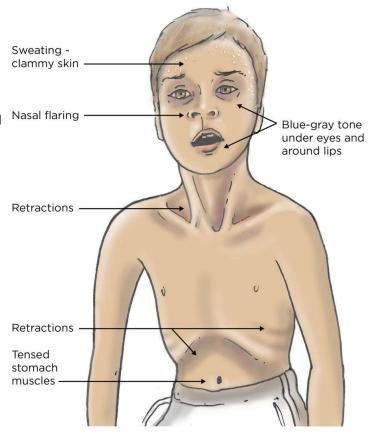
## Signs of Respiratory Distress in Your Child

In order to measure breathing trouble in your child, you need to know the amount of "work" or effort your child is using to breathe:

- 1. Know your child's normal breathing rate when sleeping.
- 2. Know the important warning signs that show increased work of breathing.
- 3. Call and speak with your healthcare provider if any of the signs below are present.

#### Signs to look for:

- Sweating clammy skin
- Nasal flaring
- Grunting or wheezing while exhaling (breathing out)
- Skin color pale, blue-gray color around lips and under eyes. This may not be visible on darker skin tones. Pay close attention to your child's breathing and behavior.
- Retractions skin indenting around bones in chest (in neck, above collar bone, under breast Retractions bone, between and under ribs)
- Abdominal muscles tensed and contracted when exhaling (breathing out)
- Increase or decrease in breathing rate
- (see next page)
- · Fussy, agitated behavior or extra
- sleepiness
- Increased coughing or mucus
- Tripoding slouching or sitting with arms pressed on a hard surface to help with breathing, with shoulders hunched



### What the signs mean

- Nasal flaring When nostrils spread open while your child breathes, they may be having to work harder to breathe.
- Wheezing A whistling or musical sound of air trying to squeeze through a narrowed air tube.
   Usually heard when breathing out.
- Grunting Grunting sound when breathing out. The grunting is the body's way of trying to keep air in the lungs so they will stay open.
- Retractions Skin pulling in or tugging around bones in the chest (in neck, above collar bone, under breast bone, between and under ribs).
   Another way of trying to bring more air into the lungs.

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#### To Learn More

- Pulmonary 206-987-2174
- · Ask your child's healthcare provider
- seattlechildrens.org

#### Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line,
   1-866-583-1527. Tell the interpreter the name or extension you need.



- Sweating -There may be an increase of sweat on your child's head, but without their skin feeling warm to the touch. More often, their skin will feel cool or clammy. This may happen when their breathing rate is very fast.
- Skin color changes A sign child is not getting enough oxygen. Pale, blue-gray color around lips and under eyes. This may not be visible on darker skin tones. Pay close attention to your child's breathing and behavior.

#### Early warning signs or changes that show your child is working harder to breathe

Because you know your child better than anyone else, you can look for signs or changes that show your child is working harder to breathe. A few of the most common early warning signs are:

- Coughing; waking up at night with cough
- Wheeze or shortness of breath
- Resting frequently during play or not keeping up with friends
- Listless
- Eating/drinking less than usual and/or refusing to eat with decrease in appetite
- Fussy or irritable
- Drop in peak flow (if you use a peak flow meter)

# To find your child's breathing rate:

When your child is sleeping, count the number of times his stomach rises and falls in 30 seconds. One rise and fall equals one breath. Double that number to get the breathing rate per minute.

## Normal breathing rates

Some children will breathe faster with an asthma episode. **Normal** breathing rates during sleep are:

Age	Normal respiratory rate
(vears)	(breaths per minute)

0-1 ..... 30-40

1-2 ...... 22-30

2-4 ...... 20-26

5-10 ...... 18-22

10-18 ..... 16-20

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201. This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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