

# Post-attack wheeze or asthma discharge plan



# What is the difference between asthma and viral-induced wheeze?

**Viral-induced wheeze** is a wheeze or whistling sound that is caused by a viral infection (a cough or a cold). The wheeze may return each time your child has a cold. Usually a child is well between the viral infections. Children under the age of 3 years are more likely to be affected because their air passages are small.

**Asthma** is when children wheeze not only with a cold or virus, but also have symptoms (such as a wheeze, dry cough or become short of breath) at other times due to triggers like exercise, dust, pollen, furry animals, smoke or pollution.

## Hospital discharge plan

Your child should now be improving as a result of the treatment we have given. You have been given this leaflet because the need for Salbutamol (the blue reliever inhaler, used with a spacer) should now be reducing and you are ready to go home.

- If your child takes a preventer medication (steroid inhaler), this should be continued as per your asthma plan.
- If your child has been prescribed an oral steroid, please take this as advised by the health professional.
- Take the blue reliever inhaler (Salbutamol) as needed if your child has any symptoms (these include wheeze, chest tightness, shortness of breath, cough and difficulty breathing). Give 2 puffs, one at time and wait 2 minutes. Repeat if necessary until you have given up to 6 puffs. The symptoms should have disappeared. **The effects should last for at least 4 hours.**





- If your child needs the blue reliever inhaler (Salbutamol) more than every four hours it means that your child's wheeze/asthma is not controlled and you need to take emergency action now. Give your child up to 10 puffs and seek urgent medical attention either by arranging an urgent appointment with your GP or attending the Emergency Department. [See table opposite]
- If your child is still having difficulty breathing after 10 puffs of Salbutamol call 999.
- You will need to monitor your child closely when you go home and check on your child's breathing regularly – including late at night and the early hours of the morning.
- Your child should have a post-attack review with either your GP or asthma nurse within 48 hours (two working days). When you get home please contact your GP surgery to arrange this. This may include a telephone review.

As a guide, once your child is better, a regular night-time cough or regularly needing to use the blue (Salbutamol) reliever inhaler more than three times a week could suggest that further medication is needed. Please make an appointment with your GP or asthma nurse for a review if you are concerned.

## Looking after your child when unwell

	Symptoms	Your action
Mild	If your child starts to cough, wheeze or has a tight chest but can continue day to day activities	Give 2 to 6 puffs of blue (Salbutamol) inhaler every 4 hours as needed (no more than 4 hourly)
Moderate	If your child is: <ul style="list-style-type: none"> <li>■ Coughing, wheezing or breathless and the blue (Salbutamol) inhaler 2 to 6 puffs is not lasting 4 hours</li> <li>■ Too breathless to run/play/do normal activities</li> </ul>	Give 8 to 10 puffs of (Salbutamol) inhaler then seek urgent medical attention. <b>Contact your GP or attend the Emergency Department.</b>
Severe	If your child is: <ul style="list-style-type: none"> <li>■ Too breathless to talk/eat or drink</li> <li>■ Has blue lips</li> <li>■ Having symptoms of cough/wheeze or breathlessness which is not getting better after 10 puffs of the blue (Salbutamol) inhaler</li> <li>■ Confused and drowsy</li> </ul>	<b>Ring 999 for immediate help</b> Take 1 puff of blue (Salbutamol) inhaler every 30 to 60 seconds up to a total of 10 puffs. Repeat this every 10 minutes until an ambulance arrives. Keep child in upright position and reassure them.

## Standard technique for using a spacer with an asthma inhaler (pressurised metered dose device)

1. Shake the inhaler well and remove the cap.
2. Fit the inhaler into the opening at the end of the spacer.
3. Place mask over the child's face or mouthpiece in their mouth ensuring a good seal.
4. Press the inhaler once and allow the child to take 5 slow breaths or you can slowly count to 10 between each dose.
5. Remove the inhaler and shake it between every puff.

Repeat steps 1 to 5 for subsequent doses.

Plastic spacers should be washed every month following the manufacturer's guidelines.



## Smoking

Children with wheeze are sensitive to tobacco smoke. Exposure to smoke makes it much more likely they will have further wheezing attacks. We encourage people to stop smoking. If you would like to stop smoking contact your local Stop Smoking team for support, Visit [www.smokefreelewisham.co.uk](http://www.smokefreelewisham.co.uk) or [www.livewellgreenwich.org.uk/livingwell/stop-smoking/](http://www.livewellgreenwich.org.uk/livingwell/stop-smoking/)

## Helpful resources

**NHS information about asthma** – [www.nhs.uk/conditions/asthma/](http://www.nhs.uk/conditions/asthma/)

**Asthma and Lung UK** – [www.asthma.org.uk](http://www.asthma.org.uk)

**Quit Smoking – Better Health NHS** – [www.nhs.uk/better-health/quit-smoking](http://www.nhs.uk/better-health/quit-smoking)

**Air pollution and asthma advice** - [www.asthma.org.uk/advice/triggers/pollution](http://www.asthma.org.uk/advice/triggers/pollution)

## Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

If you would like this information in another language or another format such as braille, large print or an electronic or audio file, please contact the Patient Advice and Liaison Service (PALS):

### **University Hospital Lewisham**

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