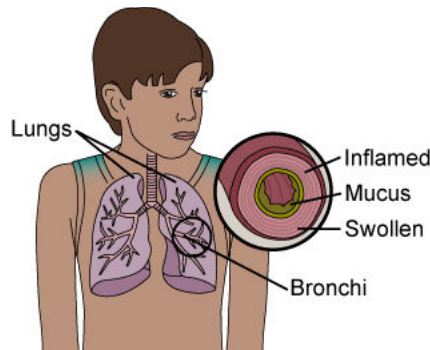


Key Points:

Common breathing problems amongst children are pneumonia, bronchitis, croup, bronchiolitis, and asthma.



What Causes Breathing Problems?

Children have smaller airways which can become irritated, swollen, and blocked with mucus. Viruses and bacteria are the most common causes of breathing problems in children, but things that can make these illnesses worse is exposure to second-hand smoke, allergens/dust, air pollution, or conditions such as asthma.

General Instructions:

- If anyone around the child smokes, have them stop. Exposure to smoke makes the child more likely to get a lung infection and makes infections last longer when they do occur.
- It is important to take the medication as prescribed **until it is finished**, even if your symptoms go away.
- Make sure the child drinks plenty of fluids. Drinking fluids helps to loosen secretions in the throat and lungs and makes them easier to cough out.

These instructions are not intended to be all-inclusive and may not cover all possibilities. If you have any questions or concerns, please contact your doctor, Health 811 at 1 (866) 797-0007 or return to the emergency department.



What can I give my child if they are uncomfortable (such as body aches) or fever?

- For pain relief and/or fever you may give the child acetaminophen (Tylenol[®], Tempra) or ibuprofen (Advil[®], Motrin) UNLESS YOU HAVE BEEN TOLD NOT TO (for example, if they have stomach ulcers, or asthma and these medications aggravate their symptoms). Read and follow all instructions on the label.
- **REMEMBER: Never give aspirin to children** because it can cause Reye's syndrome. Reye's syndrome is a very serious, but rare illness that can harm the liver and brain.

Return to emergency department or call 911 immediately if the child:

- Develops severe difficulty breathing (you may notice the indentations between the child's ribs or at the breastbone when they breath in).
- Has difficulty or severe pain when swallowing (you may notice excessive drooling)
- Experiences swelling of the mouth or tongue
- Develops bluish discolouration of the lips or tongue
- Becomes confused, unusually difficult to waken, or behaves abnormally

Bring your child to their primary care provider or return to emergency department if:

- Their cough is becoming worse
- They develop a new fever, or if they already had one and it is not going away
- You don't think they are better after 2-3 days
- They are unable to take their medication

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THE CHILD MAY RETURN TO SCHOOL WHEN THEY NO LONGER HAVE A FEVER AND ARE FEELING BETTER.

PNEUMONIA

Pneumonia can be caused by a virus or bacteria. It is difficult to determine what the source is by looking at the x-ray, so most patients will be given an antibiotic.

- It is important to take the medication as prescribed **until it is finished**, even if your symptoms go away.
- Avoid cough suppressants. Coughing is your body's way of clearing the secretions and infection.
- Usually, the child will begin to feel better after 2-3 days of antibiotics. Try to encourage the child to get extra rest until they are feeling better.

BRONCHIOLITIS

Bronchiolitis is an infection of the small airways that is caused by a virus. The infection causes swelling which slightly narrows the airways.

This narrowing of the airway is the cause of the cough, and wheezing.

- The doctor may treat this with a bronchodilator medication (ie. Ventolin) to reduce the airway swelling and improve the symptoms. If the child has been prescribed this medication, it should be used as directed.

Getting bronchiolitis does not necessarily mean that your child will develop asthma later in life, but it does put them at a higher risk than children who have never had bronchiolitis.

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CROUP

Croup is an infection of the larynx (voice box), trachea (windpipe) and upper airway caused by a virus. The infection causes swelling which narrows the airway.

This narrowing of the airway is the cause of the barking cough, hoarse voice, and noisy breathing that your child may have.

- The doctor may treat this with a steroid medication (ie. dexamethasone) in the Emergency department to reduce swelling and improve the symptoms. This medication lasts a long time and only needs to be given once.
- Under certain circumstances, the doctor may prescribe the child an antibiotic. If so, it is important to take the medication **until it is finished**, even if their symptoms go away.
- Try to keep the child's bedroom slightly cooler than normal. The child doesn't need to be cool, just the air that they breathe. Try a cool mist humidifier or open the window just slightly.
- If the child awakens and is breathing noisily, you may try helping them at home if they are not too distressed. Try sitting in the bathroom with the shower on to make steam or take the child outside to breathe in cool air.
 - If the child is not improving quickly at home with your treatment, go to the emergency department.

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ASTHMA

- Most cases of asthma are caused by viral infections, or allergies and do not respond to antibiotics. The child may get a prescription for antibiotics only if your doctor thinks it will be helpful for them.
- Your doctor may prescribe a steroid medication (ie. prednisone) to help reduce the inflammation in your child's lungs. There are many side effects to steroid drugs, but most of them only occur if they are taken for a long time.

***If the child develops sudden hip or leg pain while taking the steroid medication, stop taking it and call their doctor.

The child should take their puffers as directed by their doctor, or according to their asthma action plan. The puffers should be taken using an Aerochamber or other spacer device as these devices help to get more of the medication into their lungs.

Two types of Puffers:

- Relievers (Ventolin, Salbutamol, Bricanyl)
 - Give to the child to take if they are short of breath, wheezing or coughing.
- Preventers (QVAR, Flovent, Advair)
 - The preventer puffers should only be used regularly as prescribed. Do not give extra doses if the child is not feeling well.

Make an appointment to see the child's primary care provider to review their overall asthma management plan. If the child does not have a primary care provider, the emergency doctor or walk in clinic doctor can refer them to the Asthma Clinic at RVH.



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