

When I have taken my child home, what should I do if I think he or she is getting worse?

Give your child a dose of their blue inhaler (usually 6–10 puffs). **If there is no improvement, seek medical attention.**

If there is an improvement, continue to look after your child at home. However, if he or she needs their blue inhaler again before four hours have passed, **seek medical attention.**

What can I do to stop my child having another episode of viral induced wheeze?

Viruses are passed on by contact with mucous membranes – eyes, lips and mouth – and by breathing in. If someone is ill, it is important that they cover their mouth when they cough and wash their hands after blowing their nose. It is also important that your child washes his or her hands before eating.

To prevent viruses been passed on, you can wipe down frequently touched surfaces, such as door handles.

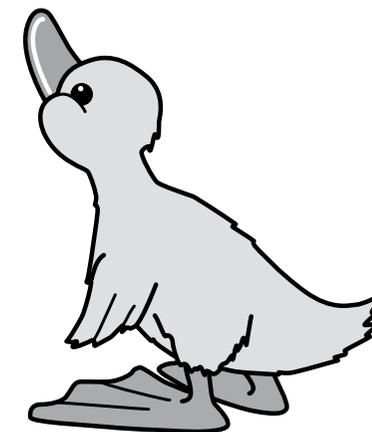
Smoking, even outside, can have an unwanted effect on your child, especially if your child has any respiratory symptoms. If you must smoke, you should do it outdoors, as your child will be more susceptible to the effects of tobacco smoke if in a confined space.

Be aware that, even if you smoke outside, you will still be breathing out the chemicals from the tobacco and they will also be present on your clothes for 20–30 minutes after finishing your cigarette. **Your child will be affected by this second-hand smoke.** You should avoid picking up your child or having close contact with him or her during this time period.

If you want to give up smoking, please contact your GP or practice nurse, or access services through **LiveWell Suffolk** on **01473 229292** or online at **www.livewellsuffolk.org.uk**

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Viral-induced Wheeze



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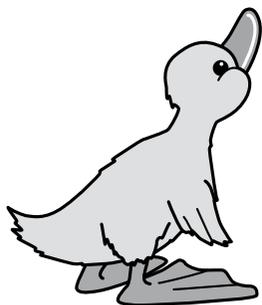
What is viral-induced wheeze?

Viral-induced wheeze is a diagnosis that describes a usually fit and well child who develops wheezing when they have a viral infection. Wheezing is a high-pitched whistle that is caused by narrowing in the airways within the lungs. It can usually be heard when your child is breathing out. Sometimes children also breathe faster and harder because they have to work harder to breathe through the narrowed airways.

Children with viral induced wheeze sometimes wheeze every time they get a cough and cold virus. They usually grow out of it by the time they are three years old.

What signs and symptoms might my child have?

- A whistling sound when he or she breathes, called a wheeze.
- Fast breathing.
- Shortness of breath.
- Being unable to talk in sentences.
- Difficulty in taking feeds.
- Coughing, which may be worse at night.



Why has my child developed viral-induced wheeze?

Most viruses are spread by air droplets, for example from coughs and sneezes. Children can have 5–8 viral infections per winter. Some children may be more susceptible to developing viral-induced wheeze if there is a family history of **atopy** – a close relative who has asthma, eczema or food allergies.

How is viral-induced wheeze treated?

Your child's doctor may prescribe some medication to open up the airways. These may be in the form of inhalers, nebulisers, liquids or tablets.

The first medication that may be given is **salbutamol**, or in young babies, **iptatropium**. These drugs work on the airways to relax the muscles that have contracted. They may be given by an inhaler with a spacer device, or by a nebuliser mask. These drugs are less effective in children under one year, and so may not be continued if the child does not improve after using them.

Your child may also be given some steroid tablets, called **prednisolone**. These work on the lining of the airways to reduce the swelling and production of mucous. If your child can't swallow tablets, these can be dissolved in a small amount of water. They are not usually used for children who have no previous family history of atopy.

If your child has had frequent episodes of viral induced wheeze, the doctor may start him or her on some other medication. This may be an inhaler containing a low-dose steroid (such as **cleneil modulite**) which is taken twice a day, and/or a tablet leukotriene receptor antagonist (such as **Montelukast**) which is taken once a day at night.

These medications need to be taken regularly every day, as prescribed. If your child only has symptoms in the winter your doctor may advise that you stop this medication during the summer months.

Will my child need to stay in hospital overnight?

The nurses will monitor your child while he or she is in hospital. They will check your child's vital signs including temperature, breathing, heart rate and blood oxygen levels (known as saturations or 'sats'). The nurses will ask you how much feed or fluids your child has managed to take.

If your child's vital signs are satisfactory, they are drinking enough and they do not need inhalers more frequently than every four hours, the doctor may decide that you can look after your child at home. →

