Acute Wheeze & Asthma - Children over 5 years

PATIENTS WITH LIFE-THREATENING FEATURES MUST BE TRANSFERRED TO HOSPITAL ON A 999 CALL

NHS

Airedale NHS Trust
Bradford Teaching Hospitals NHS Foundation Trust
NHS Bradford and Airedale

Assess the severity on initial presentation

- At any stage has the child had any features of life-threatening/severe asthma?
- The severity should be based on the worst set of vital signs/features of asthma.
- Attempt to record peak flow rates on children aged >5 years but do not rely on this as the only assessment of severity

	PEFR	Best/predicted PEFR	Heart Rate	Respiratory Rate	SaO	Fi02	Recessions?
Initial presentation YAS/ED/PAR							
ED/PAR (leave blank if same as above)							

Coma?	Yes ☐	No ☐	Exhaustion?	Yes ☐	No ☐
Silent chest?	Yes ☐	No ☐	Confusion?	Yes ☐	No ☐
Poor respiratory effort?	Yes ☐	No ☐	Able to complete sentences?	Yes ☐	No ☐

1 Life threatening

SaO ≤92% plus any of
- PEFR <33% best/predicted
- Silent chest
- Poor resp effort
- Confusion/coma
- Cyanosis
- Bradycardia

2 Severe

- SaO ≤92%
- PEFR <40% best/predicted
- HR >120
- RR >30
- Use of accessory muscles
- Unable to complete sentences

3 Moderate

- SaO≥93%
- PEFR 50-75% best/predicted
- No features of severe asthma

4 Mild

- SaO >95%
- PEFR >75% best/predicted
- No increased work of breathing
- HR within normal limits

1 ACTION

- Dial 999
- Check Airway
- Give high flow O2 with non-rebreathe mask
- Give Salbutamol nebuliser 5 mg (nebulise on O2 if available)
- Give Ipatropium nebuliser 0.5 mg (nebulise on O2 if available)
- Transfer to A&E with Paramedics

2 ACTION

AIRWAY & BREATHING
- Check airway
- Give O2 via face mask to maintain SaO above 95%
- Give Salbutamol nebuliser 5mg (nebulise on oxygen if available)
- Give Ipatropium nebuliser 0.5mg if poor response to Salbutamol

15-20 MIN - RE-ASSESS AFTER INITIAL NEBULISER
HR: RR:
SaO on air: PEFR:
Recessions or use of accessory muscles:

1 **If signs of Life-threatening Features go to Life-threatening Pathway**
3 If moderate features go to Moderate Pathway
2 If severe features, continue as below

- Repeat nebulised Salbutamol 2.5-5mg
- Give oral Prednisolone (use soluble) 30mg under 8 years, 40mg 8 years and over
- Contact Paediatrics on-call
- Transfer patient to hospital within 1 hour

3 ACTION

AIRWAY & BREATHING
- Check airway
- Give O2 via face mask to maintain SaO above 95%
- Give Salbutamol inhaler 10 puffs via spacer

15-20 MIN - RE-ASSESS AFTER BRONCHODILATOR
HR: RR:
SaO on air: PEFR:
Recessions or use of accessory muscles:

1 **If signs of Life-threatening Features go to Life-threatening Pathway**

Repeat inhaled Salbutamol 10 puffs via spacer
Give oral Prednisolone (use soluble)
(30mg under 8 years, 40mg 8 years and over)

4 If HR & RR normal, no increased work on breathing & SaO > 95% on air, go to Mild Pathway and see overleaf for Continuing Care Advice 5

1 HOUR – RE-ASSESS PATIENT

1 **If signs of Life-threatening Features go to Life-threatening Pathway**
4 If HR & RR normal, no increased work on breathing & SaO > 95% on air, go to Mild Pathway and see overleaf for Continuing Care Advice 5

- Give Salbutamol nebuliser 5mg + O2 if avail
- Contact Paediatrics
- Transfer to hospital within the hour

4 ACTION

INITIAL MANAGEMENT
- Give usual bronchodilator via a spacer
- If not already taking bronchodilator give 2-5 puffs of Salbutamol via a spacer

15-20 MIN - RE-ASSESS THE PATIENT
HR: RR:
SaO on air: PEFR:
Recessions or use of accessory muscles:

1 **If signs of Life-threatening Features go to Life-threatening Pathway**

3 If moderate features go to Moderate Pathway

4 If HR & RR normal, no increased work on breathing & SaO > 95% on air, go to Mild Pathway and see overleaf for Continuing Care Advice 5

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5 CONTINUING CARE ADVICE

Before the patient leaves your surgery

1. Before discharge can be considered the patient must be stable, have a heart rate within normal limits for their age, have no recessions or use of accessory muscles.
2. 3 Any patient who had signs of severe asthma at presentation to primary care MUST be reviewed within 24 hours and advised re OOH service
3. If patient received nebulised bronchodilator before presentation consider review in 6-8 hours for reassessment.
4. If patient presented with recessions consider discharge on oral Prednisolone for 30-40mg for 3-5 days
5. If patient has reattended GP surgery within 6 hours they should be fully reassessed and Care Plan reviewed

Consider referral for admission/extended observation if any of the following

1. Signs of severe asthma at initial presentation
2. Significant co-morbidity
3. Taking oral steroids prior to presentation
4. History of poor compliance
5. Previous near fatal attack/brittle asthma
6. Psychological problems/ learning difficulties
7. Poor social circumstances

When the patient leaves your surgery

1. Ensure the patient has an adequate supply of inhalers and oral medications
2. Check inhaler technique and ensure the patient has a spacer
3. Give the patient/carer a copy of their management plan with and explanation of how to use it
4. Ensure the patient/carer is clear about their treatment