

Name:  
DOB:  
Hospital Number:

## PART 1

# Clinical Management of Acute Exacerbations of Asthma and Wheeze

Integrated Care Pathway for Children aged 1-16 years

### VERSION 3.0

This does not replace the need for clinical judgement.

If in doubt please discuss your patient with a more senior colleague

USE ASSESSMENT TOGETHER WITH GUIDANCE IN **PART 3 pages 1-3**

CONTINUED DETAILED ASSESSMENT IN **PART 2 pages 2-3**

PERSONALISED WEANING PLAN AND ACTION PLAN IN **PART 2 pages 7-8**

## **OBSERVATIONS AND NURSING ASSESSMENT** – *attach CAS Card to the front of the form*

**WEIGHT:**

kg

**ALLERGIES: Drugs & allergens (aero/food)**

(please state so if none known)

Date/Time:

Signature:

Print Name:

RESPIRATORY RATE	SpO <sub>2</sub> IN AIR	HEART RATE	TEMPERATURE	BLOOD PRESSURE	PEF

USE ASSESSMENT TOGETHER WITH GUIDANCE IN **Part 3**

Children **2-16 years** ⇒ **FLOWCHART 1**

Children **<2 years** ⇒ **FLOWCHART 2**

Please Circle:

Mild

Moderate

Acute Severe

Life-threatening

**NURSING COMMENTS AND ACTIONS:**

Signature: \_\_\_\_\_ Name Printed: \_\_\_\_\_ Date and Time: \_\_\_\_\_

- Please document observations on a **PEWS** chart appropriate for age - minimum every **30 minutes** unless mild features
- If there are signs of severe or life-threatening asthma or you are worried - immediately inform the duty doctor AND the paediatric SpR

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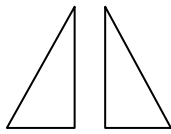
**INITIAL ASSESSMENT BY DOCTOR:**

Current observations: (PROVIDE NEW SET OF OBSERVATIONS IF >15 MIN SINCE TRIAGE)

RESPIRATORY RATE	SpO <sub>2</sub> IN AIR	HEART RATE	TEMPERATURE	BLOOD PRESSURE	PEF

Conscious level: alert agitated exhausted  
 Able to complete sentences/feed: Yes No  
 Trachea central: Yes No  
 Tracheal tug: Yes No  
 Use of accessory muscles: Yes No

Sub costal recession: No mild moderate severe  
 Wheeze: No mild moderate severe silent



Children 2-16 years ⇒ FLOWCHART 1

Children <2 years ⇒ FLOWCHART 2

Please Circle:

<b>Mild</b>	<b>Moderate</b>	<b>Acute Severe</b>	<b>Life-threatening</b>
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**DOCTORS COMMENTS AND ACTIONS:** (Consult a senior doctor if any features of risk of acute severe or life-threatening asthma)

**TREAT ACCORDING TO SEVERITY (PART 3: FLOWCHART 1, 2 OR 3)  
 GIVE PREDNISOLONE IF INDICATED WITHIN AN HOUR OF ARRIVAL**

**DETAILED MEDICAL ASSESSMENT:**

**CONTINUE ON** Clinical Management of Acute Exacerbations of Asthma and Wheeze  
**INTEGRATED CARE PATHWAY VERSION 3.0 PART 2**

REVIEW in (circle): \_\_\_min/ 15min / 30 min / 45 min / 60 min by:

A&E / Paediatrics

ADDITIONAL COMMENTS:

Date & Time: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Designation: \_\_\_\_\_