

Nebulizing in the children's ward

Your child is admitted because of shortness of breath. This can be caused by a number of factors. It can be due to a reaction of the respiratory tract to a virus or other pathogen, but can also be a reaction to an allergen such as pets, dander, pollen or (cigarette) smoke. In response, a narrowing of the airways occurs and/or excess mucus production forms. Constriction and mucus make it more difficult for your child to take in air. This may cause changes in the breathing of your child. Your child can start breathing faster, use extra breathing muscles, start wheezing and have an extra need of oxygen, but it can also become tired and eat and drink less.

Therapy

Your child will be given medication to reduce these symptoms. Your child will nebulize to get the medication directly into the lungs. The medication used for this is Salbutamol also called Ventolin. Ventolin is a bronchodilator that can relieve the narrowing of the airways. The frequency of nebulization depends on the severity of the shortness of breath. It may be necessary to nebulize several times in a row, but also to nebulize every hour, every 2 hours or every 3 hours. This will also be continued at night. If your child gets better during admission, the doctor may decide to lower the frequency. The doctor will therefore visit several times a day to listen to your child's lungs.

The effect of Ventolin can often be seen quickly in your child, it will feel less short of breath, less sick, will cough up more mucus and will have more appetite to eat and drink. There are also possible side effects, not all children will experience this. Side effects can be, busy behaviour, faster heart rate, a rushed feeling and shakiness.

In order to keep a close eye on your child and the shortness of breath, your child will be connected to the monitor. The nurses will check your child's breathing, heart rate and the oxygen level in the blood. If the oxygen level is too low, your child will be given extra oxygen through a nasal cannula.

Nebulize

The nurse will put the medicine in a nebulizer kit and connect it to the oxygen. Your child will receive a mouthpiece or cap depending on age. After this, the liquid is atomized into small mist droplets (spray) with oxygen. Your child breathes in this spray and this is how the medicine gets in to the lungs. The spray will remain on for about 10 minutes, after which the nurse will turn off the oxygen. It is important that your child sits upright during the nebulization. Your child does not need to be awake, as long as it's sitting upright. The use of the pacifier during nebulization is not recommended.

Discharge

Your child may go home once it has recovered sufficiently and no longer needs extra oxygen. The average length of stay is two to three days. But a shorter or longer admission is also possible. At the time of discharge, your child has not yet fully recovered, but will have to continue recovering at home. The symptoms may persist for several weeks, but gradually decrease in severity. We therefore advise that your child continues with Salbutamol through an inhaler at home (sometimes with an aero chamber spacer). You will receive instructions and schedule from the doctor or nurse about this.