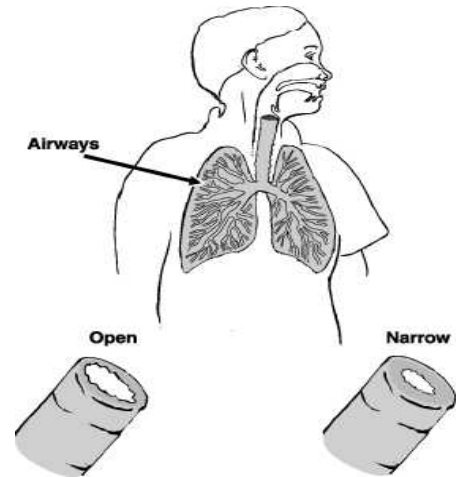


# The Wheezing Child

## What is a wheeze?

A wheeze is a whistling sound that is made as a person breathes. It is mainly heard when the person is breathing out. In most cases a wheeze is caused by the sound of air trying to move through the breathing tubes of the lungs when they become narrow or tight. The breathing tubes are often called the airways of the lungs.



## What makes a child wheeze?

### 1. Asthma

Around half of children less than 6 years of age will have at least one episode when they will wheeze. Wheezing in older children is often due to asthma. Asthma, eczema and hay fever in the family increases the chances of a child developing asthma.

Children with asthma have extra sensitive or "twitchy" airways inside their lungs. This means that their airways over react and become narrow when they come into contact with certain triggers. When this happens they can get short of breath, wheeze or cough. Colds or viral chest infections are the most common trigger for asthma in children. Cigarette smoke is another important trigger. Some children can have allergies, which may also trigger their asthma.

There are a number of other causes for wheezing in a young child or baby. Some other common causes for wheeze are explained below.

### 2. Viral chest infections

Viral chest infections cause swelling and mucus build up in the airways. This can clog up the airways making them narrow and cause wheeze. A very common viral chest infection that can cause wheezing in infants and toddlers is Respiratory Syncytial Virus (commonly called RSV).



### 3. Cigarette smoke

Young children who breathe in the cigarette smoke of people around them (passive smoking) have a higher risk of wheezing. Passive smoking also increases the chance of developing asthma in later childhood. Keeping the house and car smoke free is an important step in avoiding wheeze in your child.

## How will my doctor know what is making my child wheeze?

Your doctor will ask you questions about your child and family's medical background. This will help your doctor decide whether it is just a virus causing the wheeze, or whether there is a chance that this might also be asthma.



### Testing for a virus

Your doctor may order a test where a little bit of mucus is sucked from the back of your child's nose through a long thin tube. The test only takes a few seconds. The mucus is then tested in a laboratory to see whether any viruses are growing in it that may be causing your child to wheeze.

### Testing for asthma

At the moment there are no breathing tests to determine asthma in children less than 5 years of age. Sometimes a trial of asthma medication may be used to help decide whether your child has asthma.

## What treatment will my child need to get better?

### For a viral chest infection:

- Antibiotics are not effective in the treatment of viral chest infections, so are not usually needed. The virus will go away by itself.
- Some children may need to have oxygen to help with their breathing. The oxygen is given through a face mask or by a thin tube that sits just inside the nose. The Hospital nurses will closely check your child's breathing and their need for oxygen.
- Asthma medications may be tried for children older than 12-18 months. For younger infants with viral wheezing, asthma medications are less likely to help.



### If asthma is suspected:

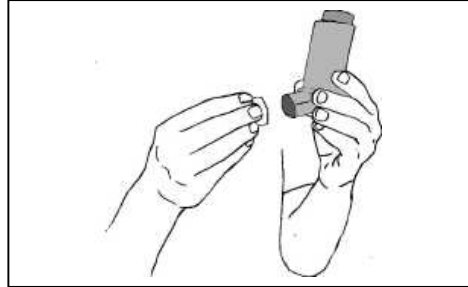
- A "reliever" medication, like Ventolin will be administered to help open up their airways to make breathing easier. Ventolin is breathed into the lungs and is usually given through a puffer and a spacer, or sometimes through a nebuliser.
- A steroid called Prednisolone may be given to help your child recover quickly from their asthma. It is usually taken as a syrup or tablet over a 3 to 5 day period. When taken this way it is very safe with no risk of steroid side effects.



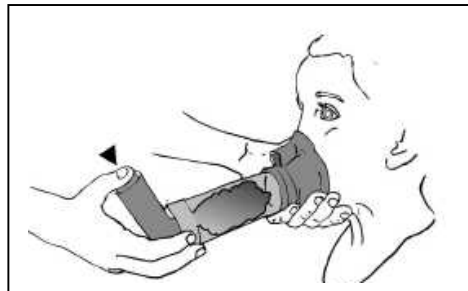
## What will I need to do once my child is well enough to go home?

### Reliever medication

- If your child was treated with reliever medication while in Hospital, you will be given a reliever puffer to give to your child at home. The reliever medicine will probably be Ventolin. Other relievers are Asmol, Airomir, Bricanyl or Epaq.



- In children, puffers have to be given with a spacer to help ensure that the medicine can get down into their lungs. Your nurse will show you how to use the spacer with the puffer.



- Before you go home, your doctor will write out an action plan for you. This action plan will let you know how much of the reliever puffer to give at home, how often and when to stop it.

### Other medications

- If your child needs to keep using any other medications once they are home, this will also be written out on your child's action plan. Your child's doctor or nurse will explain this to you.

### Follow-up doctor's appointment

- It is a good idea to take your child to see your family doctor within a week of going home. This is important so your doctor can:
  - check to see if your child has improved,
  - check how much longer your child will need to continue their treatment, and to
  - let you know when to have your child reviewed again.

## What should I do if my child ever wheezes or has trouble breathing again in the future?

- Take your child to see a doctor as soon as possible.
- Follow the instructions written out on your child's action plan.
- Keep your child's action plan somewhere handy, so you can use it when needed.

## How will I know if my child is having breathing problems or needs to use their reliever puffer?

It is important to remember how your child looks and behaves when they are well, so that you will notice the difference if they start to have breathing trouble.



Watch closely for any signs of a cold or flu. Wheezing or breathing problems may follow.

Any one of the following signs means that your child is working harder to breathe:

- Sucking in between the ribs or at the base of the neck as they breathe in.
- Breathing harder or faster than normal.
- Tummy pulling in and out as they breathe.
- Wheezing.
- A persistent cough.

If your child displays any of the above symptoms, administer the reliever as written on their action plan and see a doctor as soon as possible.

## When should I call an ambulance?

Call an ambulance and follow your action plan if your child shows any one of the following signs:

- Blue at the lips.
- Can't say more than a few words at a time because they are so breathless.
- So tired they look like they are going to stop breathing.
- Breathing very fast, cannot be comforted, are restless or having trouble feeding because so short of breath (infant).
- You or your child are frightened by what is happening.

**Compiled by:**  
**Email:**  
**Web site:**

Rachael Dunn and Barry Clements  
pmh.asthmanurse@health.wa.gov.au  
<http://wchs.health.wa.gov.au>

**Produced by:**  
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WCHS 0211

**Women's and Children's Health Service**

**King Edward Memorial Hospital  
for Women**  
374 Bagot Road  
Subiaco WA 6008  
Tel: (08) 9340 2222  
Fax: (08) 9388 1780

**Princess Margaret Hospital  
for Children**  
Roberts Road  
Subiaco WA 6008  
Tel: (08) 9340 8222  
Fax: (08) 9340 8111

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