|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WHEEZY PATHWAY CARE BUNDLE – System one** | | | | | |
| **CHILD’S DETAILS** | | | | | |
| Name |  | | | | |
| DOB |  | | | | |
| Age |  | | | | |
| Address |  | | | | |
| Gender |  | | | | |
| NHS number |  | | | | |
| **Standard to be met** | **Yes** | **No** | **N/A** |  |  |
| Inhaler technique has been checked and parent deemed competent |  |  |  |  |  |
| Addition of/changes to preventer medication has been considered where necessary |  |  |  |  |  |
| Patient has an adequate supply of medication & inhalers |  |  |  |  |  |
| Child has an appropriate spacer |  |  |  |  |  |
| Written wheeze plan has been explained and given to parent/carer |  |  |  |  |  |
| Paediatric follow up has been considered |  |  |  |  |  |
| Management of future exacerbations in the community discussed using wheeze plan |  |  |  |  |  |
| Potential triggers and solutions identified |  |  |  |  |  |
| Advice of smoking cessation has been given where appropriate |  |  |  |  |  |
| Parent/carer has CCDA telephone number |  |  |  |  |  |
| Above completed on initial face to face | Date |  | By whom |  |  |
| Please sign below when completed | Yes | No | N/A | Date | Initials |
| CCDA has been informed of patient details |  |  |  |  |  |
| Parent/carer has been advised to seek primary care review (GP or Practice Nurse) within 48 hours of discharge |  |  |  |  |  |
| G.P tasked and informed of wheeze plan |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Copy of wheeze plan sent to GP within 24 hours of discharge ( include in discharge ) |  | |  | |  |  | |  | |
| **Recommended Treatment for Wheezy Child Specific Pathway** | | | | | | | | | |
| All children being referred to the wheeze pathway will be expected to have had the equivalent of 6- 10 puffs of salbutamol inhaler via a spacer, unless they have had this total dose in the last 4 hours. Parents/carers will be advised to continue to give 6-10 puffs of  salbutamol every 4 hours. | | | | | | | | | |
| **Wheezy Child Pathway Specific Safety Net Advice** | | | | | | | | | |
| Advice given on steps to take if the child’s reliever inhaler is **NOT** helping | | **Yes** | |  | | | **No** | |  |
| Advice given on steps to take if the child cannot talk or walk | | **Yes** | |  | | | **No** | |  |
| Advice given on steps to take if the child is breathing hard and fast | | **Yes** | |  | | | **No** | |  |
| Advice given on steps to take if the child is coughing and wheezing a lot | | **Yes** | |  | | | **No** | |  |
| Advice given on steps to take if the child complains of abdominal or chest pain | | **Yes** | |  | | | **No** | |  |
| **Safety net advice for parents/carers to take if any of the above are present or develop** | | | | | | | | | |

These steps could save your child’s life so make sure you know them – and share them with other people who look after your child, too.

1. Help the child to sit up straight and stay calm
2. Help the child take a puff of the reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs
3. Call 999 for an ambulance if the symptoms get worse
   * while they are using the inhaler
   * do not feel better after 10 puffs
   * You are worried at any time, even if the child has not been given 10 puffs.
4. While you wait for the ambulance,
   * Reassure your child.
   * **Repeat step 2** if the ambulance takes longer than 15 minutes.

(Asthma UK, 2017)

Produced by Dr M Mathai Consultant Paediatrician, Tamlin Walker (Clinical Educator – Children’s Community Services) & Laura Deery (Practice Development sister – childrens inpatients . Nov 2017 . Review April 2019