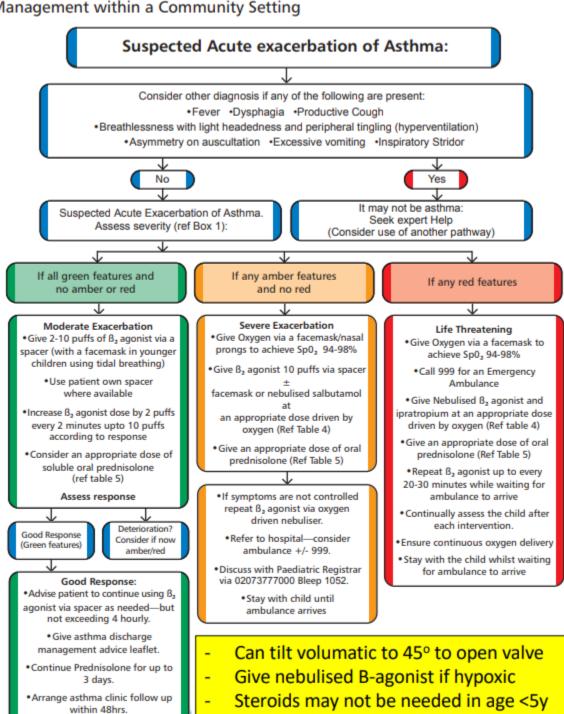
Clinical Assessment Tool for the Child with Acute Exacerbation of asthma 2-16 Years



Management within a Community Setting

Review inhaler technique



Lower threshold for admission if:

- Attack in late afternoon or at night
- Recent hospital admission or previous severe attack
- Concern over social circumstances or ability to cope at home

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Management within a Community Setting

Table 1: Traffic Light system for identifying signs and symptoms of clinical dehdration and shock

	Green – Moderate	Amber – Severe	Red – Life Threatening			
Behaviour*	Normal	Anxious/Agitated	Exhaustion/Confusion			
Talking	In sentences	Not able to complete a sentence in one breath	Not able			
Respiratory	≤40 breaths/min 2-5 years ≤30 breaths/min 5-12 years <25 breaths/min 12-16 years	Rate>40 Breath Rate>30 Breath Silent Chest	s/min 2-5 years s/min >5 years			
Heart Rate	Within normal range (Ref to table 2)	>140 beats p/m >125 beats p/m *Consider influer				
Sa0z	≥92% in air	<92%	in air			
PEFR	>50% of predicted (Ref to table 3)	33-50% of predicted (Ref to table 3)	<33% of predicted (Ref to table 3)			
CRT: capillary refill time RR: respiration rate						

Table 2: Normal Paediatric Values:

Respiratory Rate at Rest: Systolic Blood Pressure 2-5yrs 80-100 mmhg 5-12yrs 90-110 mmhg 2-5yrs 25-30 breaths/min

5-12yrs 20-25 breaths/min >12yrs 15-20 breaths/min >12yrs 100-120 mmhg

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

Table 3:	Predicted Peak Flow: For use with EU / EN13826 scale PEF metres only

scale PEF metres only							
Height (m)	Height (ft)	Predicted EU PEFR	Height (m) (L/min)	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		

Table 4: Guidelines for nebuliser

- · Significantly low sats despite inhaler and spacer use
- Oxygen Saturations persistently below 96%
- Requiring oxygen
- Unable to use volumatic/spacer device
- Severe respiratory distress

Salbutomol

2-5 years- 2.5mg, 5-12 years- 2.5-5mg, 12-16 years- 5mg

under 12 years - 250micrograms, 12-18 years - 500micrograms

Table 5: Prednisolone Guideline BNFC 2019

Give prednisolone by mouth:

child under 12 years 1-2 mg/kg (max. 40 mg) daily for up to 3 days or longer if necessary, if the child has been taking an oral corticosteroid for more than a few days give prednisolone 2mg/kg (max. 60mg). Child12-18 years 40-50mg daily for at least 5 days

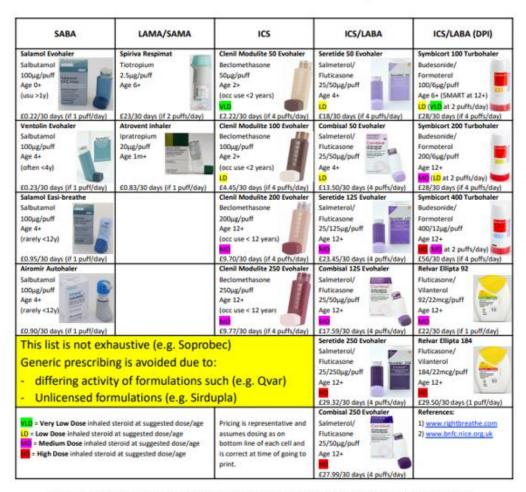
BTS guidelines 2019: (if weight not available) Use a dose of 10 mg prednisolone for children under two years of age, 20 mg for children aged 2-5 years and 30-40 mg for children > 5y

This guidance is written in the following context

This assessment tool was arrived at after careful consideration of the evidence available including but not exclusively use BTS Guidelines and NHS evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. 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.

Inhalers

The devices below are those that we recommend for use in paediatrics:



Barts Health NHS Trust and Tower Hamlets Together are committed to sustainability in healthcare.

As part of this commitment we encourage recycling of inhaler devices.

