

Wheezy Attacks in Children Under 3 Years Old

Wheezy attacks are very frequent in the first 2 to 3 years of life.

Commonly these symptoms occur with colds and the child is well in between. Sometimes, though, the symptoms can last a while, particularly a night-time cough.

If we look at a group of children with wheezing attacks, some only ever have them with colds and grow out of this by the age of 3 years.

Some of these had bronchiolitis (a viral illness of the chest) when they were small.

Some, however, develop other symptoms of asthma, such as wheezing with allergies or exercise. Unfortunately, when they are young it is difficult to say which of these two groups they will come into when they are older.

Symptoms, between attacks, of other allergic diseases such as eczema and a family history of asthma make asthma more likely.

As far as treatment is concerned though, it does not matter which group your child comes into. Anti-asthma medication can be tried and is likely to be much more helpful than lots of antibiotics.

Any child who is “always chesty” or has “lots of chest infections” may be having wheezing attacks rather than chest infections. It can be difficult to distinguish between the two in younger children and can often warrant a trial of an anti-asthma treatment.

Unfortunately, anti-asthma treatment is not always that effective in those under 1 year old. However, there are now several different types of treatment available which may improve things.



Action Plan for Children who wheeze with viruses.

This plan helps you to adjust your child's treatment based on their symptoms. You should always use a spacer when giving your child their inhaler.

Your child's **Reliever** inhaler is:

Inhaler: _____
(Usually relieving treatment is only given when needed for shortness of breath, coughing or wheezing or before exercise to prevent wheeze.)

Zone 1: When your child is well

- Your child is well with no restriction to play and other daily activities.
- Their sleep is not disturbed by a cough or wheeze.
- When control is good, the reliever inhaler should not be needed more than once or twice a day.

Zone 2: Deteriorating Control

- Your child is waking at night with a cough or wheeze,
- Or they are unable to play as usual,
- Or are starting with a cold or virus (if this usually what causes problems).

**The reliever inhaler should be given 2-6 puffs every 4 hours with a spacer.
See your GP if there is no improvement within 24 hours.**

Zone 3: Severe Attack

- If the reliever inhaler is not helping very much,
- **Or** they need the reliever inhaler again within 2 to 3 hours,
- **Or** having difficulty talking or walking,
- **Or** have very laboured breathing with in drawing of the skin between the ribs,
- **Or** they are very frightened by the attack.

**Give the reliever inhaler 6-10 puffs every 4 hours with a spacer.
Contact your own GP or asthma nurse for an urgent appointment or attend A&E.**

Zone 4: Emergency

- Your child needs their reliever inhaler within one hour of the last dose.
- The reliever inhaler does not seem to work at all.
- Your child has a chest that hardly moves with breathing.
- Your child is blue around the lips and tongue.
- Your child is drowsy, confused or exhausted.

**Call 999 for an ambulance.
Give continuous reliever inhaler until help is available.**