Breathing Problems??

To “breathe” is to inhale air, use its oxygen as fuel, and exhale carbon dioxide (a waste product). If just one of these things doesn’t work right, the whole body is at great risk. **So how can you tell if a child is having a hard time breathing??**

First, know what the child is like when *not* having breathing problems. How does the child usually act and look when "well"? If things don’t look right, look for these signs of distress:

1. Is the child’s breathing rate a lot higher or lower than usual? Place your hand on the chest and count each breath for one minute. If it is a lot higher than usual, it may be because the child has been exercising, is excited, or is upset. If it doesn’t change when the child is quiet and at rest, he or she may be in distress. Practice counting breathing rate when the child is well so you know what is “normal” for him or her.

2. Is the child blue, gray, pale, or pasty looking around the nail beds, eyes, or lips? The medical term for this is cyanotic.

3. Is the skin between the child’s ribs, below the ribcage, above the collar bones, or at the base of the neck sinking in with every breath? The medical term for this is retracting.

4. Are the child’s nostrils flaring with every breath?

5. Is the child grunting every time he or she breathes out?

6. How is the child acting? Is he or she unusually sleepy (lethargic) or upset and hard to calm down? Severe breathing problems can cause a child to act either way. Get medical help right away!

7. Is the child making unusual breathing noises? Does his or her nose sound congested or do you hear whistling sounds coming from the chest (wheezing)?

8. Is the child coughing up mucus or having unusual drainage from the nose? If the child usually coughs up mucus, is there more mucus, is it a different color, or is it thicker than usual? If the child is coughing up blood, get medical help right away!

9. Is the child’s heart rate a lot higher or lower than usual? Lightly press your fingers on the carotid artery in the neck groove on one side of the child’s Adam’s apple (never press on both sides) and count each heart beat for one minute. If it is a lot higher than usual, it may be because the child has been exercising, is excited, or is upset. If it doesn’t change when the child is quiet and at rest, he or she may be in distress. Practice counting heart rate when the child is well so you know what is “normal” for him or her.

Some of these signs might occur briefly in a normal child. That is why you must know what the child is usually like (when “well”), know what the circumstances are right then, and check for each sign listed above. Put the child in a comfortable position, to make breathing easier. If the child prefers a strange position, let them use it. Make sure that the lighting is good enough for you to see well. Call the child’s doctor or nurse if you are concerned or worried. Be ready to tell about each of the signs you’ve found. If you think you need to, call for an ambulance.

For Children Who Normally Use Home Oxygen:
If the child is normally supposed to use oxygen at home, then use it as prescribed. The child will not become “dependent” or “addicted”. If the child has breathing problems, start him or her on the usual amount of oxygen, if he or she is not already using it. If the child’s breathing doesn’t get better in a few minutes, increase the oxygen. Use your best judgment. If the child begins on less than 1 liter per minute (1/8, 1/4, 1/2, or 3/4), increase it to one liter per minute first before going up to 1 1/2 or 2 liters per minute (allow several minutes following any change to see if the problems get better). If the child doesn’t get better, he or she needs to go to the hospital. If the child usually uses 2 liters per minute, you would want to try an increase of 1 liter per minute before going to the hospital. If the child gets better, it is still important for the doctor to see the child to find the cause of the breathing problems. Call the child’s doctor when making oxygen changes or when deciding about sending the child to daycare or school, keeping the child at home, making a doctor’s appointment, or calling for an ambulance.

Work with the child’s health care team to create a “game plan” to use in the event of an emergency, perhaps during a well-child check-up, and make sure to learn CPR because *anyone* can have sudden breathing problems!

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