Based on NICE guidance March 2021

A simple summary of Somerset recommendations to aid decision making.

Consider a diagnosis of **Suspected asthma** in under 5s if *recurrent* wheezing, breathlessness or cough

NOTE: Symptoms vary over time and are not just wheezing with an URTI. Auscultation may reveal prolonged expiratory wheeze. High index of suspicion if history of eczema, rhinitis or atopy.

#### 1st line treatment

SABA (short acting beta agonist) such as salbutamol as reliever of symptoms

NOTE: Use pressure meter dose inhaler with spacer only for symptomatic treatment. Suggest using low propellant inhaler such as Salamol or Airomir.

If asthma related symptoms:-

- 3 times a week or more;
- nighttime waking with cough; or
- symptoms **not controlled by SABA** alone

consider an 8 week trial of paediatric low\* dose ICS (inhaled corticosteroid)

Code suspected asthma in medical records

NOTE: Use SABA alone if symptoms less than 3x per week and only need less than 2 SABA inhalers per year and do not code as asthma.

Assess effectiveness of treatment and stop after 8 weeks.

Based on NICE guidance March 2021

#### Options after 8 weeks of treatment



If symptoms not resolved on ICS consider an alternative diagnosis

End suspected asthma diagnosis in medical records

If symptoms **resolved** on **ICS** then reoccur within 4 weeks of stopping, **restart** low dose ICS\* as first line maintenance for a further 8 week trial

Retain diagnosis of suspected asthma



If asthma suspected but not controlled by ICS alone add LTRA (leukotriene receptor antagonist)

If suspected asthma not controlled on ICS and LTRA refer to secondary care

Once the child is 5 years old confirm diagnosis of asthma using objective tests or when developmentally able after 5 years old

Use 'suspected asthma' diagnosis code until after diagnosis confirmed using objective tests after the age of 5 (when developmentally ready).

Evolve diagnosis into asthma once confirmed or end diagnosis of 'suspected asthma' if tests refute diagnosis.

\*For low dose ICS Somerset recommends using Soprobec ® 100mcg two puffs bd with a Volumatic ® spacer. Medium dose only after referral to specialist care.

Based on NICE guidance March 2021

Decision making tools, guidance and 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)

#### **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.

<u>Asthma | British Thoracic Society | Better lung health for all (britthoracic.org.uk)</u>



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

Based on NICE guidance March 2021

#### **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)

#### **NHS Somerset Website**

https://nhssomerset.nhs.uk/prescribing-and-medicines-management/prescribing-guidelines-by-clinical-area/respiratory/#young-people

Based on NICE guidance March 2021

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	Salbutamol	Orange EasyChamber with Mask
		10 second tidal breath technique	(Ventolin ®) Clenil	Orange AeroChamber with Mask
			Molulite	
			Fluticasone	
	2-3 years	Volumatic + mask	Salbutamol	Yellow EasyChamber with Mask
		5 tidal breath technique	(Ventolin ®) Clenil	Yellow AeroChamber with Mask
			Molulite	
			Fluticasone	
1	3-10 years	Volumatic with mouthpiece	Salbutamol	Blue EasyChamber with mouthpiece
		5 tidal breath technique	(Ventolin ®) Clenil	Green AeroChamber with mouthpiece
			Molulite	
			Fluticasone	
			Seretide	
7	10 years +	Volumatic with mouthpiece	Salbutamol	Blue EasyChamberwith mouthpiece
	10 years +	·		
		Single breath-breathhold technique	(Ventolin ®) Clenil	Blue AeroChamberwith mouthpiece
			Molulite	
			Fluticasone	Dry powder devices:
			Seretide	Accuhaler
				Turbohaler



With 4 Variants