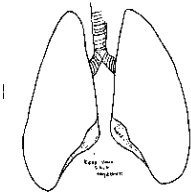


**Kings College Hospital  
Paediatric Emergency Medicine  
Asthma and Wheeze Pro-forma  
For ages 2 – 18y**

<b>Patient's name</b>	<b>Hospital No.</b>	<b>DOB</b>	<b>Date</b>

**Initial Triage Assessment**

<b>Assessor's name, role &amp; signature</b>		
<b>Assessment time</b>		
<b>Airway</b>	<b>Clinical assessment</b>	Talking normally <input type="checkbox"/> Reduced speech (short phrases, single words) <input type="checkbox"/> Not talking <input type="checkbox"/> Drowsy <input type="checkbox"/>
<b>Breathing</b>	<b>Respiratory rate</b>	
	<b>Oxygen Saturation (in air)</b>	
	<b>Increased work of Breathing</b>	None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
	<b>Wheezing:</b> <ul style="list-style-type: none"> <li>• Polyphonic expiratory noise</li> <li>• Prolonged expiration (no gap between end of expiration and start of inspiration)</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/> location <input type="checkbox"/>
<b>Circulation</b>	<b>Heart rate</b>	
<b>BPEWs score</b>		
<b>Pre-hospital treatment</b>		Medication: Dose: Route: Time given:
<b>Treatment goals</b>		<ul style="list-style-type: none"> <li>• Start inhaled / nebulized bronchodilators ASAP</li> <li>• Start steroids ASAP and at least within 1 hour (if not already given)</li> </ul>



**Refer to Wheeze flow chart** overleaf and categorise child's condition into one of the following categories:

Mild/Moderate       Severe       Life threatening

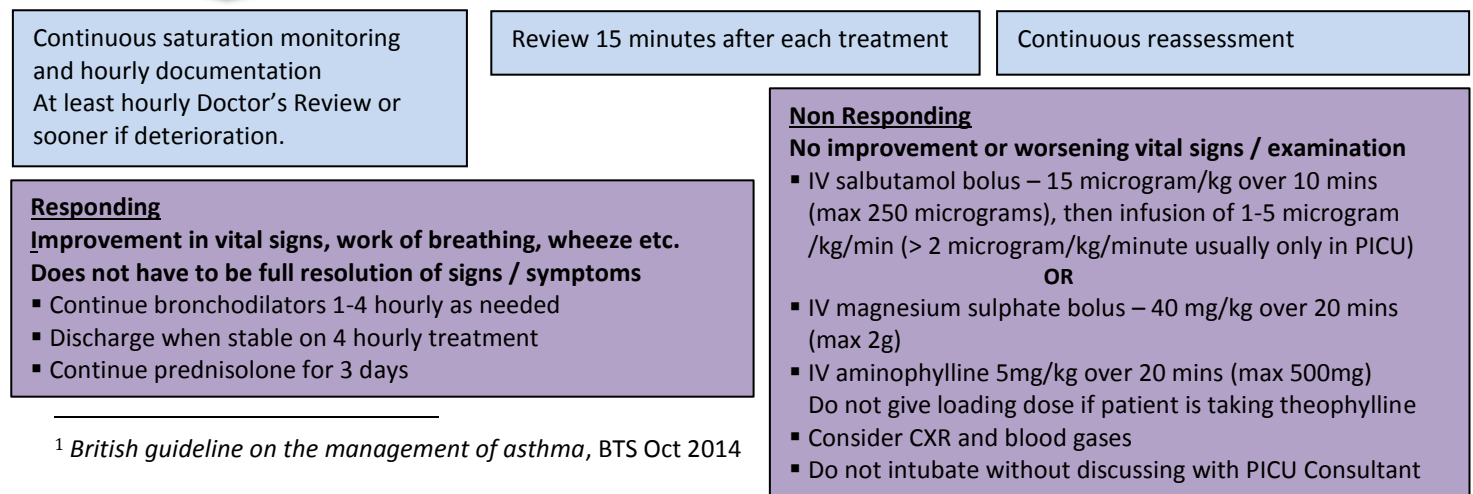
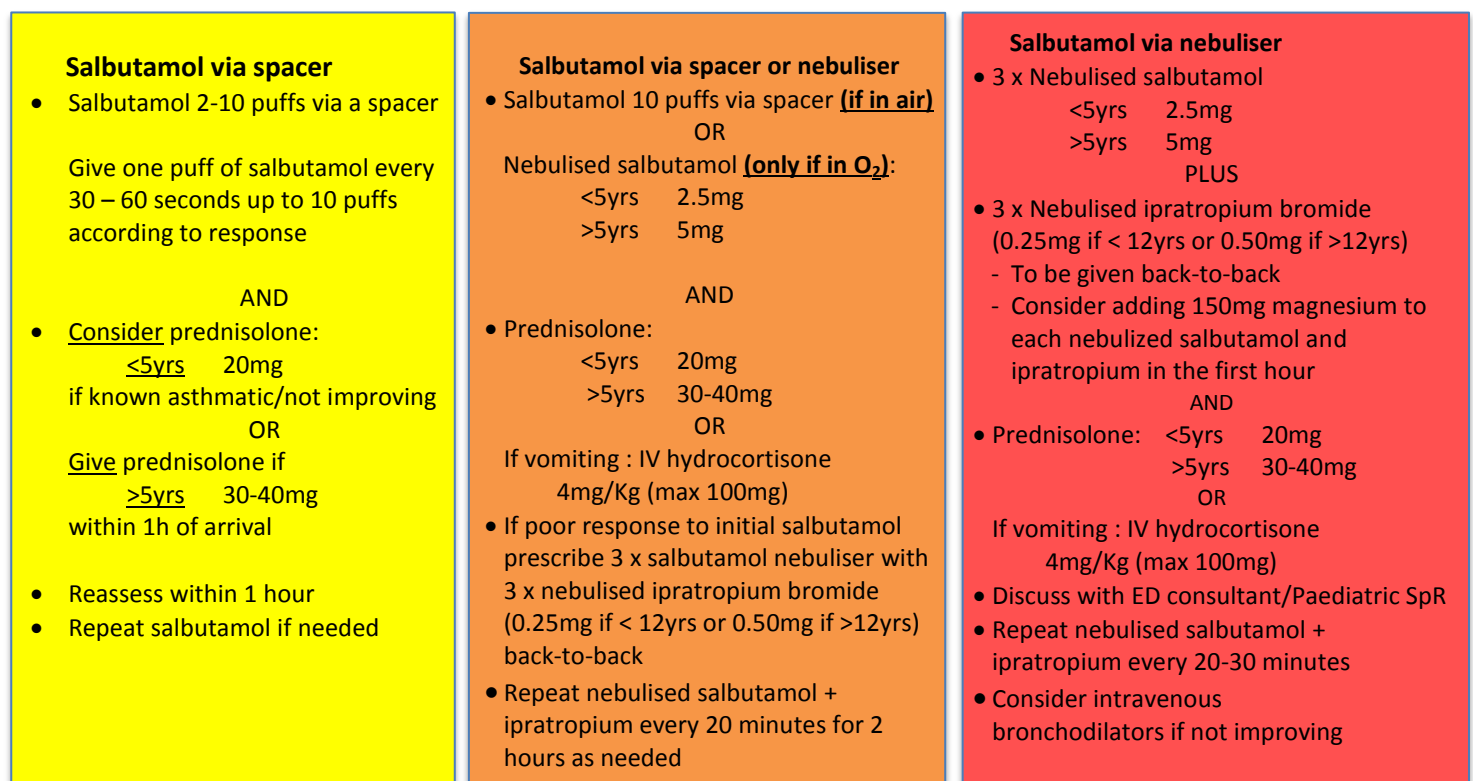
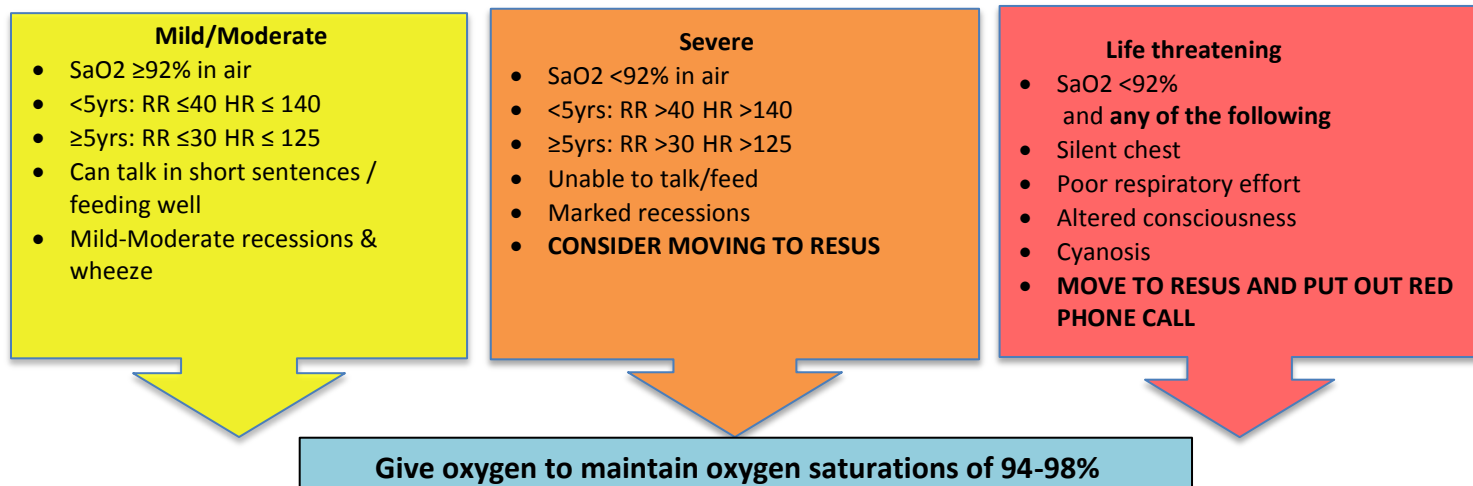
**Commence treatment as per flow chart**

If you have chosen the **severe or life threatening** categories

- please inform the Nurse in charge and the ED Registrar / Consultant or the Paediatric Registrar immediately
- **CONSIDER MOVING TO RESUS**

## Wheeze Flowchart<sup>1</sup>

**Please categorise patient according to the most severe feature**



<sup>1</sup> British guideline on the management of asthma, BTS Oct 2014

<b>Patient's name</b>	<b>Hospital No.</b>	<b>DOB</b>	<b>Date</b>

**History of Presenting Complaint**

**Past Medical History**

Eczema: Yes  No       Hayfever: Yes  No   
 Allergic Rhinitis: Yes  No       Anaphylaxis: Yes  No   
 Other Triggers: Yes  No       Details:

**Risks for severity**

Previous PICU/HDU w/asthma: Yes  No   
 Number of asthmatic exacerbations needing steroids in the last year:

**Recent symptom control (in past 4 weeks)**

Number of times reliever inhaler used:  
 Number of times asthma caused night-time/early morning waking:

Other medical conditions:

**Birth history:**

**Developmental history:**

**Medications:**

Number of doses of preventer missed /week:  
 Uses spacer device with inhalers: Yes  No   
 Use of complimentary therapy: Yes  No  Details:

**Allergies:**

**Immunisations:**

**Social and Family history**

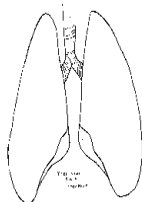
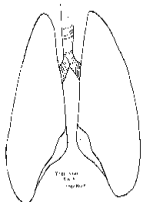
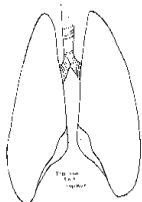
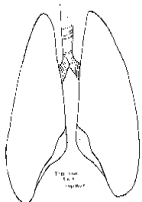
Family history of atopy: Yes  No  Details:

Days of school missed because of asthma in past year:

Housing issues:  
 Smoker/smoking in the house / e cigarettes: Yes  No

<b>Patient's name</b>	<b>Hospital No.</b>	<b>DOB</b>	<b>Date</b>

**Examination findings**

Description	First Review after Triage	Second Review	Third Review	Fourth Review
<b>Assessor's name &amp; role</b>				
<b>Signature</b>				
<b>Time</b>				
<b>Date</b>				
<b>Airway</b>				
<b>SaO<sub>2</sub></b>				
<b>RR</b>				
<b>Increased work of Breathing</b>	None <input type="checkbox"/> Mild / Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	None <input type="checkbox"/> Mild / Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	None <input type="checkbox"/> Mild / Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	None <input type="checkbox"/> Mild / Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
<b>Heart Rate</b>				
<b>BPEWs</b>				
<b>Wheezing</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Wheeze Location</b>				
<b>Other examination findings</b>				
<b>Severity</b>	Mild / Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Life threatening <input type="checkbox"/>	Mild / Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Life threatening <input type="checkbox"/>	Mild / Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Life threatening <input type="checkbox"/>	Mild / Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Life threatening <input type="checkbox"/>
<b>Progress</b>	Improving <input type="checkbox"/> Stable <input type="checkbox"/> Deteriorating <input type="checkbox"/>	Improving <input type="checkbox"/> Stable <input type="checkbox"/> Deteriorating <input type="checkbox"/>	Improving <input type="checkbox"/> Stable <input type="checkbox"/> Deteriorating <input type="checkbox"/>	Improving <input type="checkbox"/> Stable <input type="checkbox"/> Deteriorating <input type="checkbox"/>

**Refer to Wheeze flow chart on page 2 to re-categorise severity and treatment regime after each assessment.**

Immediately inform the Nurse in charge and the ED Registrar / Consultant or the Paediatric Registrar if categorised as severe or life threatening.

Patient's name	Hospital No.	DOB	Date

**Additional Notes**

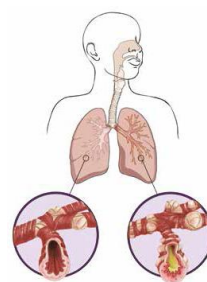
Clinician (print)	Role	Time	Signature



## King's College Hospital Patient Information: Childhood Asthma and Wheeze

### What is asthma?

Asthma causes inflammation (redness and swelling) of the airways. When there is an asthma trigger the muscles of the airway wall tighten up, the lining of the airway becomes more swollen and the mucus that cleans and protects the lining of their airways builds up and gets in the way of the air that's trying to reach the lungs. All of this means that the airways become narrower, making it more difficult to breathe. Asthma is a serious condition, and if not treated properly can lead to life-threatening asthma attacks and death.



Healthy airway

Airway in person with asthma

### What are the symptoms of asthma?

- wheezing (a whistling noise in the chest), but not every child with asthma sounds wheezy
- getting short of breath – they may have difficulty feeding, playing or speaking
- coughing, particularly at night and after exercise
- feeling tight in the chest – some children will say their chest or tummy hurts

Asthma symptoms often come and go. With the right medicines, taken properly, your child should be able to lead a full life without symptoms.

### What are asthma triggers?

A trigger is anything that can make a person's asthma worse by irritating their airways. Everyone's asthma is different and you'll probably find your child has several triggers.

- Colds and viral infections
- Furry or feathery animals
- Exercise and excitement



- Weather
- Pollen and Mould
- Food allergies



### Diagnosing asthma

There isn't a single test your child can take to tell if they have asthma. Your doctor or nurse will ask about your child's symptoms, and might ask you to keep a record of them and what seems to make them better or worse. Asthma is more likely if your child has more than one of the typical symptoms, particularly if these are:

- frequent
- worse at night or early in the morning
- in response to a trigger
- when your child doesn't have a cold

### Children under the age of two

At this age it's difficult to tell if a child has asthma because nearly one-third of very young children will have wheezing at some point. Over time, most of them will stop wheezing as their airways grow; however for others early wheezing can be a sign they will get asthma in later childhood or adult life.

### Control

Your child's asthma is not under control if they:

- are having asthma symptoms more than once a week
- are using their reliever inhaler more than three times a week
- are waking at night due to their asthma
- need to miss school or exercise, or any other activity, because of their asthma
- have an asthma attack



The doctor or asthma nurse should work with you and your child to help them achieve 'good control' to reduce the risk of an asthma attack. It may take a few visits to get this right.

### What can I do to help my child's asthma?

Make sure your child has an asthma plan, that you understand it and know where it is. Use it every time your child has asthma symptoms and take it with you to all appointments. You might want to take a picture of it on your phone.



You should learn what their medicines do, make sure that they take their medicines and know how to manage their triggers. Your doctor or asthma nurse should help you with this. Make sure your child has a planned asthma review at least once a year, or more often if their asthma is not under good control.

One of the best ways to help your child's asthma is not to smoke. Cigarette smoke triggers asthma attacks and is especially harmful to growing lungs, causing long-term damage. It's important for your child to keep your home smoke free, and not to expose them to smoke, even outside. If you want help to stop smoking, see below.



### Where can I get help to stop smoking?

You can refer yourself to these local services:

Southwark community stop smoking service      Tel: 0800 169 6002 or 020 3049 8550

Email: [Gst-tr.stopsmokingsouthwark@nhs.net](mailto:Gst-tr.stopsmokingsouthwark@nhs.net)

Lambeth community stop smoking service      Tel: 0800 856 3409 or 020 3049 5186

Email: [Gst-tr.stopsmokinglambeth@nhs.net](mailto:Gst-tr.stopsmokinglambeth@nhs.net)

Alternatively ask at your GP surgery/local pharmacy or visit [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree).

### Where can I get more information about asthma?

Asthma UK Advice Line – 0800 121 6244      [www.asthma.org.uk](http://www.asthma.org.uk)

Your GP and Primary Care Asthma Nurse

King's College Hospital Children's Asthma Nurse Specialist      0203 299 4640 / 07659 145 125

Email: [slatham1@nhs.net](mailto:slatham1@nhs.net)

King's College Hospital Children's Respiratory Specialist Nurses      0203 299 4580 / 0203 299 5183



Name	Hospital Number	Date of Birth	Date seen in ED
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**Emergency Asthma and Wheeze Plan – King’s College Hospital Emergency Department**

**What should you do next?**

Make an appointment to **see your GP, ideally in the next 2 days**, so you can:

- make sure your child is responding to treatment
- talk about what triggered this asthma (or wheeze) attack
- get a full ‘Asthma Action Plan’ (**take this temporary plan with you to the appointment**)
- make sure you know what to do if they have another attack
- stop future asthma attacks by checking they are on the right preventer medicine

You should do this even if you have been given an appointment with the hospital asthma clinic

**Prednisolone (steroids):**

Give \_\_\_\_ 5mg tablets = \_\_\_\_ daily for the next \_\_\_\_ days

This helps to reduce the inflammation (redness and swelling) causing your child’s asthma symptoms

**Other medicines**

If your child has been prescribed a preventer inhaler (brown, orange, purple etc.) or tablets for their asthma you should continue with the usual dose.

**Salbutamol (blue) inhaler:**

Salbutamol is a reliever, it helps to open-up the airways. **Always use the spacer** in the way you were shown.

Give 2 puffs and repeat as needed, continuing up to 10 puffs if necessary

To start with you will probably need to use \_\_\_\_ puffs each time

The dose should be repeated after 4 hours (SEE BELOW)

**If your child is stable or improving they are:**

**You should**

Only wheezing and breathless just before the next dose of salbutamol Responding well to each dose of salbutamol	Keep giving salbutamol every four hours Use the same number of puffs each dose Discuss with your GP if not improving after 2 days
Coughing and wheezing less Returning to normal activities	Keep giving salbutamol every 4 hours Try reducing the number of puffs If symptoms worsen more puffs may be needed
No coughing and wheezing	Stop using salbutamol inhaler

**If your child is worsening they are:**

**You should:**

Drowsy, tired or frightened Severely wheezy or breathless with a heaving chest Unable to speak or feed normally	Ring 999 - you need immediate help Give 10 puffs of salbutamol straight away. Continue giving 2 puffs every 2 minutes until the ambulance arrives
Wheezing and breathless again less than four hours after salbutamol Not showing a good response to 10 puffs of salbutamol	Give another 10 puffs of salbutamol straight away See your GP or return to the Emergency Department as soon as possible

**Useful contacts:**

King’s College Hospital Children’s Asthma Nurse Specialist – 0203 299 4640 / 07659 145 125

King’s College Hospital Children’s Respiratory Specialist Nurses – 0203 299 4580 / 0203 299 5183

Asthma UK Advice Line – 0800 121 6244

website – <http://www.asthma.org.uk>