Your child has/has not been prescribed an oral steroid.
Please complete the whole course.

Oral Prednisolone: _____mg(_____ml), **once** a day, for _____days
Oral Dexamethasone: _____mg(_____ml), once a day, for _____days

Your child has/has not been prescribed a preventer inhaler with spacer.
Please use this regularly as directed by your doctor or nurse, even if your child is well. This should not be stopped until further review by a doctor or nurse.

Preventer/colour: _____(_____) , take ____ puffs, every ___hours. (⚠ remember to rinse your child's mouth out after use)

If other medication :_____

Follow up arrangements:
After hospital treatment for preschool wheeze, your child should be seen by their own GP or asthma nurse **within 48 hours**. After completion of a course of steroids (Prednisolone), your child should be well. If not, seek medical advice.

Smoking increases the risk of an asthma attack and can cause permanent lung damage. Second hand exposure can occur even from clothing of those who smoke outdoors, away from the child.

Useful Resources for wheeze:

Scan here for helpful information about wheeze (Healthy Surrey UK Asthma toolkit)	*Scan here for videos on using your child's inhaler & spacer correctly, cleaning and storage advice*	*Scan here for Asthma+ Lung UK WhatsApp helpline for non-urgent queries, or call 0300 222 5800 (Mon – Fri, 9am to 5pm)*

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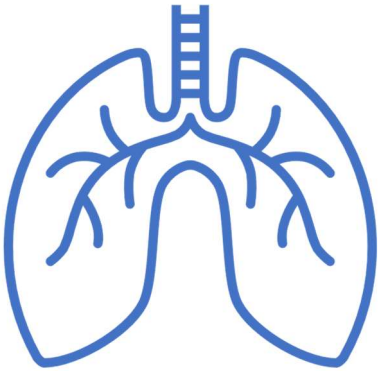
NHS
Surrey Heartlands

Age 2-5 years

Managing Preschool Wheeze in Children at Home

Information for Parents/Carers



What is Wheeze?

Wheeze is a whistling sound that is heard from the chest, mainly on breathing out. It is caused by narrowing of the small airways (tubes carrying air in the lungs), inflammation and mucus.

Preschool wheeze is often caused by a mild infection (usually a viral cold) but can also be caused by exposure to other triggers (including pollen, dust, animal dander, exercise, pollution, smoke, and weather change).

Is It Asthma?

Your child has had an episode of Preschool wheeze. Not all children who wheeze will develop asthma. More than half of pre-school children will grow out of it. Some children with frequent episodes of wheeze may develop asthma, particularly if wheeze is brought on by other triggers and/or they or their family members have eczema, hay fever or asthma.

How wheeze is treated:

Salbutamol (**blue reliever inhaler**) will open the small airways (bronchodilation) to help your child's breathing. Salbutamol can be given through a spacer. This is as effective as using a nebuliser, and nebulisers should not be used at home.

In Preschool wheeze, Inhaled steroids (**brown/orange preventer inhaler**) may be used to help prevent episodes of wheeze. Some children may be given a short course of oral steroids (Prednisolone) to reduce inflammation in the airways. Antibiotics are not routinely needed, as most wheeze episodes are caused by viruses.

When can my child go home?

After their initial hospital treatment your child will be able to go home if they respond well and have been clinically assessed as safe to be discharged.

Use the following table to monitor and manage wheeze at home

Closely monitor your child, particularly at the onset of a cough/cold and in the days following discharge from hospital; wheeze is more likely at these times.

If your child is comfortable and asleep, they **do not** need to be woken up for Salbutamol.

Always remember to rinse your child's mouth after a Preventer inhaler use

What to look for:	What to do:
If your child is not wheezy Able to do normal activities	No Salbutamol inhaler needed. Continue with any regular medications (if prescribed).
Mild cough and wheeze but otherwise well and able to continue their normal day to day activities *Occasional wheeze* *Coughing* *Mild sucking in at the tummy or ribs when breathing*	Give **2 puffs** of Salbutamol inhaler via spacer. Salbutamol may be given at a maximum frequency of **4** hourly, and should be slowly reduced in frequency and number of puffs as your child improves If your child requires Salbutamol for more than 48 hours, or if worsening symptoms develop, move to Orange box.
Worsening/ not responding to green zone treatment but they are able to continue their normal activities. *Wheeze heard* *Sucking in at ribs/tummy/neck when breathing.* *Breathing fast*	Give **4-6 puffs** of Salbutamol inhaler via spacer at a maximum frequency of **4** hourly. If symptoms persist for more than 24 hours of treatment, or if Salbutamol is needed more frequently than 4 hourly, your child's symptoms are **not** controlled. **Seek urgent same day review (GP/111 or attend A&E)** **Move to RED BOX if worsening/not responding to treatment**
Worsening despite or not responding to treatment *Breathing much faster* *Grunting noises* *Too breathless to speak, play or drink* *Pale and grey or blue* *Floppy or unresponsive*	Give one puff of Salbutamol every 30-60 seconds via spacer, up to a **total of 10 puffs.** If your child responds, arrange an **urgent review. If not call 999 straightaway**. 10 puffs of Salbutamol can be given **every 20 minutes** until help arrives.