

Name:
DOB:
Hospital Number:

PART 2

Clinical Management of Acute Exacerbations of Asthma and Wheeze

Integrated Care Pathway for Children aged 1-16 years

PLEASE USE in conjunction withn Part 1 & 3
Clinical Management of Acute Exacerbations of Asthma and Wheeze
Integrated Care Pathway for Children aged 1-16 years

Version:	3.0
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Ratifying Committee:	LNWHT Drugs & Therapeutics Committee
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Target Audience:	All paediatric medical and A&E staff

References

1. Network BTS/SIGN 141. British guideline on the management of asthma.
<http://www.sign.ac.uk/guidelines/fulltext/141/>
2. Brand PL, et al. Classification and pharmacological treatment of preschool wheezing: changes since 2008. *Eur Respir J* 2014;43:1172-7
3. BNF for children 2015
4. J. Panickar et al., Oral Prednisolone for Preschool Children with Acute Viral-induced Wheezing, *N Engl J Med* 2009; Jan 22;360 (4):329-338
5. Bush A, Fleming L. Diagnosis and management of asthma in children. *BMJ* 2015;350:h996
6. Global Initiative on Asthma (GINA) – particularly Chapter 2:
http://www.ginasthma.org/local/uploads/files/GINA_Report_2015_Aug11.pdf

Name:
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History: – please circle/tick when appropriate

Assessment of previous Asthma control:

Previous emergency attendances for asthma/wheeze: No Yes **Number (last 12 months):** _____
 Previous IV Salbutamol/Aminophylline/Magnesium; No Yes **Number (last 12 months):** _____
 Previous Life-Threatening Asthma Attack; No Yes When: _____
 Previous admissions to PICU: No Yes When: _____
 History of Atopy: No Yes if **YES** specify below:

Eczema Hayfever Food Allergies

Known to Paediatrician/Asthma Nurse No Yes Name/Hospital: _____

(Please inform known professional of attendance)

Previous CXR No Yes If YES Date: Result:

Has the child got a valid Personal Asthma Action Plan: No Yes (If no give one before discharge)

Other Investigations (eg SPT, LuFu): _____

Asthma/Wheeze control assessment:

Interval symptoms	No	Yes	if YES specify below:	
<input type="checkbox"/> Using reliever >2x/week			<input type="checkbox"/> Previous steroids over last 12months (number of courses ____)	
<input type="checkbox"/> Nocturnal cough/symptoms >1x/week			<input type="checkbox"/> Missed school/nursery/activities due to symptoms	
<input type="checkbox"/> Symptoms with exercise >1-2x/week				
If YES for any of above - discuss need for preventer treatment or stepping up of current medication with Paediatric SpR or Consultant prior to discharge / Refer to Paediatric Community Respiratory Nurse (page 5)				

Other Past Medical History:

Medication:

1. _____ Dose: _____ 3. _____ Dose: _____
 2. _____ Dose: _____ 4. _____ Dose: _____

Adherence on history: Good Poor Concern might be poor

Allergies: (please state so if none known)

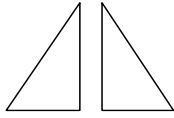
Reaction:

Birth History: ____/40 gestation	Immunisations: up to date / incomplete _____
Developmental History:	Social History:
Family History: Asthma: _____ Food Allergies: _____ Eczema: _____ Hayfever: _____ Other: _____	Environmental History: Passive smoking? No Yes _____ Pets? No Yes _____ Mould in the house? No Yes _____ Carpets in bedroom? No Yes _____

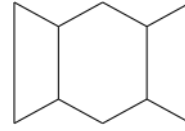
Name:
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Physical Examination:

RS: RR SpO₂ ___% in air
PEF/FEV1: SpO₂ ___% in ___l/min O₂



GIT:



CVS: HR CRT ___sec

HS

Neuro:

ENT: Ears:

Throat:

Skin:

Nose:

CLINICAL IMPRESSION:

DIAGNOSIS: _____

MANAGEMENT PLAN:

Time of next review: _____

Time: _____

Signature: _____

Designation: _____

ADDITIONAL INVESTIGATIONS/RESULTS:

➤ **Chest X-ray:**

Do **not** routinely request (rarely provides useful additional information)

Patchy areas of consolidation often indicate mucous plugging (true pneumonia should be accompanied with signs of high fever etc.)

Indicated in life threatening asthma not responding to treatment, subcutaneous emphysema or persisting unilateral signs suggesting pneumothorax, lobar collapse or consolidation

ADDITIONAL INFORMATION/NURSING COMMENTS:

- Children on bronchodilators will need **regular re-assessment** of symptom severity and PEF to adjust frequency of bronchodilator treatment 1 hourly initially reducing frequency on improvement (*document on continuation sheet*)
- Consider early discussion with Paediatric SpR/Consultant for severe asthma/wheeze **not responding** to initial treatment or any **deterioration** in symptoms during treatment
- Consult a senior doctor if any features of risk of near-fatal asthma OR any signs of Acute Severe or Life-Threatening Asthma (Flowchart 1& 2)

Name:
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Discharge Checklist – *Please sign once completed*

- ✓ Check **inhaler technique** (Nurse/Doctor)
- ✓ Give and explain asthma/wheeze **action plan** (Nurse/Doctor)
- ✓ Give and explain **Salbutamol weaning plan** (Nurse/Doctor)
- ✓ Consider need for **change of treatment** (Doctor)-*check asthma control assessment box p7*
 Preventer prescribed/treatment increased Yes No
- ✓ Check and provide **TTA medication** (Nurse/Doctor)
 - Salbutamol MDI and age-appropriate spacer device given
 - Course of Prednisolone given (*if required*)
 - Prescription for preventer given (*if required*)

Guidelines for Follow-Up with Respiratory Nurses at LNWHT

Please refer appropriate patients to the paediatric community respiratory nurses using referral form attached (page 5)

1. One or more previous attendance(s) with wheeze/asthma in last 12 months
2. Previous severe exacerbation requiring IV treatment or PICU admission
3. Admission to Jack’s Place in last 12 months.
4. Concerns about inhaler technique or general management and understanding of condition
5. Any tick in the Asthma Control Assessment Box on page 2

Name:
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Referral form for follow-up with community respiratory nurses

For children living in

- Harrow,**
- Brent** or
- Ealing**

Please put patient sticker on top for a referral!!!!

Dear Paediatric Community Respiratory Team,

Please see this patient for a review who had an unscheduled attendance at LNWHT with an asthma/wheezy episode.

The reason for this referral is (*please tick*):

- One or more previous attendance(s) with wheeze/asthma in last 12 months
- Previous severe exacerbation requiring IV treatment or PICU admission
- Admission to Jack's Place in the last 12 months
- Concerns about inhaler technique or general management and understanding of condition
- Any tick in the Asthma Control Assessment Box on page 2
- Any other concern (specify): _____

Please complete and put in respiratory nurses letterbox in A&E

or

in community nurses office for ward patients

Name:
DOB:
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Name:
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MY ASTHMA and WHEEZE ACTION PLAN

WHAT TO DO IN AN ACUTE ASTHMA/WHEEZE ATTACK



Step 1:

- Give **2 puffs** of **RELIEVER** (Salbutamol-**BLUE** inhaler) immediately through a spacer (one puff at a time through a spacer)
- This should ease symptoms by making the airways open wider

Step 2:

- Sit the child upright and get them to take slow steady breaths
- Keep calm and try to keep them calm

Signs of an acute asthma/wheeze attack can include any of these:



- Coughing
- Being short of breath
- Wheezy breathing
- Tightness in the chest
- BLUE RELIEVER is not helping

Have the symptoms improved immediately?

Yes

Continue to sit with the child until they are feeling completely well and can go back to previous activity

No

Step 3:

- Give **1 puff** of Salbutamol every **30 to 60 seconds** - up to **10 puffs**

Step 4:

- If the child does not feel better after taking Salbutamol as above or if you are worried at any time seek medical attention or call 999 for an ambulance

Step 5:

- If an ambulance does not arrive within 15 minutes and your child feels still unwell repeat step 3 while you wait

If your child has any of the following symptoms on a regular basis:

- Using blue inhaler more than 2 times per week
- Waking more than 1 night a week due to coughing
- Limitation of activity due to cough/breathlessness
- Missing school due to wheeze regularly

.... the asthma/wheeze may not be well controlled and you need to see your GP or asthma nurse

If your child is on a **PREVENTER** (usually brown or purple inhaler)...

- Continue with the preventer inhaler **every day**, even when your symptoms have gone – to prevent symptoms from coming back
- Do **not** stop unless directed by your doctor or asthma nurse
- If you have a spacer device, you must use it for your inhalers



My PREVENTER is take puff(s)x per day

You can find useful information here:

➤ www.asthma.org.uk

➤ Asthma UK Advice line

03002225800

(Mon to Fri 9am to 5pm)

Try to put this action plan up on a fridge or where you can always see it.

Name:
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Salbutamol Weaning Plan

- Take the BLUE inhaler (Salbutamol/Ventolin) via your spacer as directed below:

DAY 1:	10 puffs every 4 hours
DAY 2:	4-6 puffs every 4 hours (if better)
DAY 3:	2-4 puffs every 4 hours (if better)
DAY 4:	2 puffs only when needed (if better) or as indicated by your doctor/nurse

- Take PREDNISOLONE mg = tablets until your child better (off regular Salbutamol)
(YOU MUST get an URGENT APPOINTMENT for a review within 48h by your GP)
- Take your PREVENTER as prescribed puff(s)x daily
.....
- **Make sure you are seen by your GP within 48 hours**

A few things to remember ...



- ✓ Your child should stay home from nursery/school whilst on above weaning plan
- ✓ We advise you to complete the above weaning plan fully – continue with the inhalers even at night
- ✓ You may stop the blue inhaler if your child does not have any further symptoms on day 4
- ✓ Return to your GP if your child is still having symptoms (wheezing, chest tightness or shortness of breath) after day 4
- ✓ Keep your BLUE inhaler - in case symptoms are coming back – and get a replacement from your GP in time before it is finished