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Doctor – I Think My Child Is Wheezing!!!

Dear Readers,

Going through my mind are numerous medical subjects that I have not shared with you in the past. Despite writing about asthma and wheezing in the past, I decided to write again on this topic so first time parents could become familiarized with this important symptom called wheezing.

With the start of the fall season, I gather my office staff and hold a special meeting. I start off by stressing that as healthcare providers, we all look forward to an opportunity to save a human life. And while I truly believe that we quietly do so by providing *preventive* measures such as educating parents about childhood safety, and vaccinating our patients, this fall/winter season we could *acutely* help save a life – of course with G-d's help.

Each year starting in the fall season, we encounter patients with severe respiratory distress. With very few exceptions, we are able to stabilize them at the office and send them home with proper medications. However, it does take the participation of the *entire* medical team at my office. Starting with the receptionist who recognizes a child may be in distress and rushes the patient in, and continuing with the medical assistant that diligently measures the oxygen saturation on each patient.

So on this Labor Day weekend, I decided that it was time to convene my office staff and discuss the topic of wheezing. I felt that it was only right to share the same information with my dear readers.

What is true wheezing?

Many parents call congested sounds wheezing. The truth is that it is hard to differentiate wheezing from congestion without using a stethoscope. For this reason, I always hold back on labeling a child “wheezer” even if I suspect it from the second I entered an examination room.

The definition of wheezing is a continuous, coarse, whistling sound produced by the respiratory airways primarily during *expiration*. While I try to imitate the sound and vocalize it to parents at the office, there are some other clues that better demonstrate wheezers.



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1. **Newborns** – just recently, one of my patients approached me in shul and reported that his infant was coughing a lot. I recalled checking the patient 3 days prior, and asked the key question: is she having a hard time nursing? He smiled and said “yes”, to which I replied – bring her back to the office this morning. Sure enough, the baby was moderately wheezing and luckily, it was caught right on time. After 3-4 days with the gentlest medication for wheezing, she was completely clear. The take home message from this story is the most important point of the article **if your infant’s cold seems to significantly disturb drinking or nursing – seek immediate medical attention.**
2. **The cold that doesn’t go away** – the other point we could learn from the above story is that “wheezers” have a certain “trigger”. Most infants wheeze for the first time after having a day or two of cold symptoms. While 9 out of 10 colds improve, 1 out of 10 infants could deteriorate to the point that he or she will require oxygen.
3. **Chest retractions** – patients with significant wheezing will use extra effort in breathing. They will also breath *faster then normal*. Parents should familiarize themselves with the *normal* way their children breathe, so they could realize when they start breathing *abnormally*. This extra effort pulls the stomach and lower neck muscles deeply inwards with every *inspiration*. The ribs could be seen more clearly when this happens. This is a more worrisome sign of respiratory distress.
4. **Err on the side of caution** – when you are a first time parent or when you have doubts whether your child is wheezing contact your pediatrician right away. This is especially true in the fall and winter seasons when a simple cold may be the first sign of potent viral trigger of wheezing such as Respiratory Syncytial Virus (RSV) and the infamous Influenza Virus.

Wishing you a healthy and clear fall season,

Sincerely,

David E. Simai MD