



Viral induced wheeze

Information for parents

What is viral induced wheeze?

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 the child is well in-between the viral infections but the wheeze can last for some weeks after the infection. Children under the age of 3 years are more likely to be affected as their air passages are small.

Does this mean my child has asthma?

No, not necessarily. This is a different condition from asthma, although a few children do go on to develop asthma. Children with asthma:

- Are often wheezy, even when they do not have a cough or cold
- usually have a family history of asthma and allergy
- respond to a drug called a bronchodilator, which opens up the air passages, and may also help children with viral induced wheeze.

What treatment will my child need?

The doctor will ask you about your child's medical history so that a diagnosis can be made. If your child is otherwise well and is coping with the wheeze then no treatment is needed. The doctor may prescribe inhalers and monitor their effect. The doctor may also prescribe a short course of oral steroids for your child for 3 days.

Children are admitted to hospital if they need help with feeding and breathing when they are very wheezy.

What will happen if my child is admitted to hospital?

The nurses and doctors will carefully monitor your child's condition. The nurses will make regular observations of your child's temperature, pulse, breathing and oxygen levels.

Your child may be given extra oxygen if their blood level of oxygen is low. Most children can manage smaller and more regular drinks or feeds. If they refuse to drink, fluids can be given either through an intravenous infusion (a thin plastic tube placed into your child's vein to give fluid directly into the blood stream) or a nasogastric tube (a thin plastic tube into the stomach through the nose). The nurses will give any inhalers that may have been prescribed and monitor their effect.

What can I do to help?

- Stay with your child as much as possible,
- talk with your nurse about filling in a record of all the feeds and wet nappies your child has,
- allow your child to rest as much as possible,
- tell your nurse if your child feels hot or is irritable,
- discuss with the nurses and doctors if you feel the inhalers are helping.

When can I take my child home?

When your child no longer needs extra help with breathing and feeding, and you feel confident that you can manage. Your child may continue to wheeze for some weeks after the infection. Your child should also avoid inhaling tobacco smoke.

Will I need to bring my child back to the hospital?

Not usually. If your child becomes wheezy with another infection you should see your GP.

Will my child need to take inhalers at home?

If the doctor prescribes inhalers the nurse or the physiotherapist will check that you feel confident about giving these. When you go home follow these instructions on how often to give the inhalers:

Ventolin "Salbutamol" (blue inhaler).

This is a bronchodilator and was last given at.....

Give.....puffs.....times a day fordays

Then.....puffs.....times a day for.....days.

Becotide (brown inhaler)

This is a steroid inhaler, and was last given at.....

Give.....puffs.....times a day fordays.

Please ring for advice up to 48 hours after admission.

Starlight Children's Ward Tel: 0161 291 2248

Starlight Children's Observation & Assessment Unit Tel: 0161 291 5459

Wythenshawe Hospital
Southmoor Road
Wythenshawe
M23 9LT

Review Date: Aug 2017

Ed number: 1009/15