

**Clinical Guideline:** Acute Wheeze Site: FPH

* Associated with URTI
* Can be clinically well ‘Happy wheezers’
* Assess feeding
* Can be recurrent
* FH of atopy

History

* Common
* RSV in first year causes bronchiolitis which then sensitises the lungs; can be recurrent wheezers

General Information

* <1year: ipratropium bromide 6 puffs tds via spacer
* <1 year: salbutamol 6-10 puffs qds via spacer +/- ipratropium
* Assess 20mins later as they may not be effective
* If over 1 year give prednisolone 1-2mg/kg
* If recurrent and frequent start inhaled Beclomethasone use the biggest spacer with mask

Advice and Treatment

**Consider Referral if:**

* Signs of respiratory distress- recession,
* Grunting, tracheal tug.
* Respiratory rate >50 bpm
* Feeding problems
* Apnoea
* Sats <94 % on air

Referral Guidelines – red flag signs

No need for CXR if no focal signs

Investigation

* Auscultation
* Signs of respiratory distress
* Saturations

Examination