PART 2

Clinical Management of Acute Exacerbations of Asthma and Wheeze

Integrated Care Pathway for Children aged 1-16 years

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

<table>
<thead>
<tr>
<th>Version</th>
<th>3.0</th>
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<tbody>
<tr>
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<td>All paediatric medical and A&amp;E staff</td>
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References

3. BNF for children 2015
Name: 
DOB: 
Hospital Number: 

**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:**

<table>
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<tr>
<th>Interval symptoms</th>
<th>No</th>
<th>Yes</th>
<th>if YES specify below:</th>
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<tbody>
<tr>
<td>Using reliever &gt;2x/week</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Nocturnal cough/symptoms &gt;1x/week</td>
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<tr>
<td>Symptoms with exercise &gt;1-2x/week</td>
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Previous steroids over last 12months (number of courses ____)  
Missed school/nursery/activities due to symptoms

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: 
- Eczema: 
- Other: 
- Food Allergies: 
- Hayfever: 

**Environmental History:**

- Passive smoking? No Yes ________
- Pets? No Yes ________
- Mould in the house? No Yes ________
- Carpets in bedroom? No Yes ________

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Physical Examination:

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

GIT:

CVS:  HR  CRT ___ sec

HS

ENT:  Ears:

Throat:

Nose:

CLINICAL IMPRESSION:

DIAGNOSIS: 

MANAGEMENT PLAN:

Time: __________________________
Signature: ______________________

Time of next review: 
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 SrP/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)
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)*

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**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
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
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

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

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.

If your child has any of the following:
- Coughing
- Being short of breath
- Wheezy breathing
- Tightness in the chest
- BLUE RELIEVER is not helping

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

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
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