# Management of Acute Exacerbation of Asthma / Wheeze Primary Care Clinical Assessment Tool for Children Under 2 Years



#### **Assessment**

#### **History**

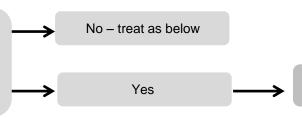
- Breathless/wheeze/cough
- Viral or allergic trigger
- Previous episodes or interval symptoms
- FH or personal history asthma, eczema or atopy
- Current/Previous treatment and response

#### **Examination**

- Feeding and speech
- · Respiratory rate
- · Chest wall expansion and movement
- · Use of accessory muscles
- Auscultation of chest reduced air entry, wheeze, prolonged expiration
- Oxygen Saturation (Sats)

## Consider other diagnosis

- Pneumonia
- · Bronchiolitis in under 1yr old
- Croup
- Foreign body



## Treat according to most severe feature

#### Moderate

- Able to feed or talk
- Moderate use of accessory muscles
- Audible wheeze
- · Sats>92% in air
- <1 year
- RR<40/min HR 120-170/min
- 1-2 yrs
- R<35/min HR 80-110/min

#### Severe

- Previous attack within last 2 weeks
- Too breathless to feed or talk
- Marked use of accessory muscles and wheeze
- Sats< 92 % in air</li>
- <1 yr:
- RR >40/min HR>170/min
- 1- 2yrs:
- RR >35/min HR >110/min

## Life Threatening

 Sats <92% in air plus any of the following:

It may not be asthma.

Seek expert help

- Silent chest
- Poor respiratory effort
- · Exhausted and unresponsive
- · Coma/agitation
- Cyanosis
- Bradycardia
- Apnoea
- · Respiratory arrest

- Give salbutamol 2-10 puffs via spacer+facemask (one puff at a time.)
- Increase by 2 puffs every 2 minutes up to 10 puffs according to response
- Assess response and repeat if necessary

Poor

Response

Reconsider

diagnosis or

severe & life

threatening

episode

 Give stat dose soluble prednisolone 10mg

#### Good response

- Reassess within 1 hour
- Subtle or no use of accessory muscles
- Minimum wheeze
- Sats >92% in air

- Call 999
- Give high flow oxygen via fitted mask aim for Sats 94-98%
- Give nebulised Salbutamol 2.5mg (using 6L-8L oxygen)
- Reassess and repeat at 20-30 minute intervals or as necessary
- Give stat dose soluble Prednisolone 10mg
- Consider nebulised Ipratropium Bromide 250mcg (using 6L-8L oxygen). Repeat every 20-30 minutes

- · Commence resuscitation
- Call 999
- Give high flow Oxygen via fitted mask
- Give back to back nebulised Salbutamol 2.5mg (using 6L-8L oxygen)
- Give stat dose soluble Prednisolone 10mg
- Give nebulised Ipratropium Bromide 250mcg (using 6L-8L oxygen). Repeat every 20-30 minutes

Ensure a health professional stays with child Contact duty paediatric registrar or consultant to arrange admission

## Ambulance transfer pathway

Continue to administer oxygen driven nebulised salbutamol if symptoms are severe whilst transferring the child to the emergency department

## Discharge from hospital and GP

Patient must be stable have minimal recession with Sats >92% and manage 3-4 hourly between doses of inhaler

- Discharge on salbutamol 2-10 puffs up to 4 hourly via spacer + facemask
- Complete a 3 day course of Prednisolone 10mg or 2mg/kg/dose
- · Give acute asthma management plan
- · Check inhaler technique and regular medication
- · Review overall asthma control and consider need to step up medication

Arrange a review at GP practice within 48 hours and give advice on re-accessing medical care if condition worsens e.g. OOH service (or open access to Children's Assessment unit if an option.)

Full Respiratory assessment in 7-14 days in primary care

## THINK TTT-

consider compliance with existing Therapy, Inhaler Technique and Triggers before stepping up treatment