## 

## Do you meet the London asthma standards for children and young people: Hospital Care?

All organisations/services\* must have a named **lead responsible and accountable for asthma** (which includes children and young people (CYP)). They must also all meet the organisational standards (No 1-7) and patient family and support information provision and experience (No 9-13). Please also the see the workforce education and training standards that are applicable to the setting (No 38-42)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Standard** | **Evidence** | **Met**  **(Yes /No)** |
| 19 | The organisation complies with existing standards, such as the London acute care standards for CYP (which incorporate the London Quality Standards) and safeguarding policies.   | Demonstrated in published plans, reports and in management structure to support the service.  Audit and compliance against standards.  Self-assessment against London Acute care standards for CYP and action plan.  Compliance with regulatory policies in particular safeguarding around failed to attend policies. |  |
| 20 | All CYP who present in an emergency are managed according to local policies and protocols and NICE guidance which incorporate acute management, education ongoing treatment and discharge arrangements, including ensuring communication with community care electronically within 24 hours. | Local policies and protocols in GP, community care, emergency departments and urgent care centres.  Systems in place to communicate electronically, preferably by a single patient record. |  |
| 21 | NICE Statement 7: People with asthma who present with an exacerbation of their symptoms receive an **objective measurement of severity**\* at the time of presentation. | Evidence of local arrangements to ensure people with asthma presenting with an exacerbation of their respiratory symptoms receive an objective measurement of severity at the time of presentation. |  |
| 22 | People aged 5 years or older presenting to a healthcare  professional with a severe or life-threatening acute exacerbation of asthma receive **oral or intravenous steroids within one hour of presentation** and seen by the respiratory team directly. | Evidence of local arrangements to ensure people aged 5 years or older presenting to a healthcare professional with a severe or life-threatening acute exacerbation of asthma receive oral or intravenous steroids within one hour of presentation. |  |
| 23 | People admitted to hospital with an acute exacerbation  of asthma have a **structured review** by a member of a specialist respiratory team **before discharge**.  The structured review includes:   * Assessment of control (Children’s Asthma Control Test (ACT) if aged over 4 years) and / or triggers for wheezing. * Inhaler techniques. * Self-management and how to manage acute exacerbations. * Personal asthma action plan. | Evidence of local arrangements to ensure people admitted to hospital with an acute exacerbation of asthma have a structured review by a member of a specialist respiratory team before discharge. |  |
| no | **High risk care**  **Standards** | **Evidence** | **Met** |
| 24 | There are **systems in place in acute and community care for identifying patients at high risk, poorly controlled or severe asthma and monitoring/tracing and managing** those CYP who have had in the last year:   * More than one admission. * Admission to HDU, ICU, PICU. * Two or more attendances to the emergency department or out of hours care in the last year. * Two or more unscheduled visits to the GP (requiring short courses of oral steroids). * Ten or more salbutamol inhalers. * 80 per cent or less uptake of repeat preventer prescriptions | System in place to identify and manage high risk patients and ongoing audit to demonstrate effectiveness.   * High risk register. * Evidence of inhaler technique medication reviews.   Audit data demonstrating numbers of:  »≫ Referrals onto secondary/ tertiary care.  »≫ CYP admitted with asthma and frequency.  »≫ CYP on high risk register.  »≫ Patients admitted to HDU / PICU / ICU in last year.  »≫ Repeat attenders to A&E / GP practice.  »≫ Children with 10 or more salbutamol inhalers.  »≫ Repeat preventer prescription. |  |
| 25 | There is access to paediatric physiotherapist with an interest in dysfunctional breathing (ideally ability to direct refer from primary care). | Service specification or contract. |  |