

The guidelines have been made by a working group with staff from departments of paediatrics in Herning, Randers, Skejby and Viborg.

The intention with the guidelines is to provide parents with advice across the following sectors: health visitors, general practitioners (family doctors), doctors on call, and the staff at paediatric departments.

You can see and download the parent guidelines at the following homepage:

http://www.rm.dk/sundhed/børn+og+unge/forældrevejledninger

You can order additional copies from Rikke Dalsgaard at the Regional Health Office, the Central Denmark Region, Skottenborg 28, 8800 Viborg. Rikke.Dalsgaard@stab.rm.dk

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asthmatic bronchitis



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Children with asthmatic bronchitis

General information:

Asthmatic bronchitis or wheezing is common in small children who have a cold. It is usually caused by a virus infection where the mucous lining of the small bronchial tubes in the lungs are irritated or swollen. This leads to wheezing, squeaky breathing and coughing. There is little passage in the small bronchial tubes because of the swelling. Some children are wheezing almost every time they have a cold. For most children, this problem disappears by the age of 2 -4 years when the airways are bigger.

However, A few children develop asthma, where the muscles around the small bronchial tubes contract.

Symptoms:

- The child has typically had a cold for 1-2 days
- Rapid breathing and starts coughing
- Squeaky breathing and wheezing
- Some children find it very hard to breath and due to the extra muscular work small dimples appear on the neck and between the ribs, and/or increased use of the stomach muscles can be observed
- Some children become agitated and restless when an 'attack' is on the way, while other children become unusually quiet
- The first symptoms can be bad mood or loss of appetite
- Coughing will often be worst at night.

Good advice:

- Passive smoking is the worst known thing children with asthmatic bronchitis and asthma can be exposed to
- Air out a couple of times a day or as needed e.g. after cooking or making the beds. It is important for the child to be in a room where the air is fresh

- It is good for the child to get outside even when wheezing a little: Avoid taking your child out in foggy or damp weather if possible
- The child can breathe more easily if the head is elevated. It also helps the child to change position, sleep on both sides, to sit up, move around and play as much as possible. This loosens the mucus and makes it easier to cough
- Make sure the child is not too warm
- Offer the child something to drink.
 Liquids make the mucus thinner and easier to cough up
- Always wash your hands after being in contact with the child's snot.

When to see a doctor:

Contact a doctor if the child:

- has difficulty breathing
- gets blue nails or lips, which is a sign that there is not enough oxygen in the blood
- has a high fever and breathing is rapid and wheezing
- is more tired and weak than usual
- refuses to drink and cannot pee
- worries you or you feel insecure

Contact your general practitioner first because he/she knows your child better than the doctor on call. You can also get good advice and quidance from the health visitor.

Treatment:

The cold that has led to asthmatic bronchitis cannot be treated. Do not give the child cough medicine because it can make it harder to cough up the thick mucus, which increases the risk of pneumonia.

Asthmatic bronchitis is treated with asthma medicine:

- Asthma attack medicine. Relaxes the muscles of the bronchial tubes.
- Preventive medicine. Is antiinflammatory and should be given daily also when the child does not have any symptoms.

There are different ways of administering the medicine; as a spray from a "spacer" or as tablets.
You can give the child pain relieving medication as agreed with a doctor.

Daycare/School:

The child can go back to daycare or school when the fever is gone, when breathing is not difficult anymore and when the child does not need pain relieving medication anymore.

