hands free - which can be a problem if you are alone.
3. You need to place the mask as close to the mouth and nose as possible. This is difficult if your child is wriggling or crying, but do keep trying.
4. Once the mask is in position, make sure that the spacer is tilted up so that the inhaler end is nearer the ceiling than the mask end. The spacer must be tilted so that it makes a slope like a playground slide! This allows the valve on the spacer to open and medicine to get into the lungs. Shake the inhaler before you insert it into the spacer; then press the inhaler.
5. Your child has to breathe to get the medicine in! Hold the mask in place for as long as possible - at least 15 seconds. Usually a slow count to 5 will do, or try singing a nursery rhyme or telling a story. If the dose needs to be repeated, re-shake the inhaler first.
6. If you are giving your child an inhaled steroid (brown, lilac or orange), make sure they clean their teeth or rinse their mouth afterwards.