

Somerset children's School Age (over 5) asthma diagnosis guidelines and treatment pathway

The diagnosis of asthma is predominantly a clinical diagnosis supported by objective tests.

Suspect asthma in children with a history of:-

- Recurrent wheezing;
- Cough (daily or seasonal);
- Breathlessness not just associated with a single infections.

There may be triggers (e.g. animal fur, hayfever) and may also be associated atopy (eczema and allergies)

Until the diagnosis of asthma is confirmed with objective testing, use the code **suspected asthma** in medical records.

Treat symptomatically when acutely unwell, even is diagnosis not yet confirmed. Test objectively when well enough.

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Objective tests (within 3 months of diagnosis)

1. Spirometry

Although paediatric training in spirometry is available, this is not mandatory at this time (2023), this can be done in practice or via diagnostic hubs.

FEV/FVC ratio <70% - positive test for obstructive pulmonary disease.

Bronchodilator reversibility in that group if FEV1 improves 12% and volume increases 200ml – **Positive diagnosis for asthma**

2. Peakflow Variability

Measure peakflow over 2-4 weeks.

If more than 20% variability – **Positive diagnosis for asthma**

3. FeNO measurement

If >35ppb – **Positive diagnosis for asthma**

Any single positive objective test in a child with a clinical picture suspicious of asthma confirms a diagnosis.

If clinically there is a strong suspicion for asthma but objective testing negative, then go on next test.

If diagnosis still unclear after all 3 tests, then **refer for secondary care opinion.**

Once diagnosis confirmed change **suspected asthma** diagnosis to **asthma** in medical records.

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Decision making tools, websites to support healthcare professionals caring for Children and Young people with suspected Asthma.

Tools



Personalised Asthma Action Plans – PAAP

PAAP can provide advice, education and action points for parents, older children, and carers on how to monitor and manage their asthma.

A PAAP should be completed /updated at each contact, ensuring parents and children have a firm plan on managing asthma.

[childrens-asthma-plan_may22_cc_editable.pdf \(shopify.com\)](https://www.shopify.com/products/childrens-asthma-plan-may22-cc-editable-pdf)

Guidance



Medical management of Chronic asthma in Primary Care, Source Beat Asthma.

<https://www.beatasthma.co.uk/wp-content/uploads/2021/02/1-BTSSIGN-guidelines-summary-2021.pdf>



BTS/SIGN British Guidelines on the management of Asthma.

[Asthma | British Thoracic Society | Better lung health for all \(brit-thoracic.org.uk\)](https://www.brit-thoracic.org.uk)



NICE Clinical Knowledge on Asthma Management, revised August 2023.

To support and inform practice with direction to up to date and relevant information.

[Management | Asthma | CKS | NICE](https://www.nice.org.uk/guidance/cksc001)

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Supportive Websites

Beat Asthma Resources tailored to the needs of Primary Care.

[Primary Healthcare Professionals - Beat Asthma](#)

The site supports-

- Asthma Diagnosis.
- Chronic Management
- Exacerbation Management
- Viral Wheeze
- How to use your devices information sheet.



E-Learning

E learning for health framework has been developed to allow individuals, employers, and integrated care systems to be aware of the skills and knowledge that are required to ensure they can safely care for a child and young person with asthma.

The framework divides different roles into 5 'tiers'. A tier describes the level of care a person may be expected to deliver to a child or young person with asthma. The more involved the care, the higher the level of tier.

[Asthma \(Children and young people\) - elearning for healthcare \(e-
lfh.org.uk\)](https://www.elfh.org.uk)



NHS Somerset Formulary

Steve – what links to we want here, please?

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Suggested inhaled steroids as per the Somerset prescribing recommendations

BTS guidance for strength categories [BTS/SIGN guidance on management of asthma updated 2019](#)

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Suggested spacers to use with children based on age. Prescribers are free to use whichever spacer they are most comfortable with.



Age	Device	Compatible Inhalers	Alternatives
0-2 years	Volumatic + Mask- Tilted or vertical 10 second tidal breath technique	Salbutamol (Ventolin ®) Clenil Molulite Fluticasone	Orange EasyChamber with Mask Orange AeroChamber with Mask
2-3 years	Volumatic + mask 5 tidal breath technique	Salbutamol (Ventolin ®) Clenil Molulite Fluticasone	Yellow EasyChamber with Mask Yellow AeroChamber with Mask
3-10 years	Volumatic with mouthpiece 5 tidal breath technique	Salbutamol (Ventolin ®) Clenil Molulite Fluticasone Seretide	Blue EasyChamber with mouthpiece Green AeroChamber with mouthpiece
10 years +	Volumatic with mouthpiece Single breath- breathhold technique	Salbutamol (Ventolin ®) Clenil Molulite Fluticasone Seretide	Blue EasyChamberwith mouthpiece Blue AeroChamberwith mouthpiece Dry powder devices: Accuhaler Turbohaler

