PATIENT STICKER

**PED Asthma and Wheeze Proforma**

|  |
| --- |
| Date and Time: |
| A | Talking Normally |  | Unable to talk |  |
| Reduced Speech  |  | Drowsy |  |
| B | Respiratory Rate | O2 Saturations in air |
| Increased work of breathing | Nil | Mild | Moderate | Severe |
| Examination:WheezeProlonged expiration Air entry Crackles PEFR |
| C | Heart Rate | BP | CRT |
| Pre hospital treatment:  |  Time Medication Dose Route |
| Assessors Name Role and Signature: |

**Initial assessment**

|  |
| --- |
| **Life threatening** 🞏 |
| Severe signs of distress or poor respiratory effort |  |
| Unable to talk |  |
| Silent chest |  |
| Cyanosis |  |
| Reduced GCS or agitated |  |
| PEWS red |  |
| PEFR <33% predicted |  |

|  |
| --- |
| **Moderate** 🞏 |
| Saturations in air >92% |  |
| No or minimal use of salbutamol inhalers prior to arrival to hospital |  |
| No or mild signs of respiratory distress |  |
| Able to talk in sentences |  |
| Normal GCS |  |
| PEWS white/blue |  |
| PEFR >50% predicted |  |

|  |
| --- |
| **Severe** 🞏 |
| Saturations < 92% in air |  |
| Regular use of inhalers or single nebuliser prior to arrival |  |
| Moderate signs of respiratory distress |  |
| PEWS yellow |  |
| PEFR 33-50% predicted |  |

**Assessment of Severity – please tick, move to higher severity of ANY boxes ticked**

**Consider resus/HDU – inform NIC and SpR**

**High flow Oxygen**

Urgent review by Registrar or Consultant

Continual assessment required

**3 x nebulised Salbutamol**

 <5yrs 3 x 2.5mg back to back
>5yrs 3 x 5mg back to back

**add Ipratropium Bromide 250mcg** to nebuliser, up to 3 doses then prescribe 6 hourly

**Cannulate, take bloods and gas for lactate, ensure BP and ECG monitoring**

**AND**

**4mg/kg IV Hydrocortisone** (consider Prednisolone if improving and able to tolerate)

Consider magnesium Sulphate infusion 40mg/kg (max 2g)

Consider Salbutamol bolus 15mcg/kg (max 250 mcg)

Consider Salbutamol infusion 0.5-1 mcg/kg/min (max 2mcg/kg/min)

**START**

2/3 maintenance fluids plus Potassium

**Life threatening** 🞏

**10 puffs Salbutamol via spacer or nebuliser**

if oxygen required

<5yrs 2.5mg via nebuliser

>5yrs 5mg via nebuliser

Reassess immediately and at least every 15 minutes

If improved prepare for CSSU admission

If no improvement add Ipratropium Bromide 250mcg to nebuliser, up to 3 doses then prescribe 6 hourly

**AND**

<5yrs give Prednisolone if known asthmatic, not improving or atopic history

≥ 5yrs give Prednisolone within 1 hour of arrival

OR

IV Hydrocortisone 4mg/kg

**If NO improvement follow Life Threatening flow chart**

**Severe** 🞏

**10 puffs Salbutamol via spacer**

Reassess after 15 minutes

May require 10 puffs up to 3 times within the hour

If improved review hourly for 2 to 3 hours

**AND**

<5yrs give Prednisolone if known asthmatic, not improving or atopic history

≥ 5yrs give Prednisolone within 1 hour of arrival

**Moderate** 🞏

HAVE YOU CONSIDERED DIFFERENTIAL DIAGNOSES?

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**Consider:** Chest x-ray Salbutamol toxicity

Aminophylline loading dose +/- infusion Second cannula PICU review – 020 7188 5000 STRS Guidance

|  |
| --- |
| **Further Assessment Date: Time: Name: Role:**  |
| **History of presentation:** |
| **Past Medical History**Previous wheeze: Only with colds/ infections Between colds No Other Interval symptoms: Night time cough Shortness of breath on exercise Impact on school/nursery attendanceOther triggers: Exercise Change in temperature/weather Pets Others - please state:Hay fever/Allergic Rhinitis: Yes No Eczema: Yes No Other allergies: Previous diagnosis of asthma: Yes NoUsual wheeze or asthma care: GP Community/CYPHP nurse  General Paediatrics Respiratory Clinic Hospital Asthma Nurse Number of attendances to PED with wheeze in last 12 months: 0 1 2 >2Number of asthma exacerbations needing steroids in the last year: 0 1 2 >2Previous admissions to hospital: Yes How many No Previous need for IV treatment: Yes No Previous PICU/HDU with wheeze: Yes How many No History of Anaphylaxis: Yes NoImmunisations:Other medical history: |
| **Medication:** (Specify strength of inhalers and number of puffs)Number of doses of preventer missed/week:Frequency of salbutamol use in last 4 weeks:Uses spacer device: Yes No |
| **Social and family history: If >12 please do HEADSS assessment**Who do they live with?Smoker/smoking in the house/ e-cigarettes: Family history of atopy/ Other Family or Social history:  |
| Offer smoking cessation support (refer or can self-refer to these free local services)Southwark Tel: 0800 169 6002 or 020 3049 8550 Lambeth Tel: 0800 856 3409 or 0203 049 5791 |
| **Additional notes:** |
| **Plan** **Signed** |

**Reassessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | First Review | Second Review | Third Review | Fourth Review |
| Assessors name and role |  |  |  |  |
| Signature |  |  |  |  |
| Time |  |  |  |  |
| Time since last inhaler/neb |  |  |  |  |
| Airway |  |  |  |  |
| Sa02 |  |  |  |  |
| RR |  |  |  |  |
| Capillary Refill |  |  |  |  |
| Increased work of breathing | NoneMild/ModerateSevere | NoneMild/ModerateSevere | NoneMild/ModerateSevere | NoneMild/ModerateSevere |
| Heart Rate |  |  |  |  |
| BP |  |  |  |  |
| Chest examination |   |   |   |   |
| Other examination findings e.g. PEFR/ENT  |  |  |  |  |
| Progress | ImprovingStableDeteriorating | ImprovingStableDeteriorating | ImprovingStableDeteriorating | ImprovingStableDeteriorating |
| Plan |  |  |  |  |

IF DETERIORATING OR NOT RESPONDING

STEP UP TREATMENT, **REASSESS DIAGNOSIS** AND **INVOLVE SENIOR STAFF**

**Additional notes**

|  |  |  |
| --- | --- | --- |
| **Date and Time** | **Medical and Nursing notes** | **Signed** |
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**Criteria for admission to CSSU**

If yes to any of the below, consider admission to CSSU

If patient has required IV bronchodilators or ongoing need for >2L oxygen

then should be admitted to ward not CSSU

|  |  |  |
| --- | --- | --- |
|  | **Tick** | **Initials** |
| Moderate respiratory distress despite treatment |  |  |
| Requires Salbutamol more than 3 hourly |  |  |
| Oxygen requirement ≥ 2Lt/min |  |  |
| If wheeze ALONE have you considered discharge with Hospital @ Home? |  |  |
| **Registrar review** (4hrs post admission at the latest if not seen in PED)Time and date done or due: Signed: Name:**Consultant review** (12hrs post admission at the latest if not seen in PED)Time and date done or due: Signed: Name: |

**Discharge from ED (if admitted to CSSU complete CSSU discharge checklist)**

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **Initials** |
| Consider if H@H support appropriate - see resource file |  |  |
| Evelina Asthma or Wheeze Plan given to parents and diagnosis explained |  |  |
| 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 hours |  |  |
| Smoking cessation advice given if relevant |  |  |
| Advise families from Lambeth or Southwark to complete CYPHP asthma health checkwww.cyphp.org/health-check |  |  |
| General Paediatric follow up arranged if: 2 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 |  |  |
| If followed up by hospital consultant notify of attendance by email |  |  |