Pre-school wheeze

What is pre-school wheeze?

Pre-school wheeze (also called reactive airways disease or viral-induced wheeze) is the medical name for a condition that affects the airways (breathing tubes that carry air to the lungs) of children between one and five years of age.

What causes it?

Children with pre-school wheeze have sensitive airways. Pre-school wheeze occurs when the muscles in the airway walls tighten or there is a build-up of mucous in the airways. This causes the airways to narrow and makes it hard to breathe.

Wheezing can be triggered by environmental factors such as cold air, dust mites and cigarette smoke.

Signs and symptoms

- a high-pitched raspy sound or whistle when breathing out (wheeze)
- fast breathing
- find it hard to breathe
- muscles of the chest drawing in when breathing
- cough

How is it diagnosed?

A doctor can diagnose pre-school wheeze by listening to your child’s chest and understanding their symptoms. Tests are not usually required.

Does my child have asthma?

Most children with pre-school wheeze will not go on to develop asthma in later life.

What is the treatment?

Pre-school wheeze is treated with medication which is usually inhaled (breathed in) so it goes straight into the lungs. Medications include relievers and sometimes, preventers and steroids.

Relievers

Puffer (e.g. salbutamol, Ventolin, Asmol)
- opens the narrowed airways so that it is easier to breathe
- works very quickly (in about four minutes) and lasts up to four hours
- can be purchased without a prescription from your local pharmacy if you run out

Preventers

Puffer (e.g. Flixotide) or tablets (e.g. Montelukast)
- prevents wheezing episodes by treating the airway inflammation (swelling)
- only needed for a small number of children
- only available with a prescription
- can cause oral thrush – rinse mouth thoroughly after use to avoid this

Steroids

Liquid medicine (e.g. prednisone, Redipred)
- used to treat symptoms in some children when unwell
- only available on prescription

When should I use medication?

Relievers
- when your child has symptoms (do not use ‘just in case’)

Preventers
- if needed, every day, even if your child feels well

Steroids
- if needed, as directed by your doctor
How do I use a puffer?
Children should always use a spacer with puffer medication. A spacer is a cylinder-shaped device which reduces the amount of medicine that lands in the mouth and lets more go down into the lungs where it is needed. Children who are unable to form a reliable seal around the spacer should also use a mask. See the Puffers and spacers fact sheet for more information.

Care at home
- Follow the Action Plan prepared for your child by their doctor.
- Keep the Action Plan in a safe place so you can find it easily and quickly.
- Share your child’s Action Plan with anyone who cares for your child e.g. relatives, other caregivers, day care or kindergarten teachers.
- Keep your child away from cigarette smoke.

Things to remember
- Follow the Action Plan prepared by your child’s doctor to manage your child’s wheeze.
- Make sure your child always has their medication and spacer (and mask if required) with them.
- Life-threatening asthma attacks are always possible.
- Most children with pre-school wheeze will grow out of it and will not be diagnosed with asthma.

Further information
See Puffers and spacers fact sheet and asthma educational videos on the Children’s Health Queensland Hospital and Health Service website www.childrens.health.qld.gov.au. Search for “CHQ factsheets” or scan the QR codes below with the camera on your phone:

When should I see a doctor?
Call 000 immediately and continue using the reliever if your child has:
- a lot of trouble breathing or talking
- blue lips
- symptoms that get worse very quickly
See your local doctor or visit the emergency department of your nearest hospital if:
- the reliever is needed more often than every three hours
- your child wakes at night with wheezing
- the reliever is needed at least every three hours for more than 24 hours
Your child should have regular checks by their GP as symptoms and medications may change. If your child has been in hospital with asthma, they should see their doctor within a week of going home.