

WHEEZE? 3 Steps to Safe Discharge

Wheezing is a lower respiratory tract sound created by airway narrowing. One cause is smooth muscle contraction (bronchospasm). If not controlled this can lead to **worsening breathlessness** and even death.

Viral episodic wheeze is extremely common affecting approximately **one-third of children**.

Asthma is less common, affecting **one in eleven children**.

These conditions represent an enormous demand on health care services. What's more, death rates in the UK are amongst the worst in Europe. Here is one safe, simple and stepwise approach to the care and discharge of wheezy children from hospital. By following these steps you may save a life!



#EM3
East Midlands Emergency Medicine Educational Media

STEP 1 Weaning the blue inhaler

Following acute management, wean the use of Salbutamol to a safe (3-4 hourly) level...

“IS IT TIME FOR THE NEXT INHALER?”

NO, it can wait...

LOOK 👁

- 1) Alert, happy, talking?
- 2) Eating and drinking?
- 3) Breathing comfortably?

LISTEN 🗣

- 1) The cough is occasional and improving
- 2) The wheeze is minimal*, reducing and they are breathing normally again

THINK 🤔

Are they working hard to breathe?
Are they unlikely to go another hour?
Am I worried about them?



“IS IT TIME FOR THE NEXT INHALER?”

YES, they need it now...

LOOK 👁

- 1) Persistent coughing?
- 2) Unable to eat or drink?
- 3) Looking uncomfortable?

LISTEN 🗣

- 1) The cough is persistent and worsening
- 2) The wheeze is audible, increasing and the air entry is poor (*very worrying*)



IF THE ANSWERS are YES

Don't delay! **GIVE TEN PUFFS NOW**

IF THE ANSWERS are NO

Don't give “just because” (*unless worried*)

STEP 2 Correct inhaler technique

HOW to use inhaler correctly*

- 1) Shake the inhaler before use
 - 2) Take off the cover and cap
 - 3) Insert into the spacer
- “Always use with a spacer”
- 4) Make a seal with mouthpiece
 - 5) Press & give one puff at a time
 - 6) With each puff hold for 10 secs
 - 7) Give up to ten puffs if unwell

*for pMDI in kids

WHY to use it correctly...

- 👉 If you don't shake it, less medicine comes out.
- 👉 With no spacer, it goes into the mouth & not the lungs.
- 👉 More than one puff at a time just sticks to the plastic.
- 😬 Less than 10 puffs (2-4) is okay when kids are well
- 😬 But if unwell use 6-10 puffs

! Don't use an empty inhaler !

WHEN to use the inhaler...

Cough, breathlessness, tight chest or wheezing? Give up to 10 puffs

If it works and lasts 3-4 hrs carry on.

If it works but lasts 1-2 hrs only... Give 10 puffs again and see doctor...

If it does not work & you're worried... Give 10 puffs again and call for help immediately 📞 Call 999 now 🚑

NEVER STAY AT HOME if needing 10 puffs 1-2 hourly, this is dangerous!

STEP 3 Preventative measures

Poster for em3.org.uk by

@carlvanheyning1

Whilst reliever **blue** inhalers are essential, preventative measures are too often overlooked... Careful discharge may prevent readmission and even save a life!

STOP MISINFORMATION

“Aren't steroids bad?” **WRONG**
Side effects for dose are minimal
“I use my steroid inhaler for acute flare ups” **WRONG**
They are preventers and can take weeks to start working
“I stopped using them because they didn't help.” **THINK**
Was inhaler technique correct?

GIVE GOOD INFORMATION

If “interval symptoms” (*e.g. frequent cough at night*), if using blue inhaler “often” and if repeat hospital admissions.
CONSIDER: preventer inhaler (*e.g. beclomethasone*) AND explain how to use them (*regularly*).
DISCUSS: avoidance of triggers.
TREAT: any associated hayfever and or eczema (*e.g. antihistamines, emollients*).

REMEMBER FOLLOW-UP

For every wheezy child, ensure...
1) A wheeze plan is given
2) A spacer is given
3) An appointment is made (*either with GP or in hospital*)
4) A patient leaflet is given
5) A peak flow meter (*considered*)
6) All questions are answered
...in line with local policy