

Viral induced wheeze

**Information for
parents and carers**



**Children's Hospital,
John Radcliffe Hospital**

What is a viral induced wheeze?

Viral induced wheeze is a whistling sound from the chest that is due to the narrowing and swelling of the airways, caused by a viral infection (e.g. a cough or a cold). It can be associated with difficulty in breathing. The symptoms may recur 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 5 years are more likely to be affected as their airways are small.

Treatment of viral induced wheeze is similar to asthma with a salbutamol (reliever) inhaler.

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. A wheeze is more likely to be caused by asthma if your child is wheezing at times when they are otherwise well. Wheeze with asthma can occur:

- at night or when waking
- during or after exercise
- after contact with a 'trigger' (pollen, pets, dust)
- when upset or laughing
- occasionally for no apparent reason.

Children with asthma are more likely to have eczema or hayfever and a family history of asthma, hayfever or eczema.

How is a viral induced wheeze treated?

Relievers

Treatment of viral induced wheeze is similar to asthma with a salbutamol (reliever) inhaler. As soon as your child becomes wheezy, starts coughing excessively or is short of breath, they need to use their reliever inhaler.

Reliever inhalers relax the muscle surrounding the airway and make it easier to breathe.

There is no proven effective preventative treatment for pre-school aged children who keep having episodes of viral wheeze. Children with viral wheeze do not appear to respond to regular inhaled corticosteroids (brown inhalers).

Using a spacer

It is vital that your child uses their inhaler and spacer correctly. Your child's wheeze will not be controlled if the medicine is not getting into their lungs.

Spacers are plastic devices that help the inhaler medicine get into the lungs, where it is needed. Inhalers and spacers are as effective as nebulisers at ensuring the medicine reaches the airways, if they are used correctly.

How do I give my child their inhaler?

Your child may need lots of positive encouragement when they first start to use the inhaler and spacer. You may want to make it into a game, or use a small reward to encourage them.

1. Sit your child in an upright position.
2. Shake the inhaler and push it in to the end of the spacer.
3. If you are using a spacer with a face mask you will need to fit this over your child's nose and mouth, making sure there are no gaps.

If your child is not keen to have the mask of the spacer placed over their nose and mouth, or they need help to use the spacer, you may want to sit them upright on your lap or use it when they are lying down.



Some spacers come with a mouthpiece instead of a mask. These are usually for older children who can breathe in and out just through their mouth.

4. Press the top of the inhaler and encourage your child to breathe in and out with the spacer mask still on their face. If your child is using a mouthpiece, they will need to breathe slowly in and out through their mouth, keeping their lips sealed around the mouthpiece.

Your child should take at least 5 slow, deep breaths through the spacer for every puff of the inhaler.

5. Shake the spacer and attached inhaler.
6. Put the spacer mask back on to your child's face (or get them ready with the mouthpiece) and administer the next puff.
7. Repeat the process until your child has had the prescribed number of puffs.

If the spacer makes a whistling noise, this means your child is breathing too quickly. Encourage them to take slower, deeper breaths to make sure they receive a sufficient dose of their medicine. It may help if you breathe with them, so they can copy you.

Remember to shake the inhaler between each puff, otherwise your child will not get all of the medicine.

Cleaning the spacer

Clean your spacer about once a month and after you have recovered from any cold or respiratory infection.

Remove the inhaler port and soak both parts of the spacer and the mask or mouthpiece in warm soapy water for 15 minutes. Rinse with hot tap water and leave to air dry in an upright position.

Do not put any parts of the spacer in the dishwasher as this will damage it.

When do I give my child their inhaler once we have been discharged from hospital?

If your child is wheezy / breathless give them 10 puffs of the (salbutamol) blue inhaler (with the spacer) up to every 4 hours. If they do not respond or improve after 10 puffs or they need it again within 4 hours you must seek medical attention.

If your child continues to be wheezy / breathless 48 hours after they have been discharged from hospital, seek further medical advice.

Make an appointment to see your child's GP within 48 hours of discharge, for a check-up.

If you are very concerned about your child's breathing, give 10 puffs of the blue inhaler and make sure someone is calling 999 for assistance..

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Claire Osborne, Advanced Nurse Practitioner (2024)
Oliver Dickson, Trainee Advanced Nurse Practitioner (2024)
December 2024
Review: December 2027
Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

