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Viral Induced Wheeze

What should I do next time?

Some children have repeated episodes of wheezing with coughs and colds. The next time your child gets a cough and cold it's important to use the inhaler early as it will have a better effect.

At the beginning of a cold, give 2-4 puffs of Salbutamol (Ventolin) through a spacer and mask every 4 hours for a few days.

When should I come back to hospital?

If the reliever inhaler is not lasting for 4 hours, or your child is / has:

- Blue lips
- Fast and laboured breathing
- Grunting noises when breathing
- Coughing and wheezing a lot
- Too breathless to drink or to talk in sentences.

Give 10 puffs of Salbutamol (Ventolin) through a spacer and mask and **seek urgent medical attention.**

Signs of severe breathing difficulties to look out for in your child.



If you have any further questions about
Viral Induced Wheeze
Please telephone **01273 696955** and ask
for the Children's Respiratory
Nurse Specialist.
Office hours only

Other useful numbers

Practice Plus

(Brighton walk-in centre / GP service)

0300 130 3333

Open every day from 8am to 8pm,
including bank holidays.

www.practiceplusbrightonstation.nhs.uk/

For out of hours GP service or advice
ring **NHS 111**

This leaflet is intended for patients receiving care
in Brighton & Hove or Haywards Heath



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Children's Emergency Department



What is Viral Induced Wheeze (VIW)?

In young children, wheezing is usually caused by a cough and cold virus. The virus causes inflammation and narrowing of the airways, which results in the high pitched whistling noise characteristic of wheeze.

Symptoms can include:

- Cough and cold
- Wheezing
- Difficulty in breathing
- Raised temperature
- Difficulty in feeding.

Does this mean my child has asthma?

Not necessarily. Whilst the symptoms can be similar, VIW is a different illness to asthma. Intermittent wheezing with colds is quite common in younger children and only a small proportion go on to develop asthma. The risk however is higher if there is a family history of asthma, eczema and/or hayfever.

How is VIW treated?

Medications called bronchodilators or 'relievers' are used to open up the airways. These are usually given through a blue inhaler, sometimes called a 'puffer', and a spacer device. The reliever inhaler that we use is called Salbutamol (Ventolin).

When your child first arrives at the hospital they may be given multiple doses of inhalers. This is routine treatment, and the amount given will be reduced as your child gets better.

Other treatments that your child may need:

Dexamethasone or prednisolone - steroid medication given by mouth, which will help to reduce inflammation in your child's airways.

Oxygen - if your child needs oxygen they will have to stay in hospital. Oxygen or air may sometimes be given through devices called 'Optiflow™' or 'Vapotherm®'. These can help your child's breathing by delivering warm, wet air through small plastic pipes that sit in your child's nostrils.

Intravenous medication - If your child is not getting better they may need to have reliever medications through a drip.

Antibiotics are rarely used in the treatment of VIW because they are ineffective against viruses.

Are there any side effects of the treatment?

The inhalers are safe and effective, however they can make your child's heart beat faster and can sometimes make them feel 'shaky' or give them a headache. This will not harm your child and will get better as the treatment is reduced.

Steroid medications are very unlikely to produce any side-effects or long term problems at the doses used.

When can my child go home?

Your child will need to stay in hospital until you and the hospital team feel that

they are better. This is usually when your child is only requiring the inhalers every 4 hours, and does not need oxygen. This can take 1–2 days or even longer, depending on how quickly your child recovers.

Treatment at home after leaving hospital:

Your child will need to have the reliever inhaler regularly. Give them 6 puffs of Salbutamol (Ventolin) every 4 hours for the next 24 – 48 hours. If your child is under 4 years, only give them 4 puffs.

After that you can give your child 2 – 4 puffs every 4 hours as needed until your child is back to their normal self.

How to use the inhaler and spacer:

1. Shake the inhaler well and remove cap. Fit the inhaler into the opening at the end of the spacer.
2. Place the mask over your child's nose and mouth. Ensure there is a good seal around the mask or mouthpiece.
3. Press the inhaler once and slowly count to 10 for each puff.
4. Shake the inhaler after every other puff.

Repeat for each dose of medicine.

Only put one puff of medicine into the spacer at a time as your child may receive the incorrect dose otherwise.

Always use the inhaler with a spacer and mask.