

Acute Wheeze & Asthma - Children under 5 years

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

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.

	PEFR	Best/predicted PEFR	Heart Rate	Respiratory Rate	SaO	FiO2	Recessions?
Initial presentation YAS/ED/PAR							
ED/PAR (leave blank if same as above)							
Coma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Exhaustion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Silent chest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Confusion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Poor respiratory effort?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Able to complete sentences?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

1 Life threatening	2 Severe	3 Moderate	4 Mild
<p>SaO \leq 92% plus any of</p> <ul style="list-style-type: none"> Silent chest Poor resp effort Confusion/coma Cyanosis Bradycardia Apnoeas in infants 	<ul style="list-style-type: none"> SaO \leq 92% HR > 130 RR > 50 Use of accessory muscles Too breathless to talk / eat 	<ul style="list-style-type: none"> SaO \geq 93% No features of severe asthma Able to take feeds 	<ul style="list-style-type: none"> SaO > 95% No increased work of breathing HR within normal limits

1 ACTION	2 ACTION	3 ACTION	4 ACTION
<ul style="list-style-type: none"> Dial 999 Check Airway Give high flow O2 with non-rebreath mask If apnoeas occur support respiration with bag and mask Give Salbutamol nebuliser 2.5 mg (nebulise on O2 if available) Give Ipratropium nebuliser 0.25 mg (nebulise on O2 if available) Transfer to A&E with Paramedics 	<p>AIRWAY & BREATHING</p> <ul style="list-style-type: none"> Check airway Give O2 via face mask to maintain SaO above 95% Give Salbutamol nebuliser 2.5 mg (nebulise on oxygen if available) Give Ipratropium nebuliser 0.25mg if poor response to Salbutamol <p>15-20 MIN - RE-ASSESS AFTER INITIAL NEBULISER</p> <p>HR: RR: SaO on air: PEFR:</p> <p>Recessions or use of accessory muscles:</p> <p>1 If signs of Life-threatening Features go to Life-threatening Pathway</p> <p>2 If severe features, continue as below</p> <ul style="list-style-type: none"> Repeat nebulised Salbutamol 2.5-5mg Give oral Prednisolone (use soluble) 20mg to infant under 3 years 30mg to children over 3 years Contact Paediatrics on-call Transfer patient to hospital within 1 hour <p>ALL INFANTS UNDER 2 YEARS WITH SEVERE FEATURES AT ANY TIME MUST BE ADMITTED</p>	<p>AIRWAY & BREATHING</p> <ul style="list-style-type: none"> Check airway Give O2 via face mask to maintain SaO above 95% Give Salbutamol inhaler 5 - 10 puffs via spacer <p>15-20 MIN - RE-ASSESS AFTER BRONCHODILATOR</p> <p>HR: RR: SaO on air: PEFR:</p> <p>Recessions or use of accessory muscles:</p> <p>1 If signs of Life-threatening Features go to Life-threatening Pathway</p> <p>3 If Moderate Features continue here</p> <p>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</p> <p>Repeat inhaled Salbutamol 5 - 10 puffs via spacer</p> <p>Give oral Prednisolone (use soluble)</p> <p>(20 mg under 3 years , 30 mg over 3 years & over)</p> <p>1 HOUR - RE-ASSESS PATIENT</p> <p>1 If signs of Life-threatening Features go to Life-threatening Pathway</p> <p>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</p> <ul style="list-style-type: none"> Give Salbutamol nebuliser 2.5mg and nebulise on O2 if available Contact Paediatric on-call Transfer to hospital within the hour 	<p>INITIAL MANAGEMENT</p> <ul style="list-style-type: none"> Give usual bronchodilator via a spacer If not already taking bronchodilator give 2-5 puffs of Salbutamol via a spacer <p>15-20 MIN - RE-ASSESS THE PATIENT</p> <p>HR: RR: SaO on air: PEFR:</p> <p>Recessions or use of accessory muscles:</p> <p>1 If signs of Life-threatening Features go to Life-threatening Pathway</p> <p>3 If moderate features go to Moderate Pathway</p> <p>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</p>



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CONTINUING CARE ADVICE

Before the patient leaves your surgery

1. The patient must be stable, have a heart rate within normal limits for their age, have no recessions or use of accessory muscles.
2.  Any patient who had signs of severe acute wheeze/asthma at presentation to primary care MUST be reviewed within 24 hours and advised re OOH service.
3.  All infants under 2 years who present with signs of severe acute wheeze/asthma MUST be admitted
4. If patient received nebulised bronchodilator before presentation consider review in 6-8 hours for reassessment.
5. If patient presented with recessions consider discharge on oral Prednisolone for 20-30mg for 3-5 days
6. If patient has re-attended the surgery within 24 hours they should be fully reassessed and their 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