



Wheeze and breathing difficulties

If your child or baby is struggling to breathe, blue around the mouth or difficult to wake up, call 999 straight away.

Babies normally breathe at a faster rate than adults and older children. It is normal for a newborn baby to take slight pauses in their breathing for a few seconds, or to breathe rapidly for a short period. By 6 weeks of age they should have a more regular breathing pattern. **Sometimes a baby's breathing rate may increase for a longer period of time if they are unwell and you may also notice they are working harder to breathe - it is important not to ignore these symptoms.** For babies, the most tiring thing they do is feeding, so this can be the first time you notice them struggling to breathe. If they are too breathless to feed, they need to be seen urgently by a healthcare professional. Further advice on when to worry and where to seek help for babies under 3 months old is available here: <https://bit.ly/3c7hK6b>

Difficulty breathing and wheeze (children 3 months and older):

- It can be extremely scary if your child has any sort of breathing difficulty. Use your instincts; if your child appears otherwise well and their breathing difficulty improves after a short period, there is normally no need to worry.
- Wheeze is extremely common in young children and is most often triggered by a viral infection. Most pre-school children with wheeze do not have asthma.
- Children under 2 years of age with breathing difficulty may have bronchiolitis. This is an extremely common condition that usually starts as a runny nose and cough, but their breathing may get worse over the next 2-3 days. For further information, visit: bit.ly/34phMnI
- If your child is struggling to breathe, for next steps, refer to the "When should you worry?" table on page 2.
- If your child has **croup** (hoarse voice, barking cough, noisy breathing), they will also need to be seen by a medical practitioner.
- Most chest infections are caused by viruses and do not usually need treatment with antibiotics.

More information on Page 2

For additional Parent Tips see www.ihv.org.uk

The information in this resource was updated on 14/04/2020 and will be reviewed again in 04/2022 and when new evidence becomes available.

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What should you do?

- If your child is interacting with you normally and is able to drink as normal, and has none of the worrying symptoms listed below, you can watch them closely at home. If your child is not feeding as well as normal, you should offer smaller feeds but more frequently.
- If they become more breathless or are struggling to drink, they will need to be seen urgently by a medical practitioner. Call your GP surgery or [NHS 111](#). If your baby stops passing urine, or the number of wet nappies reduces, speak to your health visitor or GP.
- If your child has a fever, their breathing may become more rapid. You should try to lower their temperature using [paracetamol](#) (Calpol) (follow the instructions on the bottle for the right dose according to your child's age). See our iHV Parent Tips on Fever/High Temperature available under "What to do if your child is unwell" on our website: <https://bit.ly/2RETvEB>

How long will your child's symptoms last?

- Although your child's cough is likely to last for 2 to 3 weeks, they should not be breathless or wheezy for more than 3 or 4 days.


Sound Advice:

Children can recover from illness quickly but also can become more poorly quickly; it is important to seek further advice if a child's condition gets worse. For information on common childhood illnesses go to [Concerned your child is unwell?](#)

More information on wheeze and breathing difficulties in babies and children:

- NHS Health A to Z- Bronchiolitis: <https://bit.ly/34lZOSu>
- Healthier Together: <https://bit.ly/2yNjSl5>
- Croup: <https://bit.ly/2UTxIQX>

When should you worry?

 RED	If your child has any of the following: <ul style="list-style-type: none">• Is going blue around the lips• Has pauses in their breathing (apnoeas) or has an irregular breathing pattern or starts grunting• Too breathless to talk / eat or drink• Becomes pale, mottled and feels abnormally cold to touch• Becomes extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake)• Develops a rash that does not disappear with pressure (the 'Glass Test')	You need urgent help. <p>Go to the nearest Hospital Emergency (A&E) Department or phone 999</p>
 AMBER	If your child has any of the following features: <ul style="list-style-type: none">• Has laboured/rapid breathing or they are working hard to breathe – drawing in of the muscles below their lower ribs, at their neck or between their ribs (recession) or head bobbing• Seems dehydrated (dry mouth, sunken eyes, no tears, drowsy or passing less urine than usual)• Is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) – especially if they remain drowsy or irritable despite their fever coming down• Has extreme shivering or complains of muscle pain• Is under 3 months of age with a temperature above 38°C / 100.4°F or 3-6 months of age with a temperature above 39°C / 102.2°F (but fever is common in babies up to 2 days after they receive vaccinations)• Continues to have a fever above 38.0°C for more than 5 days• Is getting worse or if you are worried	Immediately contact your GP and make an urgent appointment for your child to be seen. <p>Please ring your GP surgery, dial 111 or use NHS 111 online: https://111.nhs.uk/</p> <p>We recognise that during the current COVID-19 crisis, at peak times, access to a healthcare professional may be delayed. If symptoms persist for 4 hours or more and you have not been able to speak to either a member of staff from your GP practice or to NHS 111 staff, then follow advice in red section.</p>
 GREEN	If none of the above features are present , continue providing your child's care at home.	Self care <p>If you are still concerned about your child, contact your health visitor, call NHS 111 or use NHS 111 online: https://111.nhs.uk/</p>

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