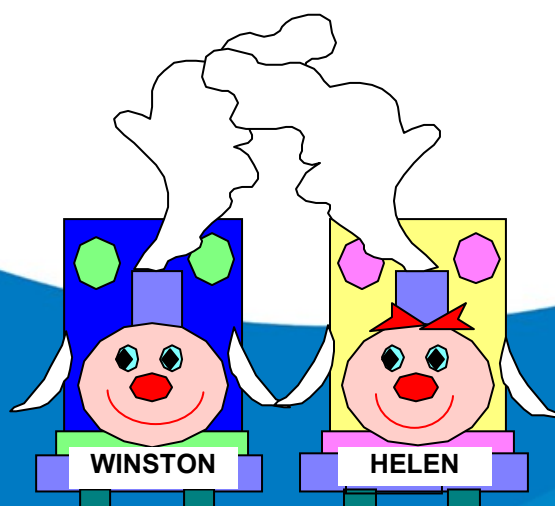


# Wheezy Infant Self Management Plan

This leaflet can be made available  
in alternative languages / formats on request.

*如有需要，本传单可提供其他语言/版式  
此單張的其他語言/格式版本可按要求提供*

Na żądanie ta ulotka może zostać udostępniona  
w innych językach/formatach.



## The nature and reasons of the condition

It is common for infants and young children to cough, wheeze, and have some difficulty in breathing when they have a (cold).

A cold is often referred to as a Viral Upper Respiratory Tract Infection by medical and nursing staff. If your child has had a cold or Bronchiolitis (a common viral illness which affects infants) the symptoms will be very similar to those described above.

## Our usual form of treatment and benefits of treatments are:

Often no treatment is needed; most infants will recover from viral infections without any intervention. However, your infant may be given some inhalers/medication to help them to breathe and help to reduce future episodes.

The most common inhalers/medications used for infants are:

**Salbutamol (Blue inhaler)**

**Clenil Modulite (Brown Inhaler)**

**Montelukast (Granules/Chewable Tablet)**

It is important to note that not all infants and young children respond to these inhalers. For some they work well, for others they do not seem to have any effect. If the inhalers given to your child seem to be beneficial they will be continued.

**It is very important that you give the inhalers as demonstrated by the doctor or nurse.**

## The inhaler/medication you have been given for your infant is:

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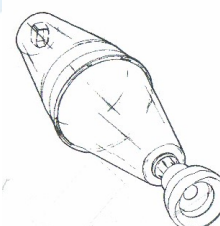
Inhaled medication should always be given via the spacer and mask. The inhaler works by relaxing the muscles and opening the air passages to the lungs to help the infant breathe and thus reduce coughing.

The spacer device you have been given is:

**Aerochamber**



**Volumatic and mask**



The Ward Nurse or the Respiratory Nurse will show you how to give your infant the inhaler via the most suitable spacer device.

## **The discomforts of the treatment**

Discomforts can be minimised by using a positive, comforting attitude with the child and implementing play therapy when delivering the medication.

## **Directions for use for the inhaled medication**

Give your infant **5 puffs** of their Salbutamol inhaler when you think they need it. For example when they are coughing, wheezing or when they are having difficulty in breathing.

You may give your infant the inhaler every **4 hours** when they are unwell. When you feel they are getting better gradually reduce the frequency at which you are giving the inhaler and eventually stop it when you feel it is no longer required.

The illness or discharge inhaler regime for your child is as follows:

**5 puffs of Salbutamol every 4 hours for 2 days**

**4 puffs of Salbutamol every 6 hours for 2 days**

**2 puffs of Salbutamol every 12 hours for 2 days**

This illness / discharge inhaler regime can be followed every time the infant develops a cold that is affecting their breathing. If your child needs their inhaler more frequently than every 4 hours you need to take the child to see your G.P. If your child seems very distressed, e.g. not feeding, coughing ++, wheezing, they are pale, tired and using their tummy muscles to help them to breathe.

## **You need to take your child to hospital or call 999 for an ambulance.**

Meanwhile give your infant 10 puffs of their reliever inhaler slowly through the spacer and mask (as demonstrated) one puff at a time and then continue to give one puff a minute on the way to hospital or until help arrives.

**Please contact the Paediatric Respiratory Nurses for more information on 0151-430-1938/1453**

**If you need to contact the department outside of these hours, please phone either:**

**Ward 3F            0151 430 1616**

**Ward 4F            0151 430 1791**

Whiston Hospital  
Warrington Road,  
Prescot, Merseyside, L35 5DR  
Telephone: 0151 426 1600

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