



Discharge Information – Wheeze

With inhaler

What causes wheeze in children?

In younger children, most wheezy episodes are caused by viral illnesses. Older children may develop wheeze because they have asthma.

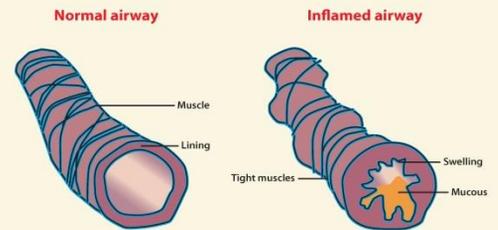
Wheezing is a musical, whistling sound with breathing, usually as you breathe out. It comes from the chest – not the nose or throat

During a wheezy episode the smaller airways of the lungs become narrowed. This can be due to:

- swelling of the airway wall
- an increase in mucous in the airway
- tightening of the muscles in the airway wall

This causes wheezing and difficulty with breathing

Blue inhalers are used during a wheezy episode because they work by relaxing tightened airway muscles and this can help reduce wheeze and relieve breathing difficulties.



Managing your child's wheeze at home

When you get home from hospital give 6 puffs of the blue inhaler with the spacer

After 2 hours check your child and follow the instructions below.

Assess their **wheeze, breathing** and **behaviour**.

[*Recession = the chest sucking in below or between the ribs with each breath*].

Normal signs	Mild signs	More serious signs
<ul style="list-style-type: none"> ▪ Breathing normally (not fast) ▪ No wheeze ▪ No recession ▪ Normal behaviour 	<ul style="list-style-type: none"> ▪ Wheeze ▪ Mild recession ▪ Breathing a little fast ▪ Able to talk, eat and drink 	<ul style="list-style-type: none"> ▪ Breathing fast ▪ Moderate or severe recession ▪ Short of breath ▪ They seem tired or agitated
 No need to give the inhaler	 Give 6 puffs of the blue inhaler	 Give 6 puffs of the blue inhaler
 Check their breathing again - using the signs above in 4 hours	 Check their breathing again - using the signs above in 2 hours	 Bring back to the ED – check for danger signs

As your child's breathing improves - they will need the inhaler less often or not at all and you can check their breathing less often.

If your child gets worse - give the inhaler more often and check more often – see notes on next page about when to bring them back to ED and the **danger signs** to watch for.



Using a Spacer Device

What you need to know

What is a Spacer?

A spacer is a device that helps the drugs in inhalers get into the lungs where they are needed. Using an inhaler without a spacer (especially for children) means lots of the drug gets wasted as it stays in the mouth.

Using a spacer

Different types of inhaler are used for different reasons. Blue inhalers are used to relieve wheeze; other types of inhalers are used long term to manage asthma and prevent wheezy episodes.

Children younger than 3 years of age

Use a small spacer with a mask

- Sit your child in an upright position on your lap
- Shake the inhaler
- Place the inhaler in the spacer device
- Place the mask over your child's nose and mouth
- Press on the inhaler to deliver the dose
- Ensure the valve flutters with each breath – your child needs to take 6 breaths for each dose
- Remove the inhaler from the spacer and shake it between each dose



If your child will not sit still, try wrapping them in a towel or sheet to contain their arms and lay them down so you can hold the mask over their nose and mouth more easily.

Children aged 3-6 years old

Use a small spacer without the mask*

- Sit your child in an upright position or on your lap
- Shake the inhaler
- Place the inhaler in the spacer device
- Ask your child to place the mouthpiece in their mouth with their lips sealed around it
- Press on the inhaler to deliver the dose
- Ensure the valve flutters with each breath – your child needs to take 6 breaths for each dose
- Remove the inhaler from the spacer and shake it between each dose



***Research shows more of the drug gets into the lungs without a mask BUT if your child is unable to make a seal around the mouthpiece you can use a mask.**

Children aged 6 years and older.

Use a large spacer without a mask

- Sit your child in an upright position
- Shake the inhaler
- Place the inhaler in the spacer device.
- Ask your child to place the mouthpiece in their mouth with their lips sealed around it.
- Press on the inhaler to deliver the dose
- Ensure the valve flutters with each breath – your child needs to take 6 breaths for each dose.
- Remove the inhaler from the spacer and shake it between each dose.



If your child will not use the large spacer – it is better to use the smaller one than not to use one at all.

Important!

- During a wheezy episode, your child may be given a blue inhaler or the doctor may tell you to give your blue inhaler more often
- Always give the number of puffs your doctor has prescribed
- For each puff or dose your child must take 6 breaths

How to care for your Spacer

Once a week

- Take the spacer apart (the small spacer breaks into a tube and 2 end pieces and the larger spacers break into 2 pieces)
- Use warm water with a little dishwashing liquid and hand wash your spacer
- Do not rinse or wipe the spacer. Leave the pieces on the side to dry
- Put the spacer back together when dry
- Do not allow anyone else to use the spacer
- Replace the spacer after 6 months or if it looks damaged. Your family doctor can give you a new spacer for free

If you have a new spacer

Before using it for the first time:

- Place the inhaler into the spacer and press it 10 times
- Then wait 30 seconds before using it

You do not need to do this again after washing it



What can I do to help my child recover?

- While your child is wheezy it is normal for them to want to eat less food but make sure they drink plenty of fluids
- Do not allow people to smoke in your home or near your child
- Avoid contact with people who are sick
- Keep your child resting at home until their wheeze is better

When to go to your family doctor?

- If your child is still wheezy 2 days after leaving hospital
- If you have been giving the blue inhaler 4 hourly or more often for 2 days
- If they are drinking less than half what they would drink normally
- **It is important that you go to your family doctor so they can review your child within the next week even if your child is better. They will make a plan with you to manage your child's ongoing needs**

When to bring your child back to the ED?

If your child is:

- Breathing very fast
- Very short of breath
- Is too tired or breathless to drink
- If your child needs the blue inhaler more often than every 2 hours
- You are worried about them

Danger Signs – When to call an ambulance?

If your child is:

- Too breathless to talk
- Looking like they are too tired to breathe
- Very pale or has a blue tinge to the lips or gums
- So breathless that they are distressed and you cannot calm them down **OR**
- Their blue inhaler does not improve their breathing



Dial 111 for an ambulance

Give 6 puffs of the blue inhaler every 6 minutes until they arrive.

Discharge Checklist.

Before you take your child home we will check that you feel confident to manage at home and you know:

- What to expect over the next few days
- Who to contact if you are concerned
- When to go and see your family doctor
- What follow up your child needs
- When to bring your child back to the emergency department
- The **danger signs**.
- The plan for managing future wheezy episodes

Where to get advice or information?

- Your family doctor
- After hours medical service
- <http://www.kidshealth.org.nz/>
- Healthline: 0800 611 116
- North Shore Hospital ECC: 486 1491,
- Waitakere Hospital ED: 839 0000

