

My wheeze plan

Information for patients, parents
and carers



Leeds children's
hospital

caring about children

Your child has had an episode of wheeze. This is very common in younger children and many children grow out of it as they get older.

What is wheeze?

Wheeze is the whistling noise that air makes when it is trapped inside the breathing tubes of the lungs. In many young children you can hear a “ruttly” noise, this is the mucus that they are not able to cough away. Lots of people find it difficult to know the difference between this noise and wheeze.

Why do children wheeze?

Young children have very small breathing tubes in their lungs. When they catch a virus, or something irritates the tubes, they become tighter and leave a smaller airway through which to breathe. The tubes may also become swollen inside and produce mucus. The tightening of the tubes makes it hard for the young child to breathe out, they may also cough to try to get rid of the mucus.

Which children wheeze?

Any child may have episodes of wheeze. The most common cause is when children get a cold, or virus. Following an infection called bronchiolitis, caused by a virus, episodes of wheeze are more likely for many months. Children in contact with cigarette smoke are more likely to wheeze.

Can I stop it happening?

You should keep your child away from cigarette smoke. You cannot stop them getting a virus, and it is not a good idea to try to keep him / her away from other children.

Does it mean my child will have asthma?

Many children have wheezy episodes in the first few years of life, but do not go on to have asthma. However, some young children who wheeze do develop asthma when they get older.

What do I do when my child becomes wheezy?

You may have been given a reliever inhaler for your child. This will work by opening up the tight breathing tubes. You can give it to your child when he / she has wheeze, or starts with a cold. It should work within a few minutes.

You do not need to give it to your child when they are well.



Name:

My Wheeze Plan



- I am well
- I have no cough/wheeze
- I am doing normal activities



- I am getting a cold
- I am feeling unwell
- I am coughing or wheezing



- My coughing / wheezing is getting worse
- I feel short of breath
- My chest feels tight



- I am too breathless to talk in full sentences
- I am breathing very hard and fast
- I am coughing or wheezing a lot
- My reliever inhaler is not lasting four hours

If prescribed I need to take my preventer medicines every day (even if I am well).

My preventer inhaler is(micrograms)

Colour is

I take puffs in a morning and puffs at night.

Other medicines I take every day are

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My reliever inhaler is **salbutamol** 100 micrograms per puff.
The colour is **blue**.

I need to take two puffs of my **blue** reliever inhaler every four hours, **via my spacer**.

I need to take up to six puffs of my **blue** reliever inhaler every four hours, **via my spacer**, and contact my GP today.

I need to take 10 puffs of my **blue** reliever inhaler, **via my spacer**.

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

If I do feel better and my **blue** reliever inhaler lasts four hours I need to see my GP today. I need to continue taking up to 10 puffs of my **blue** reliever inhaler every four hours until I see my GP today. If my GP cannot see me today I need to call **111**.

On discharge from hospital

Weaning plan for Salbutamol

Day 1	take six puffs every four hours
Day 2	take four puffs every four hours
Day 3	take two puffs as required

If your child's symptoms continue or worsen please refer back to 'my wheeze plan' and seek medical attention when recommended.

- It is very important your child uses the spacer device you have been given for them or the inhaled medicine will not reach your child's lungs effectively.
- Ensure you know how and why the inhalers should be used.
- Ensure there is access to a reliever inhaler and spacer at all times for your child, including nursery / school.
- If you have difficulties giving the treatment ask for help from your practice nurse or the hospital asthma nurse.

Care of the spacer

- Take apart the spacer.
- Place the spacer in luke warm soapy water, gently agitate, then leave to soak for 15 minutes.
- Rinse off remaining soap, shake off excess water and leave to air dry.
- Wash your child's spacer weekly and replace the device every 12 months.

How to use a spacer

1. Shake the inhaler well and remove the cap.
2. Put the inhaler in the end of the spacer.
3. Put the mouthpiece of the spacer between your child's lips and teeth, or place the mask firmly over their nose and mouth, ensuring a good seal.
4. Press the inhaler down once.
5. Ensure five normal breaths are taken in and out, watching or listening for the valve moving.
6. Remove the device from your child's mouth or face.
7. If your child needs another puff, **leave at least 30 seconds** before repeating the process.



Top tip:

If your inhaler contains a steroid, rinse your child's mouth out with water or brush their teeth and wipe their face.

A video and further information on how to give an inhaler properly can be found online at Asthma UK; how to use your inhaler.

Notes

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Follow up:

Signature:

(doctor/non-medical prescriber/specialist nurse)

Date:

Contact Numbers

Leeds General Infirmary Hospital
Main Switch board - 0113 243 2799

Children's Asthma Nurses
0113 392 2924 or 0113 392 3971

Useful websites:
www.asthma.org.uk www.allergyuk.org



All children with asthma **MUST** live in a smoke free environment. Smoking outside still exposes your child to smoke. For support with stopping smoking, please contact your GP practice.



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



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