

FACTSHEET

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Viral Induced Wheeze

What is Viral Induced Wheeze?

Viral induced wheeze is caused by a viral infection and often starts with a cough or a cold. It commonly occurs in children under the age of 3 years. Wheeze is a whistling sound heard when breathing out.

Why does it happen?

The viral infection may cause a narrowing of the small airways or an increase in mucus production in your child's lungs. Viral induced wheeze is more common in children under the age of 3 years as their airways are smaller.

The wheeze may return each time your child has a cold and can occasionally last for some weeks.

Does this mean my child has asthma?

No, this does not mean your child has asthma. More than half the children with viral induced wheeze will grow out of it by preschool age when their airways have grown and developed. However, children with frequent viral induced wheeze may go on to develop asthma.

Treatment for Viral Induced Wheeze

Wheeze often gets better with medicines called bronchodilators that are breathed in (inhaled), which your doctor may prescribe for your child and will monitor the effect. Bronchodilators or relievers, E.g. Ventolin® or Asmol® (Salbutamol), are medicines that assist in opening the airways, allowing air to move in and out of the lungs more easily.

Your child may also be given a short course of oral steroids, eg Redipred® prednisolone, to help reduce inflammation in the airway. There is no current proof that support regular preventer puffers for mild viral induced wheeze (Cochrane Collaboration, 1999).

Sometimes children with Viral Induced Wheeze need to have a short hospital stay. Reasons for staying in hospital include:

- Difficulty breathing,
- Needing Ventolin® more often than every three hours,
- Needing some extra oxygen and
- Poor feeding.

If hospitalisation is required, your child's condition will be monitored closely.

Oxygen may be needed to support your child's breathing and they will remain in hospital until their oxygen levels are back to a satisfactory level.

Your child should be encouraged to eat and drink small frequent meals.

As viral induced wheeze is caused by a virus, antibiotics are not helpful.

When can I take my child home?

When the doctors and nurses are happy with your child's progress, and feel he/she is improving you will be discharged from hospital. This is when they are no longer requiring any oxygen, are feeding well and you are able

to manage them at home. You will be given training and education from staff before discharge.

Your child may need to continue treatment with the reliever once they are sent home and you will be given a plan outlining how often and when to administer this.

It is important that nobody smokes near your child. Cigarette smoke, even on clothing, can make children wheeze.

If your child is still wheezy in between inhalers and looks unwell you should seek urgent medical attention.

Signs to look out for include

- Fast breathing rate
- Very fast heart beat
- Tummy sucking in with breathing
- Sucking in at the ribs when breathing
- Sucking in of throat
- Grunting noise when breathing out
- Agitation
- Breathlessness preventing speaking in sentences
- A scared, very quiet and tired child

Please refer to the “Using a puffer and spacer device” and the Cleaning spacers and puffers section in the “Giving your child asthma medications” fact sheets for further information.

Remember:

- Viral induced wheeze is a different condition to asthma.
- It is a viral infection so antibiotics may not help.
- The wheeze may last for some weeks
- It is important that nobody smokes near your child as cigarette smoke, even on clothing can make children wheeze
- If there is severe breathing difficulty, or if your child is distressed, contact your doctor or local hospital

References

McKean, M. & Ducharme, F. (1999). Inhaled steroids for episodic viral wheeze of childhood. Editorial Group: Cochrane Airways Group Copyright © 2009 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.