

**Trust Guideline for the Management of:-
Asthma / Wheeze / Probable Asthma in Children and Young People**

A clinical guideline recommended for use

In:	Children's Assessment Unit (CAU), Buxton Ward, Children's Day Ward, Jenny Lind Out-patients Department, Accident and Emergency Department
By:	Medical and Nursing staff
For:	Children with Acute Asthma / wheeze
Division responsible for document:	Women and Children's
Key words:	Children, asthma, probable, asthma / wheeze
Names of document authors:	Alison Betteridge: Helen Shorten:
Job titles of document authors:	Respiratory Specialist Nurse for Children:
Name of document authors Line Manager:	Dr Chris Upton, Dr Caroline Kavanagh:
Job title of document authors Line Manager:	Paediatric Respiratory Consultant: Paediatric Respiratory Consultant:
Supported by:	Dr Mark Dyke, Associate Director Emma Dolman , Matron Catharine Moates, Respiratory Nurse Lead
Assessed and approved by:	Clinical Guidance Assessment Panel (CGAP) approved at Chair's review 16 October 2017
Date of approval:	19/08/2021
Ratified by or reported as approved to:	Clinical Safety and Effectiveness Sub-board
To be reviewed before:	28/02/2022
To be reviewed by:	Alison Betteridge, Helen Shorten, Dr Chris Upton, Dr Caroline Kavanagh
Reference and Trustdocs No:	CA2066 – ID No: 1220
Version No:	5.1
Compliance links:	None
If Yes – does the strategy/policy deviate from the recommendations of NICE? If so, why?	N/A

This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes.

The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document.

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Version and Document Control:

Version Number	Date of Update	Change Description	Author
5.1	19/08/2021	No clinical changes, 6 month extension granted	Alison Betteridge, Helen Shorten

This is a Controlled Document

Printed copies of this document may not be up to date. Please check the hospital intranet for the latest version and destroy all previous versions.

- 1) Quick reference guideline/s**
Refer to algorithm on pages 4 and 5
- 2) Objective of Guideline:**
To provide clear guidance for the treatment of children with asthma/ wheeze Probable asthma and ensure uniform treatment in all departments.
- 3) Rationale for the recommendations:**
The guidelines are based on the British Guidelines on the Management of Asthma published updated 2014.
- 4) Broad recommendations:**
Initial treatment is based on the severity of clinical condition as determined by the admitting doctor based on peak expiratory flow rate and/ or baseline observations (see algorithm) Subsequent treatment is based on response. Multidose β_2 agonists via metered dose inhalers with spacer (+/- mask/ mouthpiece) as initial treatment. Oral steroids to be given early. Inhaled Ipratropium Bromide to be given early in severe and life threatening asthma/wheeze. Intravenous Aminophylline and β_2 agonists to be added if Life threatening episode. Consider the use of intravenous Magnesium sulphate if response unsatisfactory.
- 5) Clinical Audit Standards derived from guideline:**
Criteria for admission, appropriate monitoring and treatment, length of stay, education, written action plan, follow up. (BTS annual Audit)
- 6) Summary of development and consultation process undertaken before registration and dissemination:**
The authors listed above drafted the guideline. It has been circulated to the Children's Department, Acute Paediatrics Consultants, Specialist Registrars, Nursing staff on the Children's Assessment Unit and Buxton Ward), Accident and Emergency Consultants and Paediatric Anaesthetists for comments.
- 7) Distribution list / dissemination method**
Children's Assessment Unit, Buxton Ward, Accident and Emergency Department, Trust intranet. The Algorithms will be displayed in the Children's Assessment Unit treatment room and in the High Dependency Units on Buxton Ward.

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8) References / source documents

1. British Thoracic Society; Scottish Intercollegiate Guidelines Network. 2014 Update to the British Guideline on the management of Asthma, originally published in February 2003
2. Paediatric Normal Values Peak Expiratory Flow Rate for use with EU/EN13826 scale PEF meters only. (2004) based on formulae in Lung Function. JE Cotes 4th Ed. 1979 www.peakflow.com Adapted for EU scale Mini-Wright peak flow meters by Clement Clarke.
3. European Resuscitation Council. European Paediatric Life Support Course Provider Manual for use in the UK. 2010

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Family Composition (include all people living in family home and all first degree relatives)				
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	<i>Relationship</i>	<i>Employment/School</i>	<i>Health</i>	<i>Lives at Home</i>

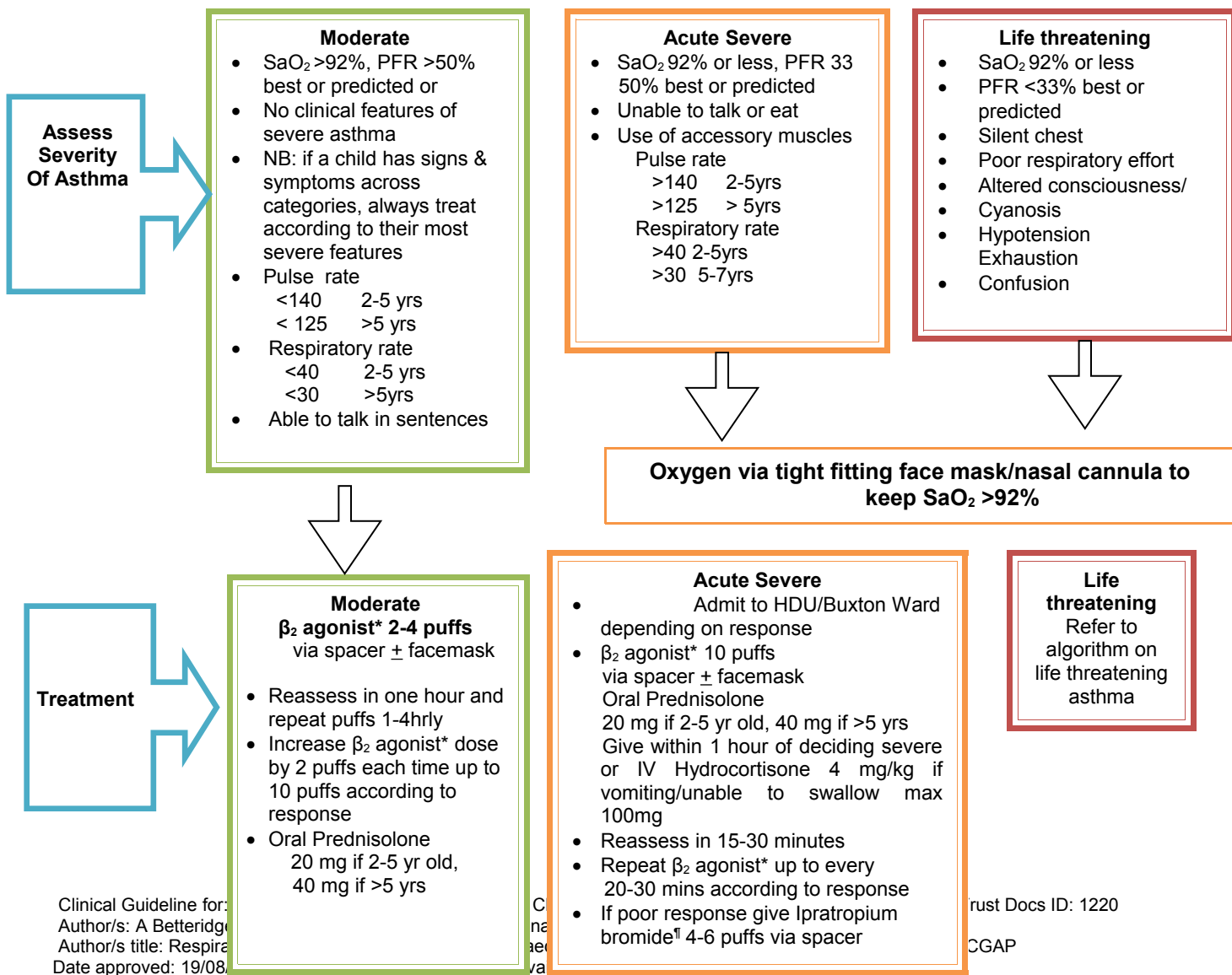
Trust Guideline for the Management of:- Asthma / Wheeze / Probable Asthma in Children and Young People

Quick Reference Guideline

This flow chart is primarily for use in children over 2 years. There is little evidence of effectiveness of most treatments below 2. In under 2 year olds commence treatment with Ipratropium bromide and use clinical judgment

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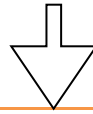
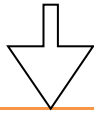
Clinical Guideline for:
Author/s: A Betteridge
Author/s title: Respiratory
Date approved: 19/08

Clinical
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CGAP

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Assess response to treatment every 20-60 minutes depending on severity. Record respiratory rate, heart rate, oxygen saturation and pre and 15 min post inhaler peak flow (if >5 years) every 1-4

Good response to treatment

- Continue β_2 agonist* 1-4 hrly/prn
- Discharge when better

Discharge criteria

- Ensure stable on 3-4 hourly treatment
- PEFr >75% of best or predicted, SaO₂ >92%
- Refer to Discharge plan for treatment and advice/education

* Salbutamol 100 micrograms/puff metered dose inhaler
[†] Ipratropium bromide 20 micrograms/puff metered dose inhaler

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Life threatening Asthma

- SaO₂ 92% or less
- PFR <33% best or predicted
- Silent chest
- Poor respiratory effort
- Altered consciousness
- Cyanosis



- Oxygen via face mask/nasal prongs to keep SaO₂ >92%
- Continuous ECG and SaO₂ monitoring
- Salbutamol (100 microgram/puff) 10 puffs via spacer. *Nebulise only if child does not comply with spacer and mask* Dose - 2.5mg (<5 yrs), 5 mg (> 5 yrs)
- Repeat Salbutamol every 20-30 minutes
- Ipratropium bromide (20 micrograms/puff) 6 puffs via spacer or Nebulised Ipratropium bromide 250 micrograms
- Oral Prednisolone (2-5 yrs-20mg, >5yrs- 40mg) immediately or IV Hydrocortisone 4 mg/kg (up to max 100mg) slow bolus if unable to swallow/ repeated vomiting
- **Reassess every 15 minutes**

Good response

- Admit to HDU on Buxton
- Continue treatment according to algorithm for severe asthma

Poor response

- Inform consultant
- Consider other diagnosis (if unequal air entry either side – inhaled foreign body/ pneumothorax)
- Chest x-ray & blood gas
- FBC, U's & E's when IV line sited

- IV Aminophylline loading dose 5 mg/kg (if not on oral theophyllines only) max 500mg (Aminophylline 500 mg made up to 500 mLs in 5% Glucose = 1mg/ml) over 20-30 minutes
- Follow with Aminophylline infusion 1mg/kg/hour = 1mL/kg/hour (May be given if on oral Theophylline)



No improvement in clinical condition

- Discuss with Anaesthetic team on ITU, inform CATS of need for PICU
- IV Salbutamol (loading dose) 15 microgram/kg – infuse over 10 minutes if 2-5 years, may be given by bolus if >5yrs (max 250mcg)
- IV Salbutamol infusion 1-5 microgram/kg/minute (Maximum concentration for peripheral use is 200 microgram/mL)
- Consider bolus IV infusion of Magnesium Sulphate 40 mg/kg (max 2 g) over 20 minutes
- Consider Admit to ITU from HDU
- Consider need for intubation and ventilation with Anaesthetic team support
- If ventilated, transfer to PICU

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Family Composition (including)
It is vital to record the child's current

	Relations			

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	<i>Relationship</i>	Intravenous Salbutamol: Bolus of IV Salbutamol 5-15mcg/kg (max 250mcg) given over 15 minutes Continuous IV salbutamol infusion 1-5mcg (200mcg/ml solution) Need ECG monitoring and potassium monitoring	
		Intravenous Aminophylline: Loading dose 5mg/kg (maximum 500mg) over 20 minutes (do not give loading dose if patient receiving theophylline based products) Continuous infusion at 0.5-1mg/kg/hr (see dosing regime below) Need ECG monitoring	

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B

Children's Patient Care Record

Admission Source (✓)		<i>Name</i>	<i>Hospital No</i>
Emergency:	Source:		
Elective:			<i>Date of Birth</i>
Safeguarding documentation	Any safeguarding concerns: Y/N Cause for concern: Y/N Safeguarding paperwork: Y/N	<i>Address</i>	<i>Verify details are correct –Use Addressograph label</i>

Wards, Consultant & Specialty details					
Date dd/mm/yy	Time (24hr clock)	POA / Ward	Consultant	Speciality	Is single sex accommodation required? Y/N

Initial assessment	
All patients are for CPR and other appropriate treatment unless otherwise indicated	
Passport in place: Y/N	End of Life Plan: Y/N/Unknown

Initial Clinical Assessment									
<i>A V P U</i>	<i>Temperature</i>	<i>Pulse</i>	<i>Respiration</i>	<i>SpO₂</i>	<i>Blood Pressure</i>	<i>Capillary Refill</i>	<i>Admission CEWS</i>	<i>Peak Flow</i>	<i>Blood Glucose</i>
								<i>Expected</i>	<i>Ketones</i>
<i>'E' if estimate</i>	<i>Birth Weight (infants)</i>	<i>Head Circ (<2y)</i>	<i>Height</i>	<i>Urine Analysis</i>	<i>Date</i>	<i>Leucocytes</i>	<i>Protein</i>	<i>Glucose</i>	<i>pH</i>
					<i>Time</i>	<i>Nitrites</i>	<i>Blood</i>	<i>Ketones</i>	<i>SG</i>

The initial clinical assessment must be completed within 15 minutes of arrival. Consult Initial Clinical Assessment Traffic Light Score to determine appropriate actions.

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<p>Paediatric Risk Assessment The risk assessment is intended to identify patients at increased risk of harm.</p> <p>Score TWO points for the following:</p> <p><input type="checkbox"/> Bolus fluids required</p> <p><input type="checkbox"/> Immunodeficiency/ febrile neutropenia</p> <p>Score ONE point for any of the following:</p> <p><input type="checkbox"/> Tracheostomy</p> <p><input type="checkbox"/> Home Oxygen</p> <p><input type="checkbox"/> Previous Admission to Intensive Care within past 12 months, or for similar problem</p> <p><input type="checkbox"/> Central Venous Line (including Hickman Line, portacath, etc)</p> <p><input type="checkbox"/> Transplant Recipient</p> <p><input type="checkbox"/> Severe physical disability</p> <p><input type="checkbox"/> Ventricular Shunt for hydrocephalus</p> <p>Score Zero</p> <p><input type="checkbox"/> No increased risk identified</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Traffic Light Score</th> <th style="width: 20%; background-color: #00b050; color: white;">Green Low Risk</th> <th style="width: 20%; background-color: #ffc000; color: white;">Amber Intermediate Risk</th> <th style="width: 20%; background-color: #ff0000; color: white;">Red High Risk</th> </tr> </thead> <tbody> <tr> <td>Airways</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Breathing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Circulation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Responsiveness</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="background-color: #cccccc;"></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Risk Assessment</td> <td style="background-color: #cccccc;">0-1 <input type="checkbox"/></td> <td style="background-color: #cccccc;">≥2 <input type="checkbox"/></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>CEWS</td> <td style="background-color: #cccccc;">0-2 <input type="checkbox"/></td> <td style="background-color: #cccccc;">3-4 <input type="checkbox"/></td> <td style="background-color: #cccccc;">≥5 <input type="checkbox"/></td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;"><i>The Traffic Light Score is determined by the highest scoring item. Institute appropriate actions as in the Initial Clinical Assessment Policy</i></p>	Traffic Light Score	Green Low Risk	Amber Intermediate Risk	Red High Risk	Airways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>	Risk Assessment	0-1 <input type="checkbox"/>	≥2 <input type="checkbox"/>		CEWS	0-2 <input type="checkbox"/>	3-4 <input type="checkbox"/>	≥5 <input type="checkbox"/>
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Pain Assessment

Assess Pain immediately on arrival. Institute appropriate analgesia within 20 minutes of arrival Take account of analgesia already administered	Pain Score:	Name of pain tool used:	B
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All entries must be made:

In black ink, Legible, Dated (dd/mm/yy)

Timed using 24^o clock, Signed and with

Designation e.g. Dr grade, RN, AHP.

To amend error or incorrect information score through error with a single line (do not obscure the original entry and do not use correction fluid)

Addressograph Label or Patient Label

Initial assessment (continued)

For Female patients only:	Date of LMP	/ /	Possibly Pregnant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Consent to Pregnancy Test	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Result of pregnancy test	Positive/Negative	Action Taken:							
Person checking pregnancy status Print Name:									
Signature:			Designation:			Contact No:			
Previously MRSA	Yes <input type="checkbox"/> No <input type="checkbox"/>		Previous C-diff	Yes <input type="checkbox"/> No <input type="checkbox"/>					

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Full Name	Relationship	Parental Responsibility Y/N or N/A	Employment /School	Health	Address if different to child's
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Health Visitor/Midwife/School Nurse			Significant Social/Family History		
Social Worker:					
Child in Need/CP Plan/Looked after Child (LAC):					
Specialist Nurse/CCN:					
Other Professionals:			School/pre-school		

Signature:	Designation:	Contact No:
Print Name:		

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Large patient id label

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Date *(dd/mm/yyyy)*

Time *(24hr clock)*

Clerking by.....

Presenting complaint:

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Is there any history suggestive of upper airway problems/ foreign body aspiration: Y N

(circle as appropriate)

Is this child a known asthmatic? Y N

History of presenting complaint:

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In the past year how many:

- GP visits?
- A&E visits?
- CAU attendance?
- Ward admission?
- ICU admission?
- Steroid course?
- Number of days off school?

Do symptoms occur other than with cough/cold? Y N

If yes, answer the following:

- how many days per week do symptoms occur?
- How many nights per week do symptoms occur?
- How many episodes of nocturnal awakening per week?
- How many days rescue bronchodilator used per week?
- How many times reduce bronchodilator used per day?
- Do symptoms interfere with activities? *If yes, how?*

Past medical history:

Neonatal:

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- Prematurity
- Chronic lung disease
- Neonatal ventilation

Previous exacerbations of wheeze / asthma: document ICU admission / intubation / CPAP

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Allergy and atopy: document eczema (persistent / intermittent / resolved), allergies, rhinitis (perennial / seasonal) and any treatment for these

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Triggers and risk factors: tick any that apply

- URTI.....
- Pets.....
- Cold air.....
- Stress.....
- Exercise.....
- Grass / pollen.....
- Smoke.....
- Other

Current treatment for asthma or wheeze:

Inhalers:

.....

Others:

.....

Allergies:

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Past medical history:

.....

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Immunisations up to date? Y / N

Social history and family tree

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 Author/s: A Betteridge; H Shorten; Dr C Upton & Dr C Kavanagh
 Author/s title: Respiratory Specialist Nurses for Children: Paediatric Respiratory Consultants Approved by: CGAP
 Date approved: 19/08/2021 Review date: 28/02/2022 Available via Trust Docs Page 17 of 29

Family Composition (include all people living in family home and all first degree relatives)				
Note: It is vital to record the child's current address, and all individuals living at that address, in addition to details of parents & siblings				
	<i>Relationship</i>	<i>Employment/School</i>	<i>Health</i>	<i>Lives at Home</i>

Examination

Large patient id label

General appearance

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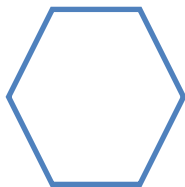


Chest

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Heart sounds



Abdomen

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Left ear

Right ear

Throat

Rash

Other

Family Composition (include all people living in family home and all first degree relatives)
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**Trust Guideline for the Management of:-
Asthma / Wheeze / Probable Asthma in Children and Young People**

Impression: **Mild / Moderate / Severe / Life-threatening**

Plan:

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Doctor..... **Grade** **Bleep**.....

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Trust Guideline for the Management of:- Asthma / Wheeze / Probable Asthma in Children and Young People

B

Large patient id label

Continuation:

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Trust Guideline for the Management of:- Asthma / Wheeze / Probable Asthma in Children

Small Patient ID label

B
3

PEAK FLOW CHART Date / Time

<p>DISCHARGE PLANNING - home when stable on 3-4 hourly inhalers, SaO₂ >92%</p> <p style="text-align: right;">500</p> <p style="text-align: center;">Nursing:</p> <p>Inhalers technique and advice Observe inhaler technique and offer advice on holding techniques. Suggest drink/face wash after inhaled steroids. Discuss how to clean device. Remind to replace spacer via GP 6-12 monthly. Renew peak flow meters 3 yearly via GP Usual Best Peak flow.....</p> <p>Information packs Give family info pack (under or over 12's envelope) Check parents know what to do in a severe attack (i.e. sheet in envelope says when to seek help)</p> <p>Ask Children's Respiratory Nurse to review (Mon to Fri)</p> <p>0534 or ext. 3851 or leave a message Specialist Nurse Communication folder CAU.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Tick and Signature</th> </tr> <tr> <td style="width: 80%;">• Device Technique checked</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• Give over or under 12's info pack</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• Give Action Plan and Discharge advice (page 15 and 16)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• Check parents know</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>- to see GP/Practice Nurse 2 days after discharge</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>- when to seek help</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Date / Time</td> <td></td> </tr> <tr> <td>Sign/ Name</td> <td></td> </tr> </table>	Tick and Signature		• Device Technique checked	<input type="checkbox"/>	• Give over or under 12's info pack	<input type="checkbox"/>	• Give Action Plan and Discharge advice (page 15 and 16)	<input type="checkbox"/>	• Check parents know	<input type="checkbox"/>	- to see GP/Practice Nurse 2 days after discharge	<input type="checkbox"/>	- when to seek help	<input type="checkbox"/>	Date / Time		Sign/ Name																																																																																																																																																																																													
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Write weaning plan on Action Plan /discharge sheet</p> <p>Inhaler Steroids Consider inhaled steroids if persistent symptoms (daily reliever use/poor exercise tolerance/nocturnal waking)</p> <p>If already on inhaled steroids consider increasing dose if persistent daily symptoms</p> <p>Inhaled long acting bronchodilator / other preventers .if on inhaled steroids consider long acting β₂ agonist or Leukotriene receptor antagonist (Montelukast 2 month trial)</p> <p>Discuss with Respiratory Consultant</p> <p>Oral steroids-Complete a short course of oral steroids</p> <p>Emergency home oral steroids-Consider need for emergency home oral steroids for home use if on a rapid onset of severe exacerbation</p> <p>Action Plan Complete action plan for future management use peak flow calculator for over 7's who can use Peak</p>	Ht in cm	Peak Flow	33%	50%	105	120	50	70	110	140	50	80	115	160	50	80	120	170	60	85	125	190	60	95	130	220	60	115	135	250	90	140	140	300	100	150	145	320	110	160	150	340	120	170	155	370	140	190	160	400	160	210	165	430	180	230	170	460	200	250	175	490	220	270	180	500	240	280	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Ht</th> <th>Exp</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <th>cm</th> <th>PF</th> <th>80%</th> <th>60-80%</th> <th>40-60%</th> <th><40%</th> </tr> </thead> <tbody> <tr><td>100</td><td>110</td><td>90</td><td>70 - 90</td><td>50 - 70</td><td>50</td></tr> <tr><td>105</td><td>120</td><td>100</td><td>70 - 100</td><td>50 - 70</td><td>50</td></tr> <tr><td>110</td><td>140</td><td>110</td><td>80 - 110</td><td>60 - 80</td><td>60</td></tr> <tr><td>115</td><td>160</td><td>120</td><td>90 - 120</td><td>60 - 90</td><td>60</td></tr> <tr><td>120</td><td>170</td><td>140</td><td>100 - 140</td><td>70 - 100</td><td>70</td></tr> <tr><td>125</td><td>190</td><td>150</td><td>110 - 150</td><td>80 - 110</td><td>80</td></tr> <tr><td>130</td><td>200</td><td>160</td><td>120 - 160</td><td>80 - 120</td><td>80</td></tr> <tr><td>135</td><td>220</td><td>180</td><td>130 - 180</td><td>90 - 130</td><td>90</td></tr> <tr><td>140</td><td>240</td><td>190</td><td>140 - 190</td><td>100 - 140</td><td>100</td></tr> <tr><td>145</td><td>260</td><td>210</td><td>160 - 210</td><td>110 - 160</td><td>110</td></tr> <tr><td>150</td><td>280</td><td>220</td><td>170 - 220</td><td>110 - 170</td><td>110</td></tr> <tr><td>155</td><td>300</td><td>240</td><td>180 - 240</td><td>120 - 180</td><td>120</td></tr> <tr><td>160</td><td>320</td><td>260</td><td>190 - 260</td><td>130 - 190</td><td>130</td></tr> <tr><td>165</td><td>340</td><td>270</td><td>200 - 270</td><td>140 - 200</td><td>140</td></tr> <tr><td>170</td><td>360</td><td>280</td><td>210 - 280</td><td>140 - 210</td><td>140</td></tr> <tr><td>175</td><td>380</td><td>300</td><td>220 - 300</td><td>150 - 220</td><td>150</td></tr> <tr><td>180</td><td>400</td><td>320</td><td>240 - 320</td><td>160 - 240</td><td>160</td></tr> <tr><td>185</td><td>420</td><td>340</td><td>260 - 340</td><td>170 - 260</td><td>170</td></tr> <tr><td>190</td><td>440</td><td>360</td><td>270 - 360</td><td>180 - 270</td><td>180</td></tr> <tr><td>195</td><td>460</td><td>380</td><td>290 - 380</td><td>190 - 290</td><td>190</td></tr> <tr><td>200</td><td>480</td><td>400</td><td>300 - 400</td><td>200 - 300</td><td>200</td></tr> </tbody> </table>	Ht	Exp	1	2	3	4	cm	PF	80%	60-80%	40-60%	<40%	100	110	90	70 - 90	50 - 70	50	105	120	100	70 - 100	50 - 70	50	110	140	110	80 - 110	60 - 80	60	115	160	120	90 - 120	60 - 90	60	120	170	140	100 - 140	70 - 100	70	125	190	150	110 - 150	80 - 110	80	130	200	160	120 - 160	80 - 120	80	135	220	180	130 - 180	90 - 130	90	140	240	190	140 - 190	100 - 140	100	145	260	210	160 - 210	110 - 160	110	150	280	220	170 - 220	110 - 170	110	155	300	240	180 - 240	120 - 180	120	160	320	260	190 - 260	130 - 190	130	165	340	270	200 - 270	140 - 200	140	170	360	280	210 - 280	140 - 210	140	175	380	300	220 - 300	150 - 220	150	180	400	320	240 - 320	160 - 240	160	185	420	340	260 - 340	170 - 260	170	190	440	360	270 - 360	180 - 270	180	195	460	380	290 - 380	190 - 290	190	200	480	400	300 - 400	200 - 300	200
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Trust Guideline for the Management of:- Asthma / Wheeze / Probable Asthma in Children and Young People

Further information available from Asthma UK: www.asthma.org.uk

Clinical Guideline for: Asthma/Wheeze/Probable Asthma in Children and Young People CA2066 Version: 5.1 Trust Docs ID: 1220
Author/s: A Betteridge; H Shorten; Dr C Upton & Dr C Kavanagh
Author/s title: Respiratory Specialist Nurses for Children; Paediatric Respiratory Consultants Approved by: CGAP
Date approved: 19/08/2021 Review date: 28/02/2022 Available via Trust Docs Page 25 of 29

Family Composition (include all people living in family home and all first degree relatives)

Note: It is vital to record the child's current address, and all individuals living at that address, in addition to details of parents & siblings

	<i>Relationship</i>	<i>Employment/School</i>	<i>Health</i>	<i>Lives at Home</i>

**Trust Guideline for the Management of:-
Asthma / Wheeze / Probable Asthma in Children and Young People**

B

Small Patient ID label

Date (dd/mm/yyyy):

ASTHMA ACTION PLAN and DISCHARGE ADVICE

This plan covers for the next few days after attending hospital and afterwards.

RELIEVER INHALER Name.....

	Number of puffs of reliever	Every how many hours
Day 1 (today)		
Day 2		
Day 3		
Day 4		

Relievers quickly opens up your child’s breathing tubes by relaxing the muscles around them .When the asthma attack has resolved, only use this inhaler when your child has symptoms of wheeze, cough and or shortness of breath or before activities known to bring on these symptoms.

PREVENTER INHALER Name **Strength**.....**Dose**.....
(e.g. 2 puffs night + morning)

These are usually given twice daily every day to help prevent symptoms. They reduce the swelling in the breathing tubes. Remember to use a spacer if you are using a spray inhaler for your preventer.

PREDNISOLONE Tablets:

Dose ___ tablets (___ mg) once a day for the next ___ day(s)

These can be either dissolved in a little water, or crushed and given in a little soft food (e.g. yoghurt) or swallowed whole.

Other Medication

When should my child be seen again? Make an appointment to see your GP or Asthma Practice Nurse within 2 days of discharge. They will receive a letter from us. If an appointment at the hospital clinic is indicated, you will be sent an appointment.

Family Composition (include all people living in family home and all first degree relatives)				
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**Trust Guideline for the Management of:-
Asthma / Wheeze / Probable Asthma in Children and Young People**

What to expect. We expect your child to get better over the next 2 days, however if in the next 2 days if you are concerned about them or if your child needs to use their reliever more than every 2 hours ,has recession (sinking of the skin between the ribs and neck area), has difficulty breathing or they feel tight-chested or are breathing fast, can't walk or talk due to difficulty in breathing , telephone Childrens' Assessment Unit (01603)289774.

Peak Flow: from about the age of 7 years children can start to use a Peak Flow meter as well as their symptoms to monitor their asthma control. If you need a peak flow meter speak to your GP or Practice nurse. **Height :__cm Expected Peak flow:_____**
Please ask your GP/ Practice nurse to review your plan every 6 months or if your asthma is less well controlled. Use this plan to help you adjust your treatment based on your symptoms or symptoms and your peak flow:

Signature Name..... Date (dd/mm/yyyy)

Small Patient ID label

Family Composition (include all people living in family home and all first degree relatives)				
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	<i>Relationship</i>	<i>Employment/School</i>	<i>Health</i>	<i>Lives at Home</i>

**Trust Guideline for the Management of:-
Asthma / Wheeze / Probable Asthma in Children and Young People**

Small Patient ID label

B

Zone 1. Good Control (for peak flow users peak flow is _____ =80% of best or more).

Your child has no or minimal symptoms, can exercise or do PE and your child's sleep is not disturbed by cough or wheeze or shortness of breath.

Action

- Continue your child's usual asthma medication.
- Give preventer even if they feel well.
- Give your child's reliever if they have symptoms (cough, wheeze or shortness of breath) or before exercise/ PE if this usually causes symptoms.

Zone 2. Deteriorating Control (peak flow _____ to _____ =60 % to 80%)

Your child's asthma is getting worse if: they are unable to exercise as normal they have difficulty sleeping because of asthma (coughing or wheezing) they are starting with a cold (if this normally causes problems)

Action

- Give reliever 2 to 10 puffs every 4 hours, preferably through a spacer Until their symptoms improve
- See your GP or Practice Nurse if your child is not improving in 24 hours.
- Continue giving the preventer / other medication as prescribed.

Zone 3. Severe Attack (peak flow _____ to _____ =40% and 60%)

Your child's asthma is much more severe:
Your child needs their inhaler more than every 4 hours i.e. every 2-3 hours)
They have symptoms all of the time

Action

- Give reliever when needed, preferably through a spacer,
- If you have steroid tablets (Prednisolone) take these as prescribed.

Family Composition (include all people living in family home and all first degree relatives)				
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	<i>Relationship</i>	<i>Employment/School</i>	<i>Health</i>	<i>Lives at Home</i>

**Trust Guideline for the Management of:-
Asthma / Wheeze / Probable Asthma in Children and Young People**

Contact your GP/ Practice nurse within 24 hours of starting the dose or if you do not have steroid tablets at home make an appointment to see them today.
•Continue the preventer as usual

Zone 4. Asthma Emergency (peak flow below _____ =40%)

If your child's reliever does not help or they need it within 1 hour of the last dose.
Your child's symptoms are getting worse
Your child is too breathless to speak in sentences.
If your child is exhausted or drowsy

Action •Call 999 for an Ambulance •IF you have open access to the Children's Assessment Unit (CAU) call 01603 289774 and bring your child to hospital or go to the nearest accident and emergency department. • Give your child their reliever inhaler continuously until help is available.

Family Composition (include all people living in family home and all first degree relatives)

te: It is vital to record the child's current address, and all individuals living at that address, in addition to details of parents & siblings

	<i>Relationship</i>	<i>Employment/School</i>	<i>Health</i>	<i>Lives at Home</i>