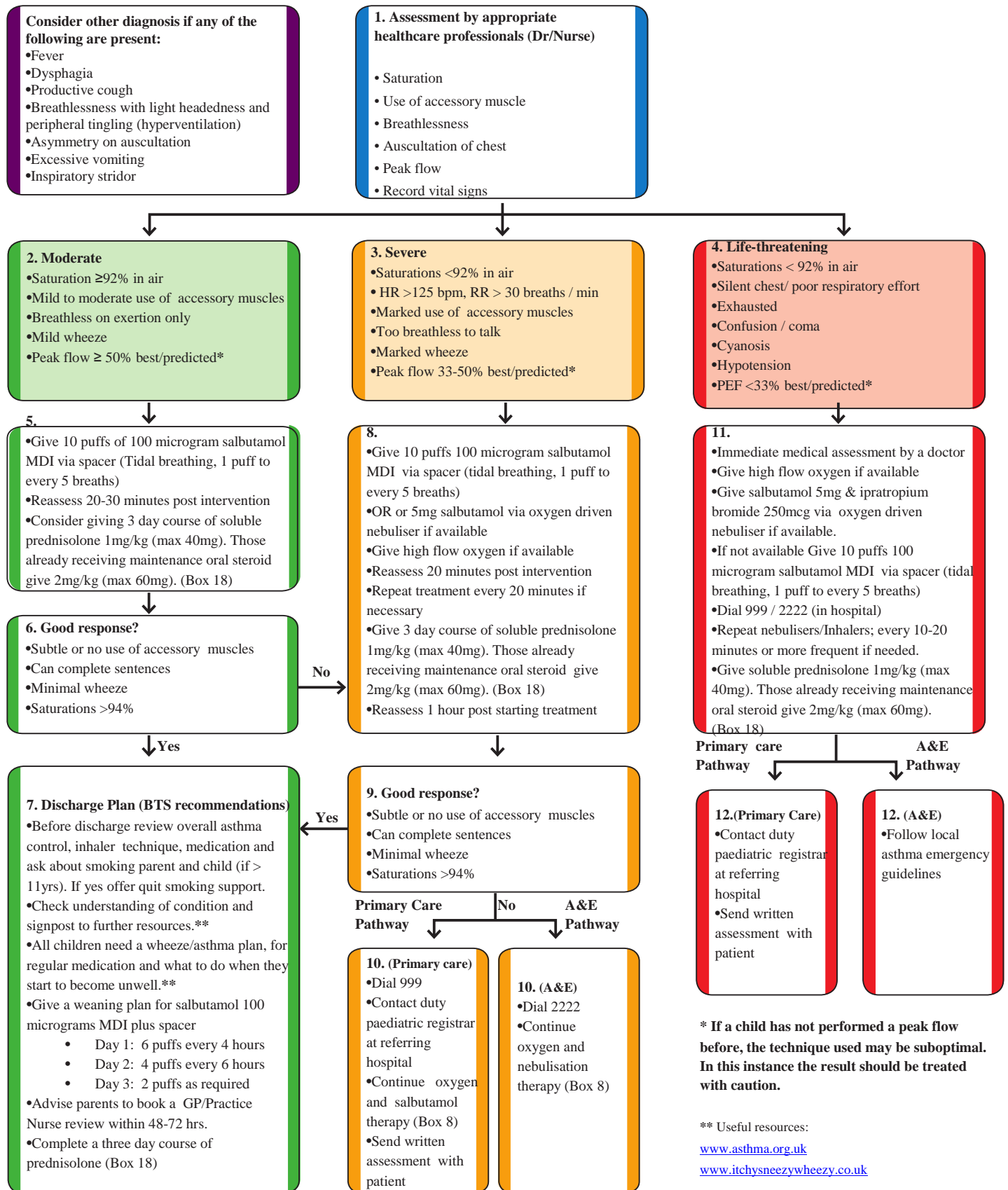


Acute Asthma Attack: Management for Known Asthmatic Children (5 – 18 Years)



Referral to secondary care if: (See box 14)

- Diagnosis unclear or in doubt
- Symptoms present from birth or perinatal lung problem
- Excessive vomiting or possetting
- Persistent wet or productive cough
- Family history of unusual chest disease
- Failure to thrive
- Nasal polyps

Referral to secondary care if: (See box 14)

- Unexpected clinical findings eg focal signs, abnormal voice or cry, dysphagia, inspiratory stridor
- Failure to respond to conventional treatment (particularly inhaled corticosteroids above beclometasone 400 mcg/day (or equivalent) or frequent use of steroid tablets)
- Parental anxiety or need for reassurance

Ref: The British Thoracic Society (BTS) British Guideline on the Management of Asthma (revised Jan 2012)

Acute Asthma Attack Management Pathway for Known Asthmatic Children (5 – 18 Years)

13. Community Children's Nursing Teams

Barnet

Tel: 020 8216 5242
Fax: 0208 216 5244

Camden & South Barnet

Tel: 020 7830 2571
Fax: 0207 830 2146

Enfield

Tel: 020 8375 1992
Fax: 0208 375 1903

Haringey

Tel: 020 8887 4301
Fax: 0208 887 2973

Islington

Tel: 0203 316 1950
Fax: 0207 7690 2861

14. Secondary Care Referrals

Barnet Hospital

Switchboard: 020 8216 4600

Royal Free Hospital

Dr. Rahul Chodhari
R.Chodhari@nhs.net
Switchboard: 020 7794 0500

North Middlesex Hospital

Dr. Arvind Shah
Switchboard: 020 8887 2000

University College Hospital

Dr Eddie Chung
Switchboard: 020 3456 7890

Whittington Hospital

Dr. John Moreiras
John.moreiras@nhs.net
Switchboard: 020 7272 3070

15. Normal Paediatric Values

Respiratory Rate at Rest:

2-5yrs 25-30 breaths/min
5-12yrs 20-25 breaths/min
>12yrs 15-20 breaths/min

Heart Rate:

2-5yrs 95-140 bpm
5-12yrs 80-120 bpm
>12yrs 60-100 bpm

Systolic Blood Pressure:

2-5yrs 80-100 mmhg
5-12yrs 90-110 mmhg
>12yrs 100-120 mmhg

16. Inhalers Vs. nebulisers

For moderate asthma, use an inhaler and spacer. If >5-years old use the mouth piece, rather than mask (providing their technique is good)

Indications for nebulisers:

- Low saturations <92%
- Unable to use inhaler and spacer (not compliant)
- Severe and life threatening respiratory distress
- Nebulisers are not generally recommend for home use.

17. Nebulised drug doses

Salbutamol

2-5 yrs 2.5 mg
> 5 yrs 5 mg

Ipratropium

< 12 yrs 250 mcg
12-18 yrs 500 mcg

18. Prednisolone

- Those already receiving maintenance steroid give 2 mg/ kg (max 60 mg)
- Repeat the dose in children who vomit and/or consider IV steroids
- Three days is usually sufficient, but can be increased/tailored to the number of days necessary to bring about recovery.
- Weaning is unnecessary unless the course of steroids exceeds 14 days.

19. Predicted peak flows

For use with PEF meters EU/EN13826

Height (m)	Height (ft)	Predicted EU PEFR	Height (m)	Height (ft)	Predicted EU PEFR (L/min)
0.85	2'9"	87	1.30	4'3"	212
0.90	2'11"	95	1.35	4'5"	233
0.95	3'1"	104	1.40	4'7"	254
1.00	3'3"	115	1.45	4'9"	276
1.05	3'5"	127	1.50	4'11"	299
1.10	3'7"	141	1.55	5'1"	323
1.15	3'9"	157	1.60	5'3"	346
1.20	3'11"	174	1.65	5'5"	370
1.25	4'1"	192	1.70	5'7"	393

20. Poor Asthma Control

- Frequent use of reliever
- Stopping daily activities
- Poor sleep, cough
- Frequent exercise induced symptoms
- Frequent admissions or attendances
- Frequent courses of prednisolone
- **Difficult Asthma:** Difficult asthma is defined as persistent symptoms and/or frequent exacerbations despite treatment at step 4 or 5
- Asthma Control Test:
www.asthma.com/resources/asthma-control-test.html

This guidance is written in the following context: This pathway was arrived at after careful consideration of the evidence available including but not exclusively using the BTS guidelines. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer. If you have any queries with regards to the information contained within this document please contact Dr John Moreiras (john.moreiras@nhs.net)