

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

CYP with mild/moderate wheeze who requires clinical review(s) (for up to 3 days) after initial assessment but not a hospital admission. The CYP should be able to manage 4 hourly inhalers. The last inhaler is to be given no later than 5pm when referred.



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

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



Ensure 600-1000mcg Salbutamol from MDI via a spacer device child has been administered (and that this is prescribed/ recorded on SystmOne)



Ensure parent/guardian has been given

- 1) copy of children's ACE service information leaflet
- 2) verbal safety-net advice
- 3) has consented to share information with ACE



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

	Mild to Moderate
Oxygen saturations in air	≥94%
Heart rate per minute	2 to under 5 years 95-140 5 to 12 years 80-120 >12 years 60-100
Respiration rate per minute	2 to under 5 years 25-30 5-12 years 20-25 >12 years 15-20
Auscultation	Good air entry with some wheeze
Speech	Able to complete sentences
Work of breathing	Minimal/ no recessions
Conscious level	Normal

Additional input give at home visit by ACE team

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

Exclusions

- Child under 2 years
- History of brittle asthma i.e. CYP with a history of sudden, severe, life threatening attacks, usually without an obvious trigger
- Signs of upper airway compromise e.g croup
- History of upper airway abnormalities
- Previous PICU
- History of inhaled foreign body
- Lower Respiratory Tract Infection/ Pneumonia
- Known failure to respond to inhalers
- History of Neuromuscular or Metabolic disease

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