

PATIENT INFORMATION

Pre-School Wheeze

Information for parents / carers

What is Viral Induced Wheeze (VIW)?

VIW is common in pre-school children. One in three pre-school children will wheeze when they have a cold. The wheeze is caused by mucus and inflammation in the child's airways.

The wheeze may continue for a few weeks after the child has recovered from the cold, and may happen again with another cold in the future.

Children born pre-term, small for gestational age, or exposed to cigarette smoke are more likely to have recurrences.

Is it Asthma?

Most children grow out of VIW as they get older, and their airways get bigger. They don't have asthma.

Some children with VIW will go on to develop asthma, typically when they are at school-age. This is more likely if:

- Your child also gets wheezy with exercise, contact with triggers like pollen, pets and dust, or sometimes a change in the weather.
- Your child has hay fever or eczema
- There is asthma, hay fever and eczema in the family.

What treatment will my child need?

Most treatment for VIW is supportive:

- Avoid exposure to cigarette smoke
- Use regular paracetamol for fever and discomfort
- Breathless babies may vomit less if fed 'little and often'
- Breathing may be helped by propping them up or tilting the cot head up 15°

Hospital admission

Your child may need hospital admission particularly if they are severely unwell or not drinking enough fluid. Feeding tubes, oxygen, asthma medications and steroids may be needed. Antibiotics do not usually help.

Smoking

Avoiding exposure to recovery and reduce the quit is available from [smoking/](#)



cigarette smoke will speed your child's chances of further admission. Support to <https://www.nhs.uk/better-health/quit-smoking/>

When can I take my child home?

- When they are taking enough fluid to keep hydrated
- When they have safe oxygen levels
- When any asthma medicines that have helped are needed less than every 3 hours

Asthma treatments, given by spacer or nebuliser, can be tried but do not always help:

1. Reliever inhalers (usually blue) help relax airway muscles and tend to be more effective with older children.
2. Steroids can help if your child is very unwell in hospital, they are more likely to have asthma, or if they have a good response to inhalers. They don't speed recovery or reduce symptoms at home.
3. Daily preventative inhalers (usually brown) can help prevent future wheezy episodes particularly if your child has a high risk of going on to develop asthma. To prevent unnecessary treatment, a symptom review with your GP or asthma nurse is recommended after 8 weeks.

Spacers

Without a spacer, inhaled medicine will not enter your child's lungs and is useless. Instructions and videos are available at <https://www.asthma.org.uk/inhalervideos>

The effectiveness of your child has been very



spacers and nebulisers is the same, but if unwell, we may have used a nebuliser.

Follow up and further

treatment

During this attendance, asthma medicines were / were not helpful. The agreed plan for ongoing treatment was:

Additional follow up plans include:

Signs of severe illness include:

- A floppy or unresponsive child
- A pale, grey or blue child
- A child that is breathing very fast
- A child that is working very hard to breathe
- A child with a rash that doesn't fade with the glass test

IN EMERGENCY CALL 999

Contact details

Opening Hours
Monday to Friday
8.30am to 9.00pm

While you have open access, please call 01803 655492 for advice

TorbayAndSouthDevonFT
@TorbaySDevonNHS
www.torbayandsouthdevon.nhs.uk/

Your child has been given open access to the Short Stay Paediatric Assessment Unit until:

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.