

Initial assessment:

Clinician name & role:

Signature and bleep:

Date: Time:

Patient's Details (affix sticker)

Name:

Date of Birth:

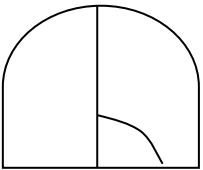
Trust ID & NHS No:

Pre-hospital treatment	Drug:	Dose:	Route:	Time given:

Initial Observations: RR: /min HR: /min CRT: secs Temp: °C

Saturation in air: % O₂ requirement: PEWS/bPEWS

Examination:

Clinical assessment		Talking normally <input type="checkbox"/>	Not talking <input type="checkbox"/>
		Reduced speech (short phrases, single words) <input type="checkbox"/>	Drowsy <input type="checkbox"/>
Breathing	Increased work of Breathing	None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	Grunting / Nasal flaring / Tracheal tug / head bobbing Recession: SC / IC
	Chest findings:		
CVS		Pulses / femorals: HS: Apex beat	Heart murmur:

PRAM score		
O ₂ saturation in air	≥ 95%	0
	92-94%	1
	< 92%	2
Suprasternal retraction	Absent	0
	Present	2
Scalene muscle contraction	Absent	0
	Present	2
Air entry	Normal	0
	Decreased at base	1
	Decrease at apex and base	2
	Minimal or absent	3
Wheezing	Absent	0
	Expiratory only	1
	Inspiratory (± expiratory)	2
	Audible without stethoscope or silent chest	3
PRAM score (max 12)		
Mild = 1 – 3	Moderate = 4 – 7	Severe > 8

Clinical impression of severity:

Mild / Moderate / Severe / Life threatening

Life Threatening = severe asthma plus any of:
SaO₂ < 92% / silent chest / poor respiratory effort / drowsy / restless / confused / agitated / cyanosis / exhaustion

Initial Plan (see pathway overleaf)

Salbutamol up to 10 puffs and review

Burst Therapy Salbutamol only (moderate)

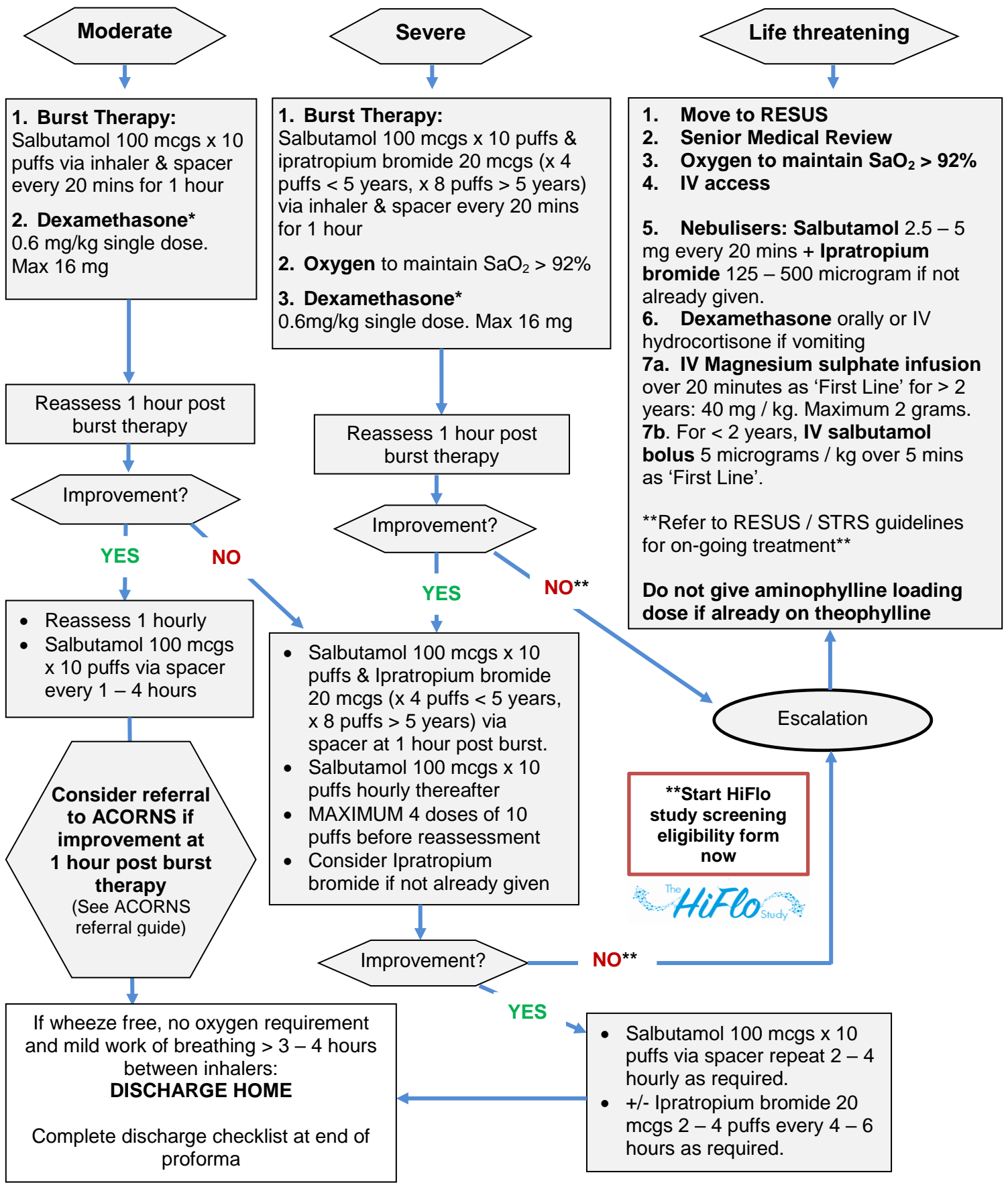
Salbutamol and ipratropium (severe)

Time burst started:

Other treatments:

**Starting burst therapy and aged 2 – 11 years?
Think about HiFlo study**





Oxygen requirement does NOT contraindicate use of inhaler and spacer

Moderate severity: to have a minimum of 1 hourly observations documented.
Severe and Life-threatening: continuous monitoring

***Dexamethasone: indication for prescribing in children > 1 year old age**
 Child requires admission and / or has at least moderate wheeze. Children > 6 years to have within 1 hour of presentation
 Consider second dose after 24 hours if still in-patient. Prescribe additional 3 days of prednisolone if ongoing concerns
 See discharge checklist for further prednisolone prescribing advice

Page 2 of 8

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Presenting History

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Past Medical History:

Birth and delivery / neonatal history / other medical problems / bronchiolitis

Prev. wheeze: No Only with colds With and between colds

Prev. PICU / HDU: Yes No

Age at 1st episode? Prev. significant admissions? Triggers e.g. URTI, cold, dust, pollens , cigarette smoke etc?

Symptom control in last 1 year? How many wheeze episodes? Steroid use?

Family and Social history (draw family tree)

Family history of atopy? Pets / smokers / damp? Social worker?

Interval Symptoms:

Night Cough: Yes No

Exercise-induced symptoms:

Yes No

Other:

In last 1 year:

Saw GP: Yes No

Attended CED: Yes No

Days off school/nursery

Usual care:

GP

Resp. CNS clinic

Hospital Resp. clinic

Gen. Paed clinic

Personal atopy:

Hayfever: Yes No

Eczema: Yes No

Food allergies Yes No

Drug allergies:

Current Medications with dose

Document inhaler / spacer device

(ALREADY ON THEOPHYLLINE?

Do not give aminophylline loading dose):

Immunisations up to date:

Yes No

PRAM score 5 or more 1 – 4 hours after starting burst? Aged 2-11 years?
****Start HiFlo study screening eligibility form now****



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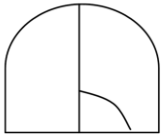
Ongoing reassessment. Admitting patient? Remember to attach completed DO-IT sticker

Clinician name: Date: Time:

Time since last Salbutamol:

RR: HR: CRT: secs Temp: °C

Saturation in air: % O₂ requirement:



Increased work of Breathing: None Mild
Moderate Severe

Impression & Plan: Stable / improving – continue

Deteriorating, needs escalation

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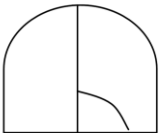
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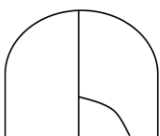
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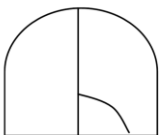
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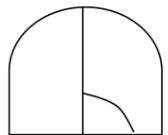


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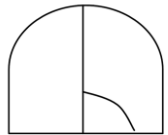
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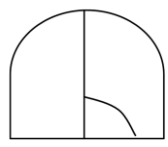
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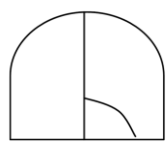
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Date of Birth:

Trust ID & NHS No:

Admission details (attach DO-IT sticker): Clinician name / signature / title / bleep

Date: Time:

Discharge checklist (tick when completed)

- Review medication – If repeated exacerbations (> 2) or interval symptoms, start preventer inhaled corticosteroids. See BNFC for doses
- If under c/o respiratory team with significant asthma, discharge home on 3 day course of prednisolone
- Wheeze triggers documented (see page 3)?
- Check inhaler device appropriate and technique documented

- Give VIW or asthma action plan leaflet containing written management plan and provide **verbal outline of management plan**.
- Use leaflet to inform plan for inhaler use at home. DO NOT discharge on a weaning regime.

Date: Time:

Clinician name / signature / title / bleep

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