

Wheezy Child: What's new.

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29 May 2019

Wheezy Child: What's new. Simon Grew Redcliffe Hospital

- Or: What I have learnt in the last five years about wheeze and cough.
- Lots of change in paediatric practise
- Interactive: Please ask questions as we go
- First a brief description Redcliffe Hospital Paediatric Services

Redcliffe Paediatric Services

- Registrar on site 24 hours, with a phone
 - 6/7 on training program
 - Typically reliable and approachable
- Paediatrician on site business hours, also with a phone

Redcliffe Paediatric Services

- Mixed Emergency Department, ED consultant with a phone
- Nursery
- Paediatric Ward
- Wonderful paediatric:
 - Orthopaedic Service (Sheanna Maine)
 - Surgical service (Craig McBride)
 - Radiologist (Gill Long)

Redcliffe Paediatric Services

- General Paediatric Outpatients
- Developing psychologists
- Occupational Therapy
- Speech therapy
- Physiotherapy
- Dietician
- No direct referral GP to allied health

What dose of fluticasone to use?

- 7 year old girl last week 'Goldie'
- Autism Level 1
- Mother autism. Refuses to let me manage breathing problem. Prefers GP. Want me to fill out a centrelink form.
- Hay fever and eczema
- Strong family History of asthma

What dose of fluticasone to use?

- Symptoms every winter
- Every day
- Dry cough at night and in cold air
- Breathless and wheezy with exercise
- Responds to 2 puffs ventoloin
- 1. What preventer?
- 2. What dose?

What dose of fluticasone to use?

- American study
- Mean age about 7 years age
- 87.5 micrograms fluticasone bd via spacer effective.
- I use 100 microgram bd (closest to 87.5 microgram May-October)
- Regular (no effect for 3 weeks)

Case 1: Chronic Moist Cough

- 9 year old boy, 6 years ago
- Not atopic
- 3 months daily moist cough
- Features of Small Airway Disease
 - Prolonged expiratory phase, Tachypnoea, Nasal flare, Tracheal tug, Subcostal and intercostal recession, Oxygen desaturation
- IV steroids, IV salbutamol, IV aminophylline

Case 1: Chronic Moist Cough

- Spoke to intensivist: Bit better on this medicine.
- What to do about moist cough?
- CXR no pneumonia
- Anne Chang saw child next day.
- Stopped all my medicine
- 1. Started a new medicine. What?
 - Successfully eradicated all symptoms.

Case 2: Chronic Moist Cough

- 3 year old girl
- Consulted me because she was smelly, but normal.
- I noticed a moist cough.
- Not clubbed, cough not associated with feeds, well grown, examination unremarkable
- Daily moist cough for 3 months every winter.

Case 3: Chronic Moist Cough

- My suggested treatment unsuccessful
- After 2 years, mother told me child refused to take the medicine
- Occupational therapist helped mother give medication.
- Cough resolved in one week.

Anne Chang, Brent Masters Thorax 2012

- RCT 50 Children. 3 weeks moist cough.
- Treated 2 weeks Augmentin 22.5mg/kg/dose bd or placebo
- Significant resolution of symptoms
- Figure 3 Pg 692 Cough decreased significantly over 2 weeks in treatment group

Chronic Daily Moist Cough Learning Points

- > 4 weeks: moist cough not attributable to asthma
- Protracted Bacterial Bronchitis more likely
- Parents reliably pick moist cough.
- Augmentin 22.5mg/kg/dose bd for 2 weeks.
- Refer on if no resolution
- Link to bronchiectasis not proven

When to try salbutamol?

- When I started, didn't use Ventolin under 1 year of age.
- 1. What patients <1 year may it help?
- 2. What are the usual clinical features when it helps?

8 month old Samoan boy

- Severe distress
- New registrar told me no effect from a burst of salbutamol
- Plan transfer PICU
- Eczema, 2 previous wheezy illnesses, last one responsive salbutamol, FHx asthma
- Burst salbutamol clear chest, able to stay in Redcliffe Ward

When to try salbutamol?

- Respiratory Fellow in Grand Rounds:
 - Try salbutamol in select patients over 8 months.
 - 1. Which patients?

Steroids for mild pre-school wheeze?

- 3 year old non atopic boy, Bloom Syndrome, short stature, awaiting gastrostomy for feeding problems
- 2nd wheezy illness. Rate 25, very mild respiratory distress. Bilateral wheeze, red ears and throat, runny nose.
- Responded to salbutamol.
- 1. Oral steroids?

Steroids for (non-atopic?) preschool wheeze

- No, according to QCH protocol, if can stretch to > 1 hourly salbutamol after burst.
- Study few years ago showed no benefit.
- Steroids are relatively safe, but not necessary here