

MEDICINES ON DISCHARGE

It is important your child take the medicines the doctor has prescribed. To keep them safe, for the next few days they will need to take:

Salbutamol (Blue inhaler) with a spacer

Day	Number of puffs	How often
Day of discharge	10 puffs	Every 4 hours
1	10 puffs	Every 6 hours
2	10 puffs	Every 8 hours

After this, please use your wheeze plan.

Barts Health NHS Trust (2017)

Prednisolone (oral steroid):

This is the medicine that is helping to settle down inflammation in the airways after your child has come home from hospital

Day	Time	Dose

It is very important to make an appointment with your GP two days after being seen in hospital. This is to make sure your child is recovering well.

DO

- See your GP in two days
- Keep the wheeze plan somewhere safe, or take a picture on your smartphone.
- Keep a blue inhaler and spacer with you all the time. You might need it again.

DON'T

- Throw away your child's blue inhaler or spacer
- Stop the preventer medicines before seeing a doctor
- Be scared to ask questions if you are worried or want to know more.

WHEEZE PLANS

You will be given a wheeze plan on discharge. This will help you know when to ask for help and when to give the inhaler. If you haven't been given one yet, please ask your nurse or doctor.

MORE INFORMATION

Monkey wellbeing has lots of information to help track symptoms and learn about wheeze www.monkeywellbeing.com

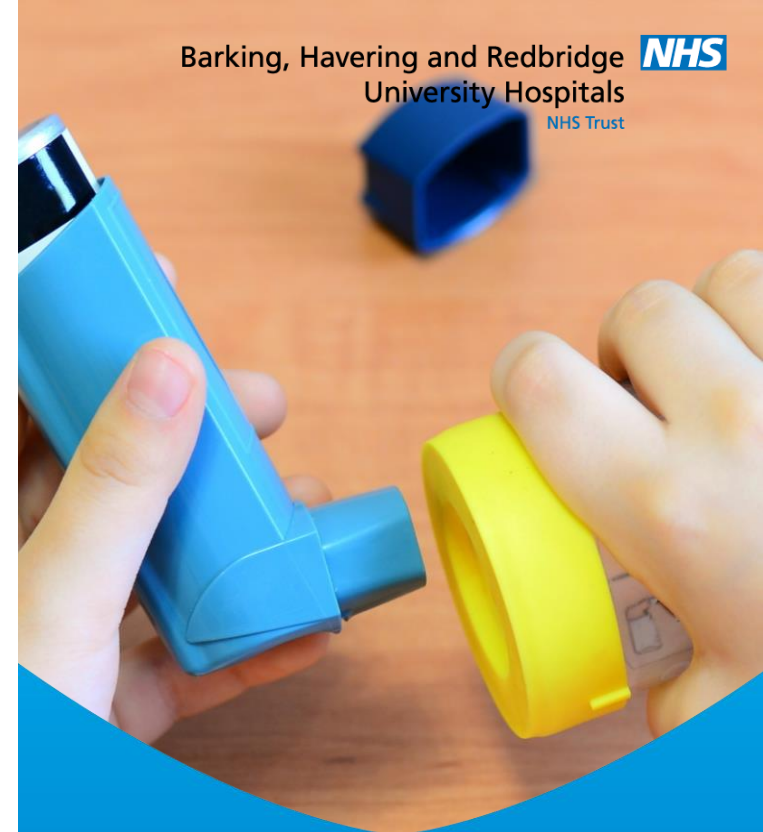
Asthma UK has a lot of information that will help you to learn about, and deal with asthma and wheeze. They have a helpline, a website and a Whatsapp helpline: www.asthma.org.uk 0300 222 5800 | Whatsapp: 07378 606728

STOP SMOKING:

Smoking around children can cause and worsen breathing problems. For support stopping, visit stopsmokinglondon.com or call 0300 123 1044 to find out what support is available in your area.

If you would like this information in an alternative format, or if you need help with communicating with us, please let us know. You can call us on 01708 435 454 or email bhruh.pals@nhs.net. If you are deaf or unable to communicate with us using telephone or email, we have a text service which can be contacted on 07800 005 502.

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YOUR CHILD WAS WHEEZY AND WAS SEEN IN HOSPITAL



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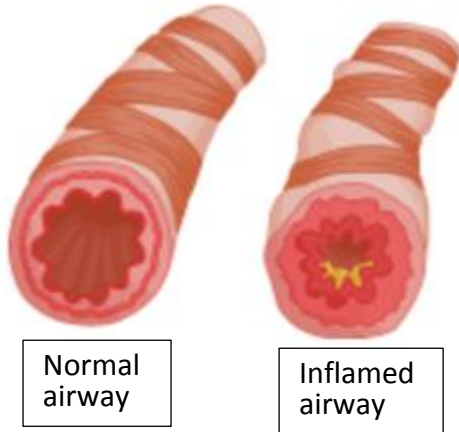


Barking, Havering and Redbridge
University Hospitals NHS Trust

WHAT IS WHEEZE?

A wheeze is a **high-pitched whistling noise** that comes from the chest when breathing out. It happens because the airways (breathing tubes) become swollen and narrow.

This can happen because the inside of the breathing tubes are **inflamed**, meaning they are red and sore. This means the air needs to squeeze through, making a wheezing (whistling) sound.



WHAT IS VIRAL-INDUCED WHEEZE?

Some children wheeze when they have a cold or virus, because this causes their airways to become inflamed.

It is more common in children who were born early, or those who are exposed to cigarette smoke.

It does not mean that your child definitely has asthma, and many children will stop getting viral-induced wheeze as they grow.

WHAT DOES THIS MEAN FOR MY CHILD?

This means that, when your child has a cold or virus, you may need to watch them carefully and know the signs to look for when their breathing is worse.

You will be given a blue inhaler and spacer to take home, to use if your child becomes unwell with their breathing again.

If your child is wheezing in between colds (when they are well), has eczema or allergies, or there is asthma in your family, then it is less likely that your child will 'grow out' of viral-induced wheeze.

Please speak to your healthcare professional if you have concerns.

HOW DOES THE BLUE INHALER WORK?

The blue inhaler your child has used at home or in the hospital contains a medicine called Salbutamol (sometimes called Ventolin). This is a type of medicine called a **reliever**.

Reliever inhalers work on the muscles around the airways (breathing tubes) to open the tubes. They work by telling the muscles to relax, which opens the tubes and makes it easier for air to pass through.

This is the medicine that will work quickly when your child is unwell and working hard to breathe. We always use this type of inhaler with a spacer in children.

WHY ARE SPACERS SO IMPORTANT?

When we spray inhalers, the medicine comes out very fast. Spacers are tubes that help slow down the medicine. This means we can breathe it into the smaller airways in the lungs, where it needs to work.

In small children we usually use a spacer with a mask. There are lots of different types of spacer, but they will usually look like this, with either a mask or mouthpiece:



HOW TO USE THE SPACER:

- 1 Shake the inhaler
- 2 Get a good seal (with the face using a mask, or in the mouth with a mouthpiece)
- 3 Spray the inhaler once
- 4 Watch for five good breaths in and out OR count ten seconds
- 5 Wait 30 seconds, and repeat until you have completed your puffs.

Some children can find the spacer scary or irritating. It can help to count ten things your child likes, or make it a game, or pretend to give it to a toy first.

Spacers should be taken apart and washed once a month, in hot soapy water, just like your dishes. They should be left to drip-dry, never dry the spacer using a cloth.