

### EMERGENCY DEPARTMENT

**Contact**

Tel. 09 332 27 42

**Date**

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## 1 What is wheezing?

- Wheezing can result from an acute inflammation of the small airways. When this happens, the muscles around the small airways contract, making them narrower and making it harder for your child to breathe.
- **Characteristics of difficult breathing are: rapid breathing, wheezing, use of intercostal (rib) and neck muscles, difficulty in talking, anxious eyes, sweating.** Always contact a doctor when these symptoms appear.
- Young children may experience rapid breathing and wheezing due to a respiratory infection caused by a virus.
- One in three children develops wheezing at a later age (4-6 years) that is no longer always linked to viral infections.
- The triggering factors can be: exertion, emotions, allergies (e.g. dust, animals, grasses), illness, temperature changes, exposure to cigarette smoke, etc.
- Some children require daily inhalation therapy. Your own doctor/paediatrician must follow this up.
- Treat more frequently and intensively when wheezing is experienced. Some children even suffer from oxygen deprivation.

## 2 How to treat?

- It is important to prepare a personal treatment plan with aerosols or inhalers together with the doctor. Intensify the treatment in the case of persistent symptoms. You can gradually phase out treatment when things improve.
- A blue inhaler (salbutamol/Ventolin©) helps to open the airways quickly. A red inhaler (budesonide/Pulmicort©) is used to counteract the slow inflammatory response. Therefore it is important to always use a blue inhaler/Ventolin in the case of an acute attack.
- In the case of extreme shortness of breath, your child may need aerosol instead of inhalers.
- It is important to visit your personal doctor/paediatrician for a check-up afterwards. If necessary, he will prescribe daily inhalation to prevent occurrences.

## 3 When to consult a doctor again?

If a fever persists for more than 72 hours.

## 4 Urgent medical advice

Seek urgent medical advice:

- if your child's condition does not improve or if it deteriorates while giving the maximum prescribed treatment: go to the Emergency Department.
- In the case of extreme breathing difficulty, it may be necessary to contact the 112 emergency services.

- Continue inhalation therapy in the meantime.
- Closely monitor for signs of breathing difficult as described above.

## 5 Contact

The Paediatrics Department of University Hospital Ghent offers third-line care. This means that care is provided for complex disorders. The number of hospital beds at the Paediatrics Department is therefore limited. If your child needs to be admitted, we are able to arrange admission to another hospital. Thus we advise you to choose your own doctor/paediatrician who can monitor your child and refer the child to us if necessary.

For urgent questions:

- Emergency Department University Hospital Ghent: tel. 09 332 27 42
- Paediatrician on duty at University Hospital Ghent: tel. 09 332 35 15

For **urgent** medical help, come to the Emergency Department.

For **immediate** medical help, call 112.

*This information does not replace consultation with a doctor and is also available in other languages.*