WHEEZY CHILD REFERRAL FROM PRIMARY CARE INTO THE CHILDREN’S AMBULATORY CARE EXPERIENCE (ACE) SERVICE

**Additional input given at home visit by ACE team:**

* Support with inhaler delivery
* Parental confidence-building
* Monitoring effectiveness of treatment
* Education in managing future episodes
* Identifying deterioration
* Smoking advice

CYP aged 18mths -16 years with mild/moderate wheeze who requires clinical review (for up to 3 days) after initial assessment but not a hospital admission. The CYP should be able to manage 4 hourly inhalers. **Please be aware that if the child’s next inhaler is due out of ACE hours (08:30- 20:30) we will not be able to accept.**

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| **Mild to Moderate** |
| **Saturations in air** | >94% |
|  | 18 - 24 months 106 – 145 |
| **Heart Rate per** | 2 - 3 years 91-140 |
| **minute** | 4-7 years 81-120>8 years 66-110 |
| **Respiratory Rate** | 18 - 24 months 27 - 482 - 3 years 23-38 |
| **per minute** | 4-7 years 19-28 |
|  | >8 years 15-26 |
| **Auscultation** | Good air entry with some wheeze |
| **Speech** | Able to complete sentences |
| **Work of breathing** | Minimal/ no recessions |
| **Conscious level** | Normal |

**Call children’s ACE service on 01274 27 3354**

Be prepared to convey information required on referral pro-forma including pulse, RR, temperature, oxygen saturations.

Ensure 600-1000mcg Salbutamol has been administered via an appropriate spacer device

Please ensure 200-1000 micrograms of salbutamol is prescribed 4 hourly on SystmOne

Consider prescribing prednisolone if appropriate.

**Exclusions:**

* Brittle Asthma i.e. CYP with a history of sudden, severe, life threatening attacks, usually without an obvious trigger
* Signs of upper airway compromise (if croup suspected please refer to separate croup pathway)
* History of upper airway abnormalities
* Previous PICU admission
* History/suspicion of

inhaled foreign body

Ensure parent/guardian has:

1. A copy of children’s ACE service information leaflet
2. Verbal safety-net advice
3. Consented to share information with ACE
* Lower Respiratory Tract Infection/ Pneumonia
* Known failure to respond to inhalers
* History/suspicion of neuromuscular or metabolic disease
* Child outside age range for pathway

Allow the child home to await contact from children’s ACE service. Contact will be made within 2 hours of initial referral.

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