Caring for little lungs: Parent's guide to labored breathing (Broadcast)

INTRO: WHEN A CHILD IS STRUGGLING TO BREATHE… IT CAN BE ONE OF THE MOST FRIGHTENING EXPERIENCES FOR A PARENT OR CAREGIVER. LABORED BREATHING… KNOWN AS RESPIRATORY DISTRESS… CAN DEVELOP QUICKLY AND MAY SIGNAL A SERIOUS UNDERLYING ILLNESS. KNOWING WHAT TO LOOK FOR… AND WHEN TO SEEK CARE… CAN MAKE ALL THE DIFFERENCE IN PROTECTING YOUR CHILDREN.

TAKE VO

RETRACTION BREATHING, OR THE VISIBLE "SUCKING IN" OF THE SKIN BETWEEN OR BELOW THE RIBS, IS A MAJOR RED FLAG. THIS HAPPENS BECAUSE THE MUSCLE UNDERLYING THE SKIN IS REALLY CONTRACTING… WORKING HARD TO GET AIR IN AND BACK OUT. THIS CAN BE SEEN IN THE RIB CAGE AREA… BETWEEN THE RIBS… ABOVE THE COLLARBONES… OR AT THE BASE OF THE NECK. FLARING NOSTRILS ARE ALSO A WARNING SIGN.

THESE SIGNS DEMAND IMMEDIATE MEDICAL ATTENTION… SAYS DR. KELSEY GRIMES… OUTPATIENT PEDIATRICIAN WITH OSF HEALTHCARE. SHE SAYS RHINOVIRUS… R-S-V… INFLUENZA… AMONG OTHER VIRUS STRAINS – ARE COMMON CULPRITS THAT CAN CAUSE LABORED BREATHING.

TAKE SOT | DR. KELSEY GRIMES | OUTPATIENT PEDIATRICIAN | OSF HEALTHCARE

"If your child has labored breathing, oftentimes in the pediatric population, the most common cause is a viral infection. With viral infections you get a lot of inflammation, mucus, snot, phlegm – all of that," Dr. Grimes says. "Kids' airways are smaller. So, inflammation, even on the mild side, makes those airways even smaller. Then when they're plugged up with mucus, or phlegm, they are going to really struggle to breathe."

VO TAG
WHEN TREATED PROPERLY, SYMPTOMS SHOULD BEGIN TO IMPROVE AFTER THREE TO FOUR DAYS. HOWEVER, IF SYMPTOMS WORSEN, IT COULD INDICATE AN UNDERLYING BACTERIAL INFECTION. THIS MAY REQUIRE ANTIBIOTICS OR EVEN HOSPITALIZATION, DEPENDING ON THE CHILD'S AGE AND SEVERITY OF ILLNESS. IN THE HOSPITAL – SOME CHILDREN MAY NEED OXYGEN SUPPORT… THE MEDICAL TEAM CAN USE WHAT'S CALLED HIGH-FLOW OXYGEN THERAPY…WHICH DELIVERS AIR AND OXYGEN DOWN INTO THEIR RESPIRATORY TRACT.

AT HOME… NASAL SALINE AND SUCTION MAY BE RECOMMENDED… AS WELL AS CONTROLLING FEVERS WITH TYLENOL OR MOTRIN. MAKING SURE YOUR CHILD RECEIVES THE RECOMMENDED CHILDHOOD VACCINES IS ANOTHER WAY TO ENSURE YOUR CHILD IS PROTECTED AGAINST RESPIRATORY ILLNESS.

OSF HEALTHCARE HAS MULTIPLE OPTIONS TO USE IF YOUR CHILD IS IN RESPIRATORY DISTRESS. OSF ONCALL URGENT CARES AND OSF PROMPTCARES ARE AVAILABLE TO GET SEEN QUICKLY. DR. GRIMES ADDS THAT THE AFTER HOURS NURSE TRIAGE LINE IS AN ADDITIONAL OPTION. HOWEVER – IS SEVERE SYMPTOMS ARE OCCURRING… CALLING 9-1-1 OR HEADING TO THE EMERGENCY DEPARTMENT IS THE RIGHT FIRST STEP.

ADDITIONAL INFORMATION/SOTS
"REGULAR HAND HYGIENE AND MAKING SURE WHEN WE TOUCH SURFACES (DOORKNOBS, COUNTERTOPS, ETC.) THAT WE'RE NOT RUBBING OUR EYES OR MOUTH AFTER," DR. GRIMES SAYS. "DON'T SHARE DRINKS OR BITES OF FOOD. DO ANYTHING YOU CAN DO TO TRY AND PREVENT GERM EXPOSURE. IT'S HARD, BECAUSE A LOT OF THESE KIDS ARE IN DAY CARE, PRESCHOOL AND KINDERGARTEN. SO, THERE ARE NO BOUNDARIES, AND THE KIDS ARE UP CLOSE AND PERSONAL THERE. YOU TRY YOUR BEST FOR GOOD HYGIENE, BUT IN THE END, THEY ARE PROBABLY GOING TO BE EXPOSED."

SIGNS OF RESPIRATORY DISTRESS
DR. GRIMES SAYS THE MOST IMPORTANT THING TO WATCH OUT FOR IS HOW FAST YOUR CHILD IS BREATHING.

RESPIRATORY DISTRESS CAN CAUSE A CHILD TO BREATHE MUCH FASTER, OR SOMETIMES SLOWER, THAN NORMAL.

OTHER CONCERNING SYMPTOMS INCLUDE:

- DROOLING IN CHILDREN WHO ARE PAST THE TEETHING STAGE
- BLUE DISCOLORATION AROUND THE MOUTH
- HEAD BOBBING WITH EACH BREATH (AN EMERGENCY SIGN)
- SITTING FORWARD AND EXTENDING THE NECK IN A "SNIFFING POSITION" TO EASE BREATHING
- WHEEZING WHEN BREATHING OUT
- GRUNTING WHEN EXHALING
- LETHARGIC BEHAVIOR (CONFUSED, DROWSY)

CARE AND COMFORT AT HOME

FOR VIRAL INFECTIONS, MEDICAL TEAMS FOCUS ON SUPPORTIVE CARE, ESPECIALLY FEVER CONTROL.
FOR BABIES 2 MONTHS OLD OR YOUNGER, ANY HIGH OR LOW TEMPERATURE WARRANTS AN EMERGENCY DEPARTMENT VISIT. DO NOT GIVE TYLENOL AT THIS AGE.

ONCE BABIES ARE OVER 2 MONTHS OLD, TYLENOL MAY BE GIVEN IN THE APPROPRIATE DOSE BASED ON WEIGHT, ALWAYS UNDER GUIDANCE FROM YOUR PEDIATRICIAN. ONCE OVER 6 MONTHS OF AGE, BABIES CAN RECEIVE MOTRIN, AS THEIR KIDNEYS ARE MORE DEVELOPED. BOTH MEDICATIONS CAN BE GIVEN EVERY SIX HOURS AS NEEDED.
"WHEN KIDS ARE HAVING FEVERS, SIGNS OF LABORED BREATHING INCREASE AS WELL," DR. GRIMES NOTES. HYDRATION IS ALSO EXTREMELY IMPORTANT. "REALLY MAKE SURE TO PUSH FLUIDS WHEN YOUR KIDS ARE SICK. HYDRATION IS KEY IN RECOVERY."

PARENTS CAN HELP CLEAR THEIR CHILD'S AIRWAY BY USING NASAL SALINE FOLLOWED BY GENTLE SUCTION. HUMIDIFIERS CAN HELP LOOSEN MUCUS AND STANDING IN A STEAMY BATHROOM WITH THE SHOWER RUNNING HOT CAN OFFER SHORT-TERM RELIEF.

THE BOTTOM LINE

LABORED BREATHING CAN BE A SIGN OF SERIOUS ILLNESS, AND EARLY ACTION IS THE BEST PROTECTION. PARENTS AND CAREGIVERS WHO RECOGNIZE THE WARNING SIGNS AND KNOW WHEN TO CALL THEIR PEDIATRICIAN OR SEEK EMERGENCY CARE, CAN HELP ENSURE THEIR CHILD RECEIVES TIMELY, LIFE-SAVING SUPPORT.