

# Not asthma again.....its simple right?

Reena Bhatt

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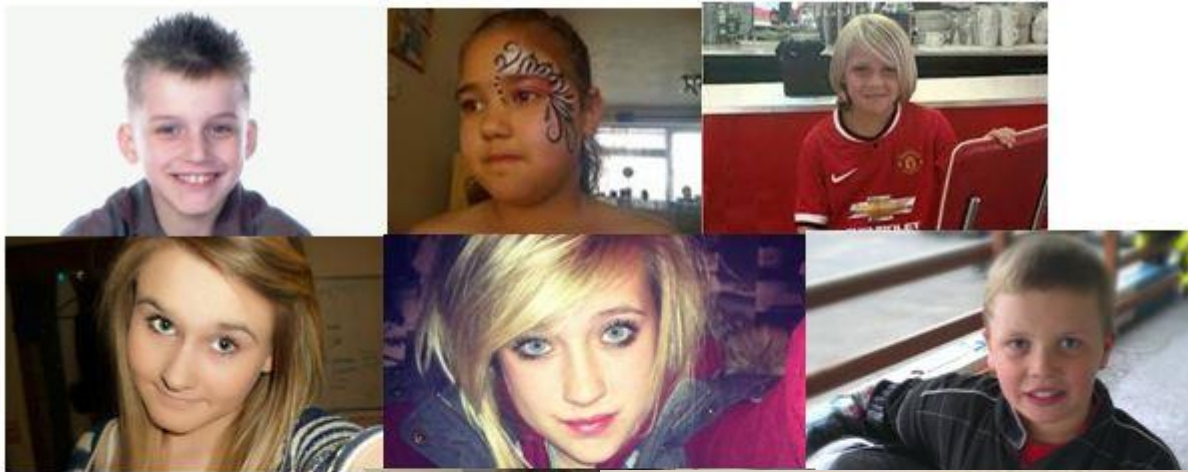


# The Ella Roberta story

<https://app.box.com/s/h0sfrmdczgcu9tk3fuweryugb2ghi7a>



# Why do we need to do this?



## Doctors missed 11 chances to treat boy, nine, before he died of asthma, coroner hears

Inquest into death of Michael Uriely hears boy died five days after being discharged from hospital for second time



Michael Uriely collapsed in the early hours of 25 August and never regained consciousness. Photograph: Family





# Why co-ordination and integration is essential

REGULATION 28 REPORT TO PREVENT FUTURE DEATHS	
THIS REPORT IS BEING SENT TO	
1.	Professor Sir Brian Keogh National Medical Director NHS England Rm 504 Richmond House Whitehall London SW1A 2NS
2.	Professor Ian Cummings OBE Health Education England 1 <sup>st</sup> Floor Blenheim House Duncombe Street Leeds LS1 4PL
3.	Sir Andrew Dillon CBE National Institute for Clinical Excellence Midcity Place 71 High Holborn London WC1V 6NA
1	<b>CORONER</b>  I am Dr Shirley Radcliffe for the coroner area of Inner West London
2	<b>CORONER'S LEGAL POWERS</b>  I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.
3	<b>INVESTIGATION</b>  On 15 <sup>th</sup> and 16 <sup>th</sup> March 2017 an inquest was held touching the death of Mr Michael Urieli and concluded on 16 <sup>th</sup> March 2017 with a narrative conclusion.



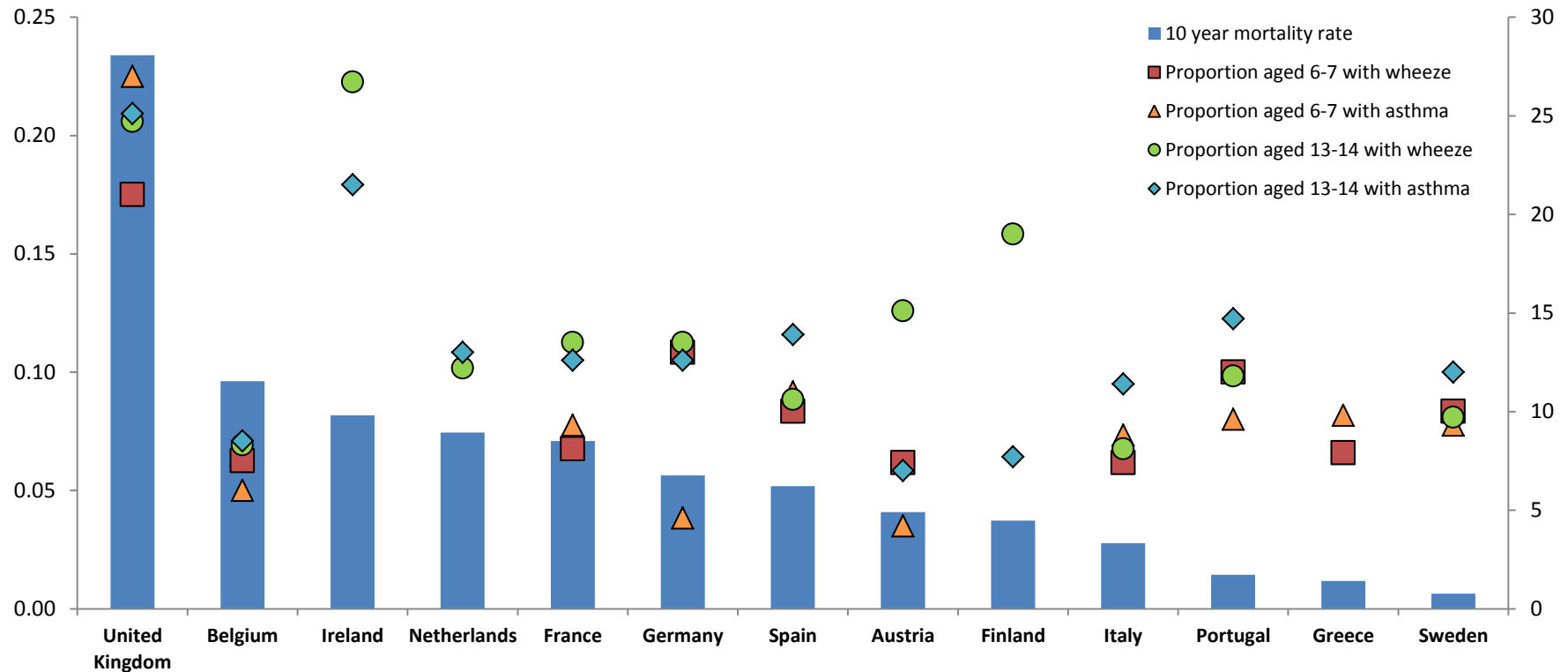
5	<p><b><u>CORONER'S CONCERNS</u></b></p> <p>After reading the letter from the LFB I share their concerns in relation to potential inadequacy of fire risk assessments.</p> <p>The <b>MATTERS OF CONCERN</b> are as follows. –</p> <ol style="list-style-type: none"> <li>1) The care management and treatment of this child during his final year of life with an exacerbations of asthma was centred solely on treating the immediate presentation as an isolated acute event seeking its stabilisation and returning him to the care of his family.</li> <li>2) There was:-             <ol style="list-style-type: none"> <li>i) No co-ordinating record of these occasions.</li> <li>ii) No analysis of the acute episodes in context with his chronic asthma condition.</li> <li>iii) No appreciation of the underlying severity and analysis of the level of medication prescribed.</li> <li>iv) No appreciation of the risk factors of near fatal or fatal asthma evident in this child.</li> <li>v) No appreciation of the deteriorating nature of his asthma.</li> </ol> </li> <li>3) Despite the presence of a significant number of health care professionals involved in his care, no single individual assumed management for his care overall.</li> <li>4) In the absence of no one individual assuming responsibility for his care there was no plan directed towards his long term management and care identifying the chronic nature of his condition, seeking a sustained and balanced level of treatment, control.</li> </ol>
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- Recent section 28
- Same concerns raised as previous Section 28
- An opportunity to learn and improve care

# The problem: Mortality rates from asthma in the UK are higher than in Western Europe

10 year mortality rate per  
100,000 population

Proportion (%)



Directly standardised asthma mortality rate in children aged 0-14 years and proportion aged 6-7 and 13-14  
Source: WHO European Mortality Database (2000-10) and the International Study of Asthma and Allergies in Childhood (2000-03)

# The Cost

- The current cost of emergency admissions per 100,000 population based on £702 PBR rate equates to London spending **£4,600,200** per year.
- If **60%** of child emergency admissions for asthma were prevented, this would mean asthma admissions would cost London £1,840,082 amounting to around **£2,760,124 million in savings across London.**
- If CCGs were able to achieve the **75%** reduction this would be even greater at **around £3,450,154 savings.**

If adult asthma was included in the plans there would be even greater returns.

- Combined prescribing costs for bronchodilators and corticosteroids alone, in children and adults, is £1,031,720,912 in England and **£105,702,558.87** in **London.**

# Its not just the money

These costs include diagnosis, acute and primary care, and medications, but there are significant indirect costs, beyond healthcare, to the wider economy:

- A child with poorly controlled asthma **is three times more likely to take time off school** than a child whose condition is well controlled.
- Poor school attendance is likely to have a detrimental effect on **emotional wellbeing** and **educational attainment**.
- A carer **is four times more likely to take time off work**, with a further effect on their own productivity.

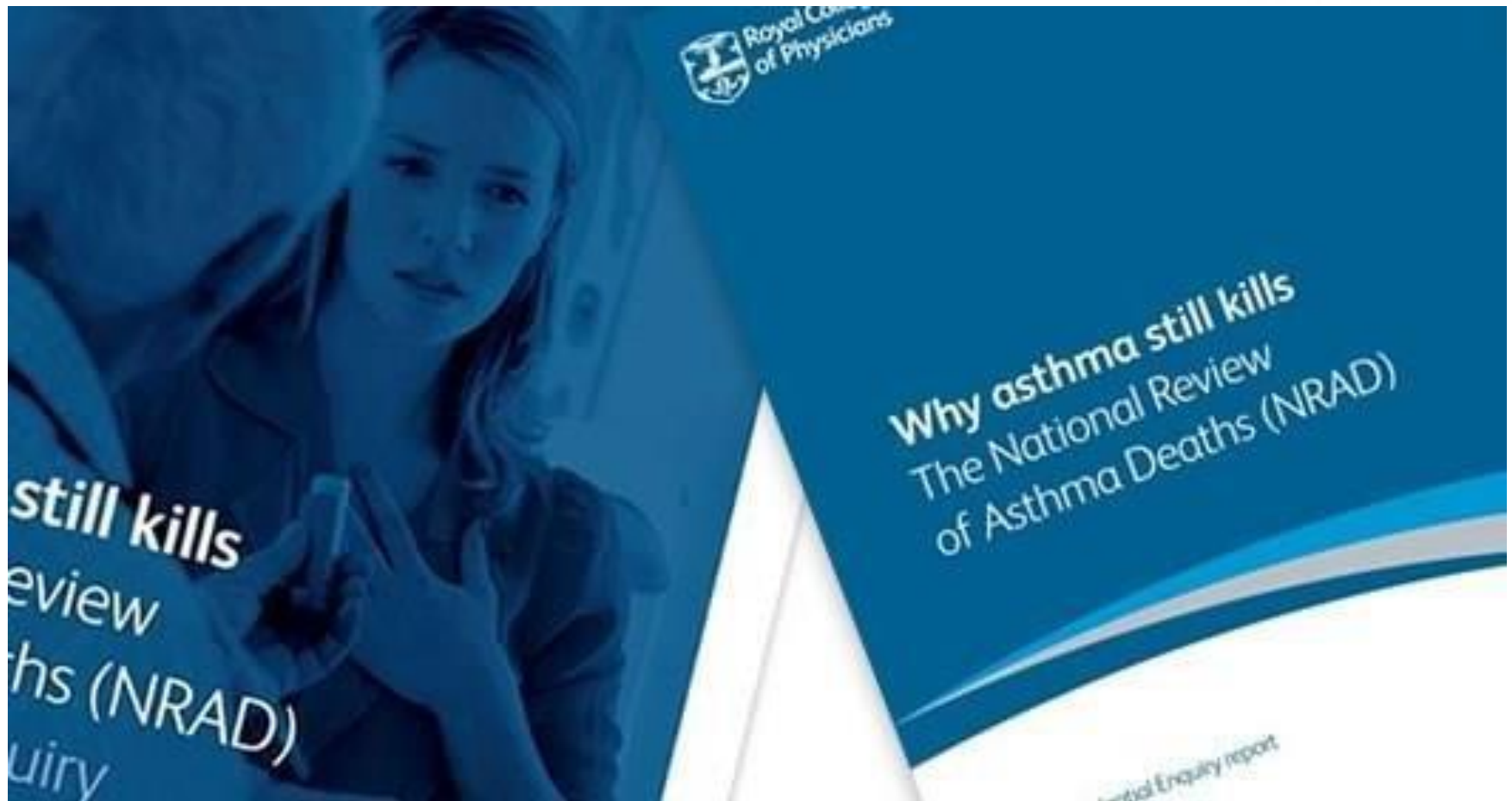


# 01

## What is the standard?



# Asthma Death Review Summary



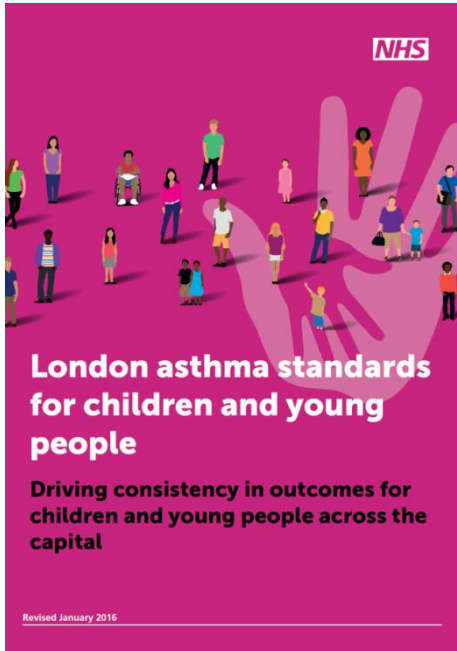
# The National Review of Asthma Deaths (NRAD)

## Key findings

### Use of NHS services

- 1 During the final attack of asthma, 87 (45%) of the 195 people were known to have died without seeking medical assistance or before emergency medical care could be provided.
- 2 The majority of people who died from asthma (112, 57%) were not recorded as being under specialist supervision during the 12 months prior to death. Only 83 (43%) were managed in secondary or tertiary care during this period.
- 4 Nineteen (10%) of the 195 died within 28 days of discharge from hospital after treatment for asthma.
- 1 Personal asthma action plans (PAAPs), acknowledged to improve asthma care, were known to be provided to only 44 (23%) of the 195 people who died from asthma.
- 2 There was no evidence that an asthma review had taken place in general practice in the last year before death for 84 (43%) of the 195 people who died.
- 3 Exacerbating factors, or triggers, were documented in the records of almost half (95) of patients; they included drugs, viral infections and allergy. A trigger was not documented in the other half.

# London Asthma Standards - 'too many children die unnecessarily of asthma.....and we can change this together....



Visit  
<https://www.myhealth.london.nhs.uk/healthy-london/children-and-young-people/resources>  
to find out more

- 14 ambitions across specific areas
  - System-wide
  - Patient and family support
  - Schools
  - Acute and high risk care
  - Integration and co-ordination
  - Discharge planning
  - Transition
  - Effective and consistent prescribing
  - Workforce education and training
- 
- All settings
    - Primary care
    - Secondary and tertiary care
    - Community pharmacies
    - Schools
    - Self care



# 02

## Managing asthma.....

# Wheezing in the preschool child (< 5 years)

- Common presentation to paediatric services
- 1/3 of preschool children will have a wheezy episode
- Only about 20% of these will go onto have a diagnosis of asthma

## Pattern of wheeze

### • Episodic (viral) wheeze

Wheezing during discrete time periods, often in association with clinical evidence of a viral cold, with absence of wheeze between episodes

### • Multiple-trigger wheeze

Wheezing that shows discrete exacerbations, but also symptoms between episodes

## Treatment???



# Four key Steps:

- Is this asthma?
- Is there good control?
- What is impacting on control?
- What action needs to be taken?



Andrew Bush and Louise Fleming

*Arch Dis Child* published online April 5, 2016

Updated information and services can be found at:

<http://adc.bmj.com/content/early/2016/03/08/archdischild-2015-309053>

## Asthma inhalers given out almost as a 'fashion accessory', experts warn

Scientists voice concern that overdiagnosis of asthma is exposing patients to potentially harmful side effects of medications they do not need



### Is asthma being overdiagnosed?

Share:    Save:   Subscribe:  Print: 

Monday February 2 2015

A potentially alarming figure that emerged in the UK news last week was that “1 million” UK adults may have been wrongly diagnosed with asthma – a claim reported in various forms by BBC News, The Guardian, The Daily Telegraph, the Daily Mirror and the Mail Online.

The headlines followed the publication of [new draft guideline \(PDF 670kb\)](#) from the [National](#)



**Up to 30% of adults do not have clear evidence of asthma**

## CLINICAL FEATURES THAT INCREASE THE PROBABILITY OF ASTHMA

- More than one of the following symptoms: wheeze, breathlessness, chest tightness and cough, particularly if:
  - ~ symptoms worse at night and in the early morning
  - ~ symptoms in response to exercise, allergen exposure and cold air
  - ~ symptoms after taking aspirin or beta blockers
- History of atopic disorder
- Family history of asthma and/or atopic disorder
- Widespread wheeze heard on auscultation of the chest
- Otherwise unexplained low FEV<sub>1</sub> or PEF (historical or serial readings)
- Otherwise unexplained peripheral blood eosinophilia



## CLINICAL FEATURES THAT LOWER THE PROBABILITY OF ASTHMA

- Prominent dizziness, light-headedness, peripheral tingling
- Chronic productive cough in the absence of wheeze or breathlessness
- Repeatedly normal physical examination of chest when symptomatic
- Voice disturbance
- Symptoms with colds only
- Significant smoking history (ie > 20 pack-years)
- Cardiac disease
- Normal PEF or spirometry when symptomatic\*



### HIGH PROBABILITY OF ASTHMA

- ✓ In children with a **high probability** of asthma:
  - start a trial of treatment
  - review and assess response
  - reserve further testing for those with a poor response.

### LOW PROBABILITY OF ASTHMA

- ✓ In children with a **low probability** of asthma, consider more detailed investigation and specialist referral.

### INTERMEDIATE PROBABILITY OF ASTHMA

- ✓ In children with an **intermediate probability** of asthma who can perform spirometry and have **evidence of airways obstruction**, assess the change in FEV<sub>1</sub> or PEF in response to an inhaled bronchodilator (reversibility) and/or the response to a trial of treatment for a specified period:
  - if there is significant reversibility, or if a treatment trial is beneficial, a diagnosis of asthma is probable. Continue to treat as asthma, but aim to find the minimum effective dose of therapy. At a later point, consider a trial of reduction, or withdrawal, of treatment.
  - if there is no significant reversibility, and treatment trial is not beneficial, consider tests for alternative conditions.
- C In children with an **intermediate probability** of asthma who can perform spirometry and have **no evidence of airways obstruction**:
  - consider testing for atopic status, bronchodilator reversibility and if possible, bronchial hyper-responsiveness using methacholine, exercise or mannitol
  - consider specialist referral.
- ✓ In children with an **intermediate probability** of asthma who cannot perform spirometry, offer a trial of treatment for a specified period:
  - if treatment is beneficial, treat as asthma and arrange a review
  - if treatment is not beneficial, stop asthma treatment, and consider tests for alternative conditions and specialist referral.

In some children, particularly the under 5s, there is insufficient evidence at the first consultation to make a firm diagnosis of asthma but no features to suggest an alternative diagnosis.

Possible approaches (dependent on frequency and severity of symptoms) include:

- watchful waiting with review
- trial of treatment with review
- spirometry and reversibility testing.

# Asthma Control Test (ACT)

During the past 4 weeks:

1. How often did your asthma prevent you from getting as much done at work, school or home?
2. How often have you had shortness of breath?
3. How often did your asthma (wheezing, coughing, chest tightness, shortness of breath) wake you up?
4. How often have you used your reliever inhaler?
5. How would you rate your asthma control?

Asthma UK is the only charity dedicated to the health and well-being of the 5.2 million people in the UK with asthma. By taking control of their asthma, most people's day-to-day lives should be free from disruption such as troubled sleep or not being able to exercise.

Asthma  
Control  
Test™



## Why take the Asthma Control Test™?

The Asthma Control Test™ will provide you with a snapshot of how well your asthma has been controlled over the last four weeks, giving you a simple score out of 25. Asthma symptoms can vary from month to month, so it is worth keeping the test handy to see if your score changes. You can also share your results with your doctor or asthma nurse to help explain just how your asthma affects you.

Are you in control of your asthma? Or is your asthma in control of you? Here's how to find out

- Step 1:** Read each question below carefully, circle your score and write it in the box.  
**Step 2:** Add up each of your five scores to get your total Asthma Control Test™ score.  
**Step 3:** Use the score guide to learn how well you are controlling your asthma.

<b>Q1</b>	During the past 4 weeks, how often did your asthma prevent you from getting as much done at work, school or home?	Score:
	All of the time 1 Most of the time 2 Some of the time 3 A little of the time 4 None of the time 5	
<b>Q2</b>	During the past 4 weeks, how often have you had shortness of breath?	Score:
	More than once a day 1 Once a day 2 3-4 times a week 3 1-2 times a week 4 Not at all 5	
<b>Q3</b>	During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, chest tightness, shortness of breath) wake you up at night or earlier than usual in the morning?	Score:
	4 or more times a week 1 2-3 nights a week 2 Once a week 3 Once or twice 4 Not at all 5	
<b>Q4</b>	During the past 4 weeks, how often have you used your reliever inhaler (usually blue)?	Score:
	2 or more times a day 1 1-2 times a day 2 2-3 times a week 3 Once a week or less 4 Not at all 5	
<b>Q5</b>	How would you rate your asthma control during the past 4 weeks?	Score:
	Not controlled 1 Poorly controlled 2 Somewhat controlled 3 Well controlled 4 Completely controlled 5	
<b>Total Score</b>		

## What does your score mean?

### Score: 25 – WELL DONE

- Your asthma appears to have been **UNDER CONTROL** over the last 4 weeks.
- However, if you are experiencing any problems with your asthma, you should see your doctor or nurse.

### Score: 20 to 24 – ON TARGET

- Your asthma appears to have been **REASONABLY WELL CONTROLLED** during the past 4 weeks.
- However, if you are experiencing symptoms your doctor or nurse may be able to help you.

### Score: less than 20 – OFF TARGET

- Your asthma may **NOT HAVE BEEN CONTROLLED** during the past 4 weeks.
- Your doctor or nurse can recommend an asthma action plan to help improve your asthma control.

## What does your score mean?

### Score: 25 – WELL DONE

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- However, if you are experiencing any problems with your asthma, you should see your doctor or nurse.

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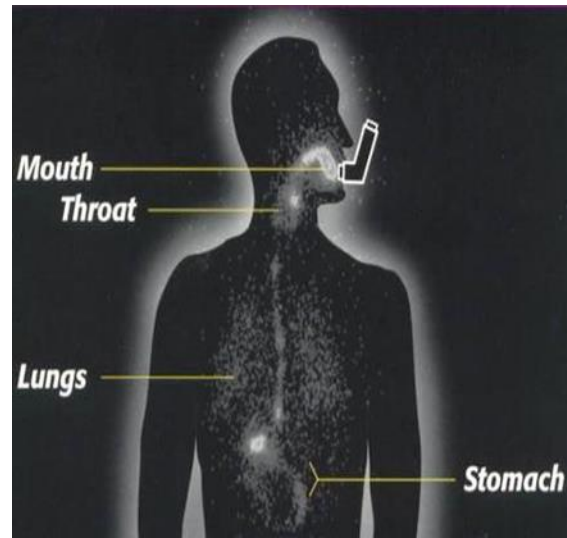
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- However, if you are experiencing symptoms your doctor or nurse may be able to help you.

### Total Score

### Score: less than 20 – OFF TARGET

- Your asthma may **NOT HAVE BEEN CONTROLLED** during the past 4 weeks.
- Your doctor or nurse can recommend an asthma action plan to help improve your asthma control.









# Which Inhaler & What Strength?

## Bronchodilator

## Inhaled corticosteroid (ICS)

## ICS/LABA

## ~~LABA~~

**Meter Dose inhaler**  
**Always with Spacer**

Salbutamol  
100mcg



Beclometasone  
50mcg



Beclometasone  
100mcg



Fluticasone  
50, 125 & 250mcg



Seretide  
50, 125 & 250  
Plus 25mcg Salmeterol



~~Salmeterol  
25mcg~~



Salbutamol  
200mcg



Fluticasone  
50, 100 & 500mcg



Seretide  
100, 250 & 500  
Plus 50mcg Salmeterol



~~Salmeterol  
50mcg~~



Bricanyl  
500mcg



Pulmicort  
100, 200 & 400mcg



Symbicort  
100/6, 200/6 &  
400/12mcg



~~Formoterol  
6 & 12mcg~~







**Accuhaler**

**Turbohaler**

# A Guide to Selecting an 'Aerochamber Plus'?



Device	Approx Age	Tidal Breathing	Tips
Infant 'Aerochamber plus' 	0-6months	✓	Mask very rigid, not always tolerated, switch to yell if mask will fit
Child 'Aerochamber plus' 	6 months +	✓	Soft mask helps kids tolerate it better
Adult 'Aerochamber Plus' with mask 	10 years + Avoid if possible	✓	Useful for older children <u>with learning disabilities</u> who cannot use the mouth piece
'Aerochamber Plus' with mouthpiece 	4 years plus (approx)	✗	Ensure no musical sounds & nasal flaring if breathing in through nose



# My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

Name: \_\_\_\_\_

And what to do when your asthma gets worse.



## 1. My daily asthma medicines

- My preventer inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_.
- I take \_\_\_\_\_ puff/s of my preventer inhaler in the morning and \_\_\_\_\_ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day: \_\_\_\_\_
- My reliever inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_.
- I take \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is \_\_\_\_\_.

## 2. When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than \_\_\_\_\_.

If my asthma gets worse, I should: Keep taking my preventer medicines as normal.

I also take \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) every four hours.

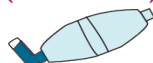
If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?

If YES I take:

\_\_\_\_\_ puff/s of my reliever inhaler (usually blue) beforehand.

Remember to use my inhaler with a spacer (if I have one)



# My Asthma Plan

## 3. When I have an asthma attack

I'm having an asthma attack if:

- My reliever inhaler (usually blue) isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than \_\_\_\_\_.

When I have an asthma attack, I should:

Sit up — don't lie down. Try to be calm. Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) every 30 to 60 seconds (up to 10 puffs).



You and your parents can get your questions answered:

Call Asthma UK's Friendly Helpline Monday to Friday 9am to 5pm  
**0300 222 5800**

Get information at [www.asthma.org.uk](http://www.asthma.org.uk)

My asthma triggers (things that make my asthma worse)

Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

I need to see my asthma nurse every six months

Date I got my asthma plan: \_\_\_\_\_

Date of my next asthma review: \_\_\_\_\_

Doctor/asthma nurse contact details: \_\_\_\_\_

Parents — get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school, grandparents and babysitters (a printout or a photo).

© 2015 Asthma UK. Registered charity number in England 003364 and in Scotland SC033372. First published 2010. Last reviewed 2015. New review 2016. HPI160745

## ASTHMA ACTION PLAN age 2-5 years

NAME	HOSPITAL NO	DOB	PLAN BY	DATE
<b>SYMPTOMS</b>				
<p>1 </p> <ul style="list-style-type: none"> <li>I am well.</li> <li>I have no cough/wheeze.</li> <li>I am doing normal activities.</li> </ul>				
<b>ACTION</b>				
<p>1 I need to take my normal medication of:</p> <p>Preventer: _____ Reliever: _____</p> <p>give _____ (big spacer) puffs every morning and evening give _____ (big spacer) puffs as needed and before exercise</p> <p>Other Therapy: _____</p>				
<p>2 </p> <ul style="list-style-type: none"> <li>I am unwell.</li> <li>I am getting a cold.</li> <li>I am coughing/wheezing day and/or night.</li> <li>My blue inhaler is working with spacer without mask.</li> </ul>				
<p>2 I need to take my normal medication of:</p> <p>Preventer: _____ Reliever: _____</p> <p>give _____ (big spacer) puffs every morning give _____ (big spacer) puffs as needed and before exercise</p> <p>Other Therapy: _____</p>				
<p>3 </p> <ul style="list-style-type: none"> <li>My coughing/wheezing is getting worse especially at night.</li> <li>My blue inhaler is not lasting within 15 minutes.</li> <li>I repeat 10 puffs.</li> </ul>				
<p>3 I need to take my medication as in step 2 and also see my GP urgently or come to the Emergency Department (ED) or ring the Community Children's Nurse or the Hospital Asthma Nurse.</p> <p>I also need to increase my reliever medication to:</p> <ul style="list-style-type: none"> <li>10 puffs of SALBUTAMOL. Give inhaler via the spacer.</li> <li>Repeat 10 puffs of SALBUTAMOL inhaler every 4 hours.</li> </ul>				
<p>4 </p> <ul style="list-style-type: none"> <li>I am very unwell.</li> <li>My blue inhaler is not helping at all.</li> <li>I am using my tummy or neck muscles to breathe.</li> <li>My breathing rate is more than 40 per minute.</li> <li>I am too breathless to talk or eat.</li> </ul>				
<p>4 Call 999 or come to ED urgently.</p> <p>I need to take my medication as in step 2 and also see my GP urgently or come to the Emergency Department (ED) or ring the Community Children's Nurse or the Hospital Asthma Nurse.</p> <p>I also need to increase my reliever medication to:</p> <ul style="list-style-type: none"> <li>10 puffs of SALBUTAMOL. Give inhaler via the spacer.</li> <li>Repeat 10 puffs of SALBUTAMOL inhaler every 4 hours.</li> </ul>				
<b>WEANING PLAN</b>				
<p>When feeling Better - I can reduce my blue inhaler as follows:</p> <p>Day 1: 5 puffs every 4 hours</p> <p>Day 2: 4 puffs every 4 hours</p> <p>Day 3: 3 puffs every 4 hours</p> <p>Day 4: 2 puffs every 4 hours</p> <p>Day 5: 1 puff every 4 hours</p>				

## ASTHMA ACTION PLAN aged 5 years and above

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<b>SYMPTOMS</b>				
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<b>ACTION</b>				
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<p>3 </p> <ul style="list-style-type: none"> <li>My coughing/wheezing is getting worse especially at night.</li> <li>My blue inhaler is not lasting four hours and not working within 15 minutes.</li> </ul>				
<p>3 I need to take my medication as in step 2 and also see my GP urgently or come to the Emergency Department (ED) or ring the Community Children's Nurse or the Hospital Asthma Nurse.</p> <p>I also need to increase my reliever medication to:</p> <ul style="list-style-type: none"> <li>10 puffs of SALBUTAMOL. Give inhaler via the spacer.</li> <li>Repeat 10 puffs of SALBUTAMOL inhaler every 4 hours.</li> </ul>				
<p>4 </p> <ul style="list-style-type: none"> <li>I am very unwell.</li> <li>My blue inhaler is not helping at all.</li> <li>I am using my tummy or neck muscles to breathe.</li> <li>My breathing rate is more than 30 per minute.</li> <li>I am too breathless to talk or eat.</li> </ul>				
<p>4 Call 999 or come to the Emergency Department (ED) urgently.</p> <p>I need to take my medication as in step 2 and also see my GP urgently or come to the Emergency Department (ED) or ring the Community Children's Nurse or the Hospital Asthma Nurse.</p> <p>I also need to increase my reliever medication to:</p> <ul style="list-style-type: none"> <li>10 puffs of SALBUTAMOL. Give inhaler via the spacer.</li> <li>Repeat 10 puffs of SALBUTAMOL inhaler every 4 hours.</li> </ul>				
<b>WEANING PLAN</b>				
<p>When feeling Better - I can reduce my blue inhaler as follows:</p> <p>Day 1: 5 puffs every 4 hours</p> <p>Day 2: 4 puffs every 4 hours</p> <p>Day 3: 3 puffs every 4 hours</p> <p>Day 4: 2 puffs every 4 hours</p> <p>Day 5: 1 puff every 4 hours</p>				

# When to refer?

## **Referral to secondary care if: (See box 14)**

- Diagnosis unclear or in doubt
- Symptoms present from birth or perinatal lung problem
- Excessive vomiting or possetting
- Persistent wet or productive cough
- Family history of unusual chest disease
- Failure to thrive
- Nasal polyps

## **Referral to secondary care if: (See box 14)**

- Unexpected clinical findings eg focal signs, abnormal voice or cry, dysphagia, inspiratory stridor
- Failure to respond to conventional treatment (particularly inhaled corticosteroids above beclometasone 400 mcg/day (or equivalent) or frequent use of steroid tablets)
- Parental anxiety or need for reassurance



# System One Template

Asthma - NWL v3.0

Diagnosis | Measurements | Lifestyle | Medication | Review | Plan (inc. AsthmaUK) | Data entry | QuickQoF | Feedback

**Asthma Diagnosis** QoF - AST001

The diagnosis of asthma is a clinical one with no gold standard definition or single confirmatory test. Central to all definitions is the presence of symptoms with demonstrable variable airflow obstruction. QoF requires confirmation by a range of coded entries representing reversibility or spontaneous variability in either peak flow or spirometry.  
The basis for diagnosis should always be recorded clearly against the diagnosis in a patients notes.

24 May 2005... Asthma (H33..) QoF

15 Dec 2005... H/O: drug allergy (14L...)  
15 Dec 2005... H/O: drug allergy (14L...)  
21 Sep 2006... H/O: drug allergy (14L...)  
21 Sep 2006... H/O: drug allergy (14L...)

Asthma diagnosis  
Occupational asthma

☐ Allergic rhinitis (XE0Y5)  
☐ Allergic (intrinsic) eczema ...  
☐ Food allergy (Xa1aX)  
☐ Latex allergy (Xa7IR)  
☐ Allergic urticaria (XE1BR)  
☐ Allergic reaction to substa...

NICE & BTS/SIGN recommend initial management be based on clinical likelihood of Asthma

Launch NICE: Features influencing probability

<b>High probability</b>	Diagnosis of asthma likely	Give trial of asthma treatment	New Acute
<b>Intermediate probability</b>	Diagnosis uncertain	Follow age related algorithm	Launch NICE: Asthma management algorithm
<b>Low probability</b>	Other diagnosis likely	Consider referral criteria	Launch NICE: Asthma referral criteria

If patient has reversible **and** fixed obstruction then record Asthma **and** COPD

Especially in children, alternative diagnoses should be considered if diagnostic

COPD - NWL CCGs v 2.0

BTS/SIGN: Clues to alternative diagnoses -children

**Family history**

NWL CCGs - Family history Asthma view has no data for patient

☐ FH: Eczema (12H1.)  
☐ FH: Asthma (12D2.)  
☐ FH: Hay fever (12D4.)  
☐ FH: Allergy (12R...)

Next

☒ Show recordings from other templates  
☒ Show empty recordings

<https://www.healthylondon.org/sites/default/files/System%20One%20asthma%20template.docx>

# 04

## **What happens after an exacerbation?**

**Questions and answer 5 minutes.....**

# 05

## **The Asthma Toolkit**

# On-line Asthma Toolkit

Support across the system to improve asthma care

<https://www.healthylondon.org/children-and-young-people/london-asthma-toolkit>

The screenshot displays the 'London Asthma Toolkit' webpage. At the top, there is a blue header with the 'Healthy London Partnership' and 'NHS' logos, and a navigation bar with links: HOME, PROGRAMMES, FORUM, GET HEALTHY, ABOUT US, and LATEST. A search bar is located on the right of the navigation bar. Below the header, a breadcrumb trail reads: Home > Programmes > Children and young people > London Asthma Toolkit.

The main content area is titled 'London Asthma Toolkit' and features a sub-header: 'Better care across the system for children and young people with asthma.' Below this, a paragraph states: 'This asthma toolkit aims to support healthcare professionals, schools, parents, carers, children and young people in London and we encourage you to explore the whole site. To find out more about why asthma care in London needs to improve watch our short film.'

To the left of the main content is a sidebar titled 'London Asthma Toolkit' with a list of categories: Parents and carers, Pharmacy, Schools, Primary and community care, Commissioners, Hospital care, and Film. Each category is accompanied by a small icon.

Below the paragraph, a section titled 'Explore the toolkit...' contains seven icons arranged in a grid. The icons represent: a family (purple square), a pharmacy cross (green square), a person at a desk (teal square), a stethoscope (blue square), a group of people (purple square), a building (blue square), and a video player (pink square).

On the right side of the main content area, there is a 'Related content' section. It lists three items: 'Salford Children's Community Partnership' (with details on Phase I and Phase II), 'Quarterly report' (with details on highlights from July to September 2016), and 'Paediatric acute response' (with details on a case study from Bath Street Clinic, Warrington). Each item has a 'Find out more' link.

At the bottom right, there is a 'Follow Us' section with icons for Twitter and YouTube.

# Self Care: Parents and Carers

Home > Programmes > Children and young people > London asthma toolkit > Parents and carers > Asthma action plan

## London Asthma Toolkit

- Back to toolkit home
- Back to Parents and carers
- Film
- Asthma education and resources
- Download a printable version of this section
- Managing your child's asthma
- Prevention and triggers
- Using asthma inhalers
- What is asthma?
- What to do if your child is having an asthma attack

## Asthma action plan

An asthma action plan is a written with your child's doctor. If your child has an asthma plan they are four times less likely to have an asthma attack that requires emergency hospital treatment.

The asthma action plan should help you recognise when your child's symptoms are getting worse and give you advice on what to do. If your child doesn't have an asthma action plan, speak to your GP.

The plan should have information on triggers; what the medicines do (preventers/and relievers); how and when to take treatment; current treatment; how to spot asthma getting worse (symptoms and peak expiratory flow); what treatment to take in an emergency; how and when to call for help. It should be shared with your child's school and any activity clubs where they are members.

Example asthma action plans are available on the Asthma UK website.

Download an under 7s asthma plan.

Download an over 7s asthma plan for the most suitable content.

## More tools to help you

Monkey wellbeing is an easy to understand website for children.

## London Asthma Toolkit

- Back to toolkit home
- Back to Parents and carers
- Film
- Asthma action plan
- Asthma education and resources
- Download a printable version of this section
- Managing your child's asthma
- Prevention and triggers
- What is asthma?

## Using asthma inhalers

Asthma inhalers and medicines must be used regularly to help control asthma. A preventative inhaler should be taken every day as prescribed. A reliever inhaler should be taken as needed. If your child is using their reliever inhaler more often than usual, consider arranging a review with their doctor or nurse.

Make sure your child takes their preventer inhaler every day as prescribed. Children and young people should always use their inhaler with a spacer. This is the most effective delivery of medication.

More information on treatment and medication is available on [NHS Choices](#).

Examples of how to use different spacers can be found on the [Asthma UK website](#).

## Inhaler techniques

A person's inhaler technique should be assessed at every contact with a health professional. Wessex Health

## London Asthma Toolkit

- Back to toolkit home
- Back to Parents and carers
- Film
- Asthma action plan
- Asthma education and resources
- Download a printable version of this section
- Prevention and triggers
- Using asthma inhalers
- What is asthma?
- What to do if your child is having an asthma attack

## Managing your child's asthma

It is important that you and your child understand asthma and the medicines prescribed to help control it. You may need to help your child make any necessary changes to their lifestyle.

## Asthma reviews

All children and young people with asthma should have at least a yearly review, which is usually carried out either by their GP or practice nurse. An asthma review may also be done in hospital if your child is known to the asthma or allergy service. A review should also be held after every asthma attack to check whether changes are needed to their medication or care as an asthma attack is a sign that your child's condition may not be controlled.

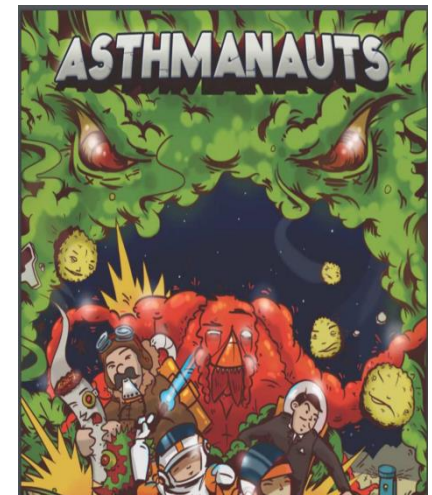
Visit the 'Asthma and you' website and get help understanding how well your child's asthma is controlled.

The 'Asthma and you' website will ask questions about your child's asthma will give you a score.

- Parents and carers of children aged four to 11 can also use the Child Asthma Control Test. It also provides a score so you can see how well your child's asthma is controlled.

If your child can do peak expiratory flow measurements then you can also monitor their asthma control by using a peak flow diary.

Go to the Asthma UK website to find out more about peak flow diaries.



Film: <https://youtu.be/iNPSFaI0OIM>



# Primary and Community Care

## London Asthma Toolkit

- Back to toolkit home
- Back to Primary and community care
- Audit
- Business cases
- Diagnosis
- Evidence and resources
- Film
- Referral
- Review
- Self management
- Workforce - primary and community care



### Assessment and management

This information helps GPs and other community healthcare professionals meet numbers 5, 6 and 18 of the standards.

All children should have a holistic assessment of their physical, psychological & social needs.

Please find a number of example templates for assessment and management below:

- NICE guidelines on management of asthma in children and young people
- Management of acute exacerbation of asthma / wheeze primary care clinical assessment tool for children under two years (NHS England)
- Management of acute exacerbation of asthma / wheeze primary care clinical assessment tool for children over two years (NHS England)
- Management of an acute attack in known asthmatic (5-18) (Islington CCG)
- Clinical assessment tool for the child with acute exacerbation of asthma 2-16 years management within a community setting
- EMIS template
- Primary care standards: Managing asthma in children and young people (Greater Manchester)
- Assessment of a child after an unscheduled visit (Healthy London Partnership)



### Diagnosis

Information about how to identify and diagnose asthma and the tests expected

Asthma exacerbations can be classified as mild, moderate, severe, or life threatening. In the ambulatory, urgent care and emergency department settings, the treatment goals are correction of severe hypoxemia, rapid reversal of airflow obstruction and preventing relapse.

- A useful quick reference guide to diagnosis and management: British guideline on the management of asthma

There is a need to improve asthma identification and access to treatment to improve quality of life for patients. However, diagnosis is difficult as there is no single diagnostic test, but it should be in line with BTS/SIGN guidelines.

Spirometry is recommended for adults, but this is less useful in children, although new draft NICE guidance may suggest its use and that of fractional exhaled Nitric oxide (FeNO). If this happens there will be a need to commission education to upskill the primary care workforce in a similar way to the commissioning of training for spirometry for COPD and consider ways to ensure there is quality assurance of any future services.

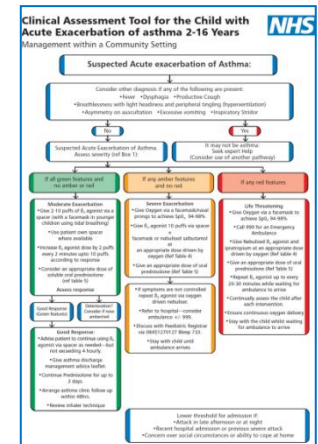
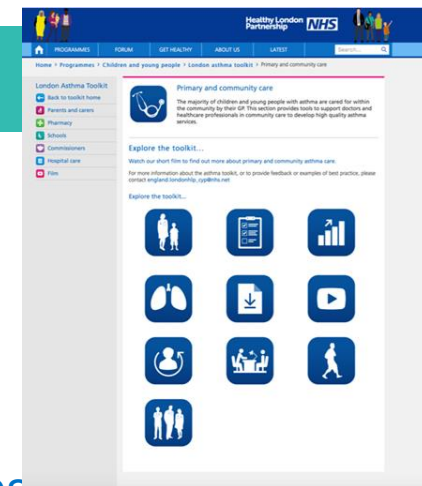
### Which diagnostic tests are expected?

It will be important for commissioners to ensure that their local services include the following:

Detailed relevant family and personal medical history recorded in notes:

- Two weeks of peak flows
- Document variable airflow obstruction

- Access to management plans
- How to manage an acute exacerbation
- Red flags to look for



- Useful guidance on how you can aid diagnosis in the community
- What you are looking for in a child with symptoms of wheeze.

# What's on the toolkit for pharmacists?

- Asthma [pharmacy learning hub](#) with free on line inhaler technique training
- [Adherence and Medicines Use Reviews](#)
- [Pharmacy urgent repeat medication service](#)
- [Flu and immunisations](#)
- [Audit and case studies](#)
- [Pharmacy public health campaign](#) summarised in next slide

Healthy London Partnership NHS education for health

LOGIN

Please register via the link below, or log in using your registered details.

Email:

Password:

No account? [Click here to register.](#)


[Contact site support](#) [\\* Forgotten your password?](#) [CONFIRM](#)

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# Guides for Schools

**London Asthma Toolkit**

- Back to toolkit home
- Back to Schools
- Evidence
- Resources
- Film
- Presentations for teaching**
- Workforce



### Asthma friendly schools

The asthma friendly schools programme sets out clear, effective partnership arrangements between health, education and local authorities for managing children and young people with asthma at primary and secondary schools.

The asthma friendly schools programme will help you to meet standards 11, 17, 18, 39.

This includes the adoption of government policy on emergency inhalers and early years settings, such as:

- Children's centres having access to education programmes for the wheezers.
- Children and young people have an individual healthcare /action plan in place.

It also means that schools should have the following in place:

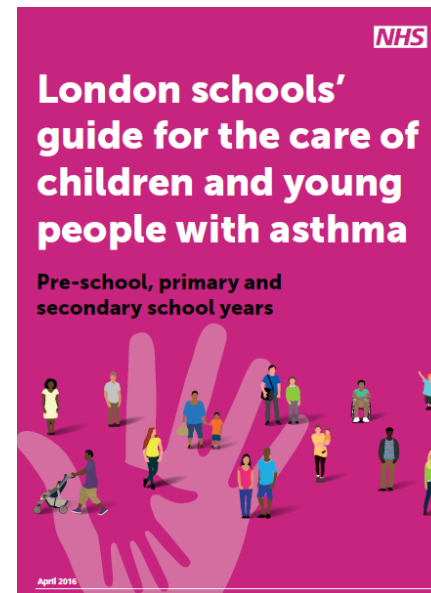
1. Register of all children and young people with asthma.
2. Management plan for each child.
3. Named individual responsible for asthma in each school.
4. Policy for inhaler techniques and care of the children and young people with asthma.
5. Policy regarding emergency treatment.
6. System for identifying children who are missing school because of their asthma or who are not partaking in sports or other activities due to poor control.

### Make yours an asthma friendly school

A range of helpful resources including the asthma friendly schools business proposal, schools service specifications and a job description for paediatric asthma nurse are available:

**London Asthma Toolkit**





- Back to toolkit home
- Back to Schools
- Evidence
- Resources
- Film
- Asthma friendly schools**
- Workforce






## Presentations for teaching

Sample presentations to support teacher training for asthma care

NHS Whittington and NHS Islington have shared sample slides used for briefing students and to support teacher training for asthma care.

-  [Assembly for students](#)
-  [Training for teachers](#)
-  [Islington: Drugs wise Year 2,3 and 4 lesson presentation](#)
-  [Asthma Friendly School presentation](#)

Film:  
<https://youtu.be/blb80lOjoO8>

 Assembly for students.pptx	 Training for teachers.pptx	 Islington drugs wise year 2 3 and 4 lesson presentation.pdf	 Asthma Friendly School presentation.ppt
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# What will you find for hospital care?

Film <https://youtu.be/UK8wHN0sdJ0>

[Action plans](#)

[Asthma control tests](#) in a number of languages

[Clinical care and assessment](#)

[Discharge advice](#)

[Difficult to control asthma](#)

[Advice for emergency departments](#)

[Transition](#)

**PART 1**  
Clinical Management of Acute Exacerbations of  
Asthma and Wheeze

Integrated Care Pathway for Children aged 1-16 years

VERSION 1.0  
This does not replace the need for clinical judgement.  
It is a guide 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 TREATMENT PLAN AND ACTION PLAN IN PART 2 pages 4-5

**OBSERVATIONS AND NURSING ASSESSMENT** - attach L61 Card to the front of the form

WEIGHT:	ALLERGIES, Drugs & allergens (penicillin)	Date/Time
N2		Signature
		Print Name

RESPIRATORY RATE	SpO2 (SaO2)	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:

## London Asthma Toolkit

- ← Back to toolkit home
- ← Back to Hospital care
- 📺 Film
- 📋 Asthma control test
- 📋 Audit
- 👤 Clinical care and assessment
- ⚠️ Difficult to control asthma
- 🏠 Discharge
- 🏥 Emergency departments
- 🔄 Pathways
- 👤 Transition
- 👥 Workforce



## Action plans

This section is intended for clinicians caring for children with asthma in a hospital or tertiary care setting. It outlines examples of best practice in the assessment, treatment and ongoing management of children and young people with asthma in an acute setting.

If a child has a personalised asthma action plan they are four times less likely to have an asthma attack that requires emergency hospital treatment. The plan should have information on triggers; what the medicines do (preventers/and relievers); how and when to take treatment; current treatment; how to spot asthma getting worse (symptoms and peak expiratory flow); what treatment to take in an emergency; how and when to call for help.

Parents should be encouraged to share with their child's school and any activity clubs where they are members

Please see examples here:

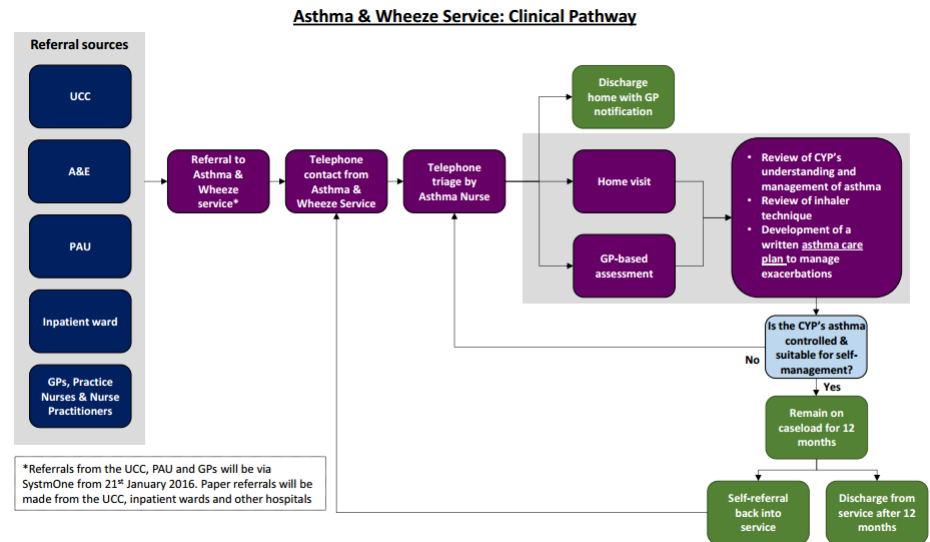
- 📄 National asthma and wheeze management plan
- 📄 Asthma UK child action plan



# Commissioners

In the toolkit you will find examples of:

- Business cases
- CQUINs
- Pathways
- Service Specifications
- Job Descriptions



# 06

## Who else can help?

# Highlights of pharmacy public health campaign (2015)

## 1,865

Community pharmacies across the whole of London were invited to take part

## 1,225

Pharmacies responded

## 65.7%

of the total number of pharmacies

## 32

boroughs (all) took part

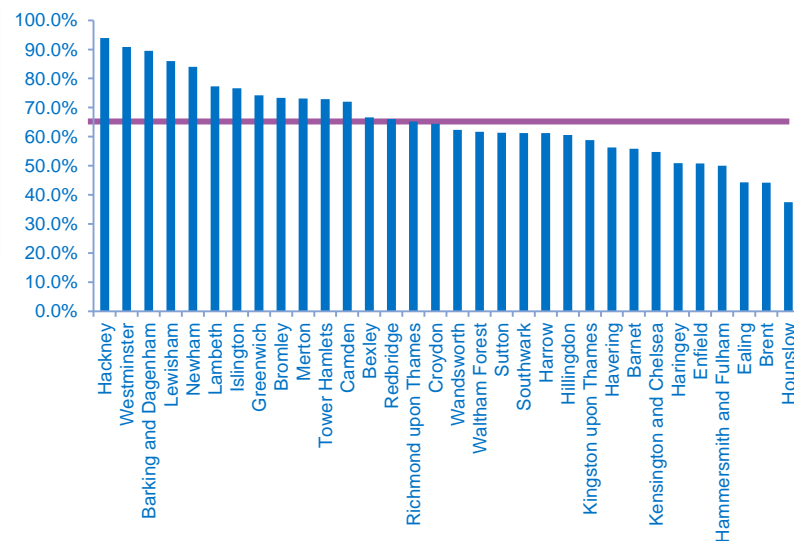
Participation per borough

## 9,690

responses

## 9.4

Average age of participant



Campaign extended to 10 weeks till **2 October**

## 9

Average entry per pharmacy

## 1 in 4

Entries were using a smart device

## Results

## 64%

Did **not** have a flu jab last year

## 25%

Had to make an emergency request for an inhaler in the last 12 months

## 48%

Do have an asthma action plan or wheeze plan

## 70%

Had a inhaler technique assessment in the last 12 months

## 64%

Have a spacer device

## 23%

Live with someone who smokes

## 96%

Do **not** smoke

# Bexley Pharmacy Project

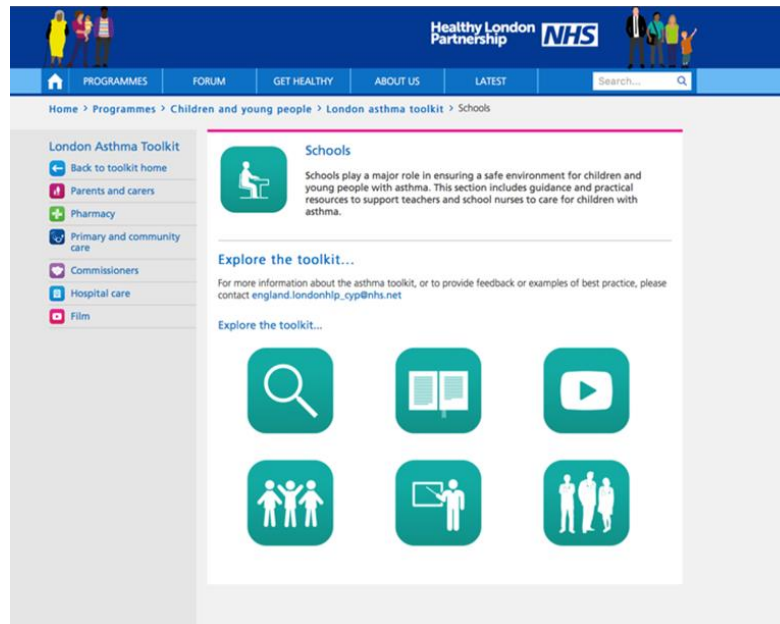
- **Launches 14<sup>th</sup> August 2017**
- Pilot in **three practices** and surrounding pharmacies
- Opportunistic asthma screen in **5- 24 year olds**
- Captured on E template and then RAG rated
- Review includes RCP questions and ACT (Asthma control test)
- Referral sent to Practice for
  - Urgent review (within 7 days)
  - Moderately urgent (within a month)
  - Pharmacy follow up



# What about school nurses?

- Critical in management of children and young people
- Get to know them.....involve them

What is the local structure for school nurses?



# 07

## Next steps

## Support from.....

- Local child health GPs
- Healthy London Partnership
  - Sara Nelson, Asthma programme lead, [sara.nelson@nhs.net](mailto:sara.nelson@nhs.net)
  - Christine Kirkpatrick, programme manager [christine.kirkpatrick@nhs.net](mailto:christine.kirkpatrick@nhs.net)
  - Georgie Herskovits, programme manager [g.herskovits@nhs.net](mailto:g.herskovits@nhs.net)
  - Reena Bhatt, clinical fellow [reena.bhatt2@nhs.net](mailto:reena.bhatt2@nhs.net)

Next meeting subject to agreement ?2<sup>nd</sup> November 2017