**CSSU Asthma and Wheeze Proforma**

**To be used in conjunction with the PED asthma pathway**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PED Clinical Summary | | | | |
| S  Situation | Date: Time:  Working diagnosis: | | | |
| B  Background | Presenting complain:  Past medical history:  Allergies:  Safeguarding: | | | |
| A  Assessment | Investigations and interventions completed in PED:  Medication given in PED and time:  Observations Time: Pain score: /10 Time:  Temp:\_\_\_\_\_\_\_\_\_ SaO2:\_\_\_\_\_\_\_\_\_ O2/RA:\_\_\_\_\_\_\_\_\_ CRT:\_\_\_\_\_\_\_\_\_  BP:\_\_\_\_\_\_\_\_\_ HR:\_\_\_\_\_\_\_\_ PEWs colour:\_\_\_\_\_\_\_\_\_ GCS:\_\_\_\_\_\_\_\_\_ | | | |
| R  Recommendation | Pathway | 1 hourly bronchodilators | 2 hourly bronchodilators | 3 hourly bronchodilators |
| Observation | Hourly | 2 hourly (unless on oxygen then hourly) | 3 hourly (unless on oxygen then hourly) |
| Review | Hourly | 2 hourly | 3 hourly |
| Additional Plan | | | |
| Speciality accepting patient: Time patient handed over:  Signed: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assessors name and role |  |  |  |  |
| Signature |  |  |  |  |
| Time |  |  |  |  |
| Time since last inhaler/neb |  |  |  |  |
| Airway |  |  |  |  |
| Sa02 |  |  |  |  |
| RR |  |  |  |  |
| Capillary Refill |  |  |  |  |
| Increased work of breathing | None  Mild/Moderate  Severe | None  Mild/Moderate  Severe | None  Mild/Moderate  Severe | None  Mild/Moderate  Severe |
| Heart Rate |  |  |  |  |
| BP |  |  |  |  |
| Chest examination |  |  |  |  |
| Other examination findings e.g. PEFR |  |  |  |  |
| Progress | Improving  Stable  Deteriorating | Improving  Stable  Deteriorating | Improving  Stable  Deteriorating | Improving  Stable  Deteriorating |
| Plan |  |  |  |  |

IF DETERIORATING OR NOT RESPONDING

STEP UP TREATMENT, REASSESS DIAGNOSIS AND INVOLVE SENIOR STAFF

**Continuation sheet – if required**

|  |  |  |
| --- | --- | --- |
| **Date and Time** | **Medical and Nursing notes** | **Signed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Continuation sheet – if required**

|  |  |  |
| --- | --- | --- |
| **Date and Time** | **Medical and Nursing notes** | **Signed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Follow up -**

|  |  |
| --- | --- |
| **All Patients** | **Advise to Follow up with GP within 48 hours** |
| All patients in Lambeth and Southwark | Advise to complete CYPHP health check online |
| **2 or more** A&E Attendances with asthma in 12 months  **>2 A&E** attendances with wheeze in 12 months without interval symptoms  **>2** Steroid courses in 12 months  **>12** salbutamol inhalers used in 12 months | Request General Paediatric follow up via email |
| Known to Respiratory team, Asthma Nurses or General Paediatric Consultant | Inform team by email |
| Not meeting above criteria, but concerns about parental understanding, engagement, or would like more information or support | Discuss with Asthma CNS via switchboard  Extension 84613 |
| Life threatening exacerbation (at any time)  IV bronchodilators (any more than a single dose of IV magnesium)  HDU or PICU admission  Any child on BTS Step 4 (medium dose ICS+LABA+LTRA)  or step 5 (prolonged oral steroids) | Request respiratory team review and follow up  (EPR OP Appointment Request Paeds: Specialty = Respiratory, Consultant  Clinic Type = Asthma,  Urgency = 4 weeks) |

**Criteria led discharge**

**If patient meets below criteria CSSU discharge can be nurse led**

**Signed by doctor:**

**Date: Time:**

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **Initials** |
| PEWS within normal range (white/blue) |  |  |
| Requires Salbutamol inhaler NO MORE than 4 hourly – consider Hospital @ Home |  |  |
| No oxygen requirement for > 4 hours (saturations ≥ 93% on air) |  |  |
| Discharge checklist completed |  |  |
| EDL completed and given to parents |  |  |
| Safeguarding referrals/notifications completed were applicable |  |  |
| **Discharged by**  Name: Signed:  Date: Time: | | |

|  |  |  |
| --- | --- | --- |
| Accompanying carer’s name: Ward: Bed no:  Time bed ready: Confirmed by: | | |
|  | **Yes/ No / Further info** | **Initials** |
| SS/SN/HV referrals or notifications done? |  |  |
| EPR checked for Infection flags |  |  |
| ID bracelet in situ |  |  |
| Peripheral device documented: |  |  |
| Drug chart complete: |  |  |
| Penicillin allergy stickers in chart: |  |  |
| Handed over: |  |  |
| Sign by named nurse: Print: | | |

**Nursing considerations for admission to ward**

**Discharge checklist**

***to be completed for all patients discharged from CSSU***

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **Initials** |
| Consider if H@H support appropriate - see resource file |  |  |
| Evelina Asthma or Wheeze Plan given to parents |  |  |
| Discharge plan discussed with parents and diagnosis explained |  |  |
| TTO completed including Prednisolone for 3-5 days if started |  |  |
| Parent/child inhaler technique reviewed |  |  |
| Parents advised to make GP appointment within 48 hour |  |  |
| Smoking cessation advice given if relevant |  |  |
| Preventer medication reviewed |  |  |
| Advise families from Lambeth or Southwark to complete CYPHP asthma health check  www.cyphp.org/health-check |  |  |
| Follow up arranged – Respiratory, General Paeds or Asthma Nurse  (see table above) |  |  |
| Friends and Family survey completed |  |  |