



A guide to...

Viral Induced Wheeze *Patient Information*

Children's Emergency Department (CED)
Watford General Hospital



Caring for your child with Viral Induced Wheeze

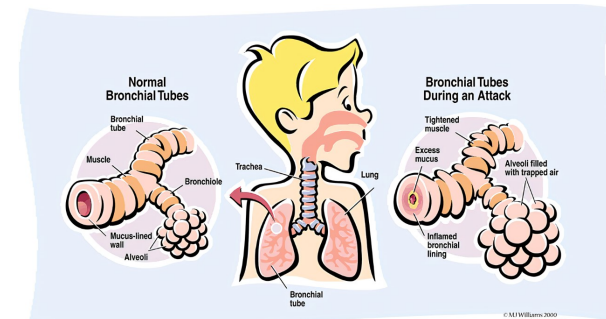
Your child has been diagnosed with a viral induced wheeze.

A wheeze is a high pitched whistling sound that occurs during breathing; it can be associated with difficulty in breathing. There are multiple causes of wheeze, however in viral induced wheeze, constriction of the bronchioles (bronchoconstriction) is the cause.

Antibiotics are NOT effective against viral induced wheeze.

What is Viral Induced Wheeze (VIW)?

Breathlessness and wheezing can occur with a respiratory viral illness (eg, common cold). The wheezing episodes usually last two to four days, although can last longer, and in between episodes the child is wheeze free, even when exercising.



Is it Asthma?

Nearly one-third of all pre-school children will wheeze on at least one occasion when they have a cold. While children with asthma also wheeze, they do so in response to multiple other triggers outside of being virally unwell eg, exercise, allergens etc. A diagnosis of asthma is only made after a considered history and other investigations, and rarely ever before the age of five years old.

Most children with viral induced wheeze will stop wheezing as they get older and will **not** go on to develop asthma.

Normal Symptoms

- Preceding history of cold type illness
- Often, but not always, fever.
- Reduced feeding / oral intake
- Lethargy
- Rapid breathing
- Cough; vomiting following coughing is common

Red Flag (worrying) symptoms

- Cyanosis — blue discolouration commonly seen around the mouth and nose
- Apnoea (period of not breathing)
- Laboured breathing
- In verbal children, inability to talk in full sentences
- Grunting
- Irritability
- High pitched cry in babies under six months
- Unable to tolerate more than half of their usual feed amount
- Dehydration—significant decrease in wet nappies
- A quiet, scared and very tired looking child

Treatment

Relievers — reliever medications contain short term inhaled bronchodilators, this is usually called salbutamol. This drug relaxes the muscle surrounding the airway making it easier to breathe. There is no proved effective preventative treatment for children who have recurrent viral induced wheeze. All inhalers should be delivered via a spacer device and full training will have been given prior to your discharge. Instructions for use are also included on the care plan that you will have been given on discharge.

Care of your child

Most children can be managed at home under the supervision of their parent / carer.

- If prescribed a reliever medication such as salbutamol, always give as per the instructions and through the spacer device.
- Keep your child as safely upright as possible; this will make breathing easier.
- Encourage small, frequent drinks / food.
- Avoid cough medicines; there is no evidence to support their use.
- Ensure your child is not exposed to cigarette smoke or vapes in the home —this is a proven major risk for **all** childhood respiratory infection.
- Return to CED if your child shows any red flag symptoms.

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email **westherts.pals@nhs.uk**



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