

CHILDREN
WITH

asthmatic bronchitis



Children with asthmatic bronchitis

General information:

Asthmatic bronchitis or wheezing respiration is common in young children in connection with a cold. It is usually caused by a virus infection where the mucous lining of the small bronchial tubes in the lungs are swollen and irritated. This leads to wheezing, squeaky breathing and coughing. There is little passage in the small bronchial tubes because of the swelling.

Some children will be 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 will develop asthma, where the muscles around

the small bronchial tubes will contract.

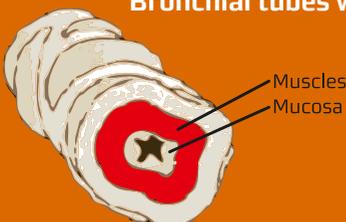
Symptoms:

- The child has typically had a cold for 1-2 days
- The child breathes rapidly and begins to cough
- Squeaky breathing and/or wheezing
- Some children find it very difficult to breathe and due to the extra muscular work small indentations will appear on the neck and between the ribs, and/or an 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 may show as bad mood or loss of appetite
- Coughing will often be worst at night.

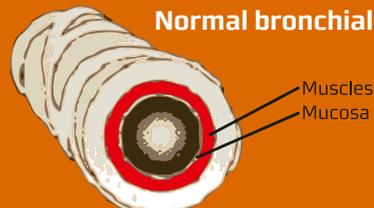
Good advice:

- Passive smoking is the worst that children with asthmatic bronchitis and asthma can be exposed to

Bronchial tubes with mucous



Normal bronchial tubes



- Air out a couple of times a day or as needed e.g. after cooking and after having made 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 if wheezing a little. Avoid taking your child out in foggy or damp weather if possible
- The child can breathe more easily if its 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 mucous and makes it easier to cough
- Make sure the child is not too warm
- Offer the child something to drink. Liquids make the mucous thinner and easier to cough up
- Always wash your hands after having been 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
- runs a high fever and its breathing is rapid and wheezing
- is more tired and weak than usual
- refuses to drink and cannot pee
- makes you worry or 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 guidance from your 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 mucous, 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 anti-inflammatory 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 may give the child painkillers as agreed with a doctor.

Childcare:

The child can go back to childcare or school when the fever has gone, when breathing is not difficult anymore and when the child does not need painkillers anymore.

Parental guidelines

These guidelines have been prepared by a working group set up by the departments of paediatrics in Herning, Randers, Skejby and Viborg.

The intention with these 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 admission wards in the Central Denmark Region.

The parental guidelines can be seen and downloaded from the internet on the web site www.fv.rm.dk

You may order additional copies from Rikke Dalsgaard,
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