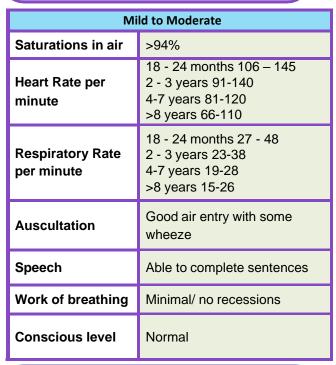
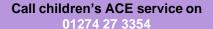
## WHEEZY CHILD REFERRAL FROM PRIMARY CARE INTO THE CHILDREN'S AMBULATORY CARE EXPERIENCE (ACE) SERVICE

CYP aged 18mths -16 years with mild/moderate wheeze who requires clinical review (for up to 3 days) after initial assessment but not a hospital admission. The CYP should be able to manage 4 hourly inhalers. Please be aware that if the child's next inhaler is due out of ACE hours (08:30-20:30) we will not be able to accept.



## Additional input given at home visit by ACE team:

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



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



Ensure 600-1000mcg Salbutamol has been administered via an appropriate spacer device Please ensure 200-1000 micrograms of salbutamol is prescribed 4 hourly on SystmOne Consider prescribing prednisolone if



## Ensure parent/guardian has:

appropriate.

- 1. A copy of children's ACE service information leaflet
- 2. Verbal safety-net advice
- 3. Consented to share information with ACE



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



**Exclusions:** 

- Brittle Asthma i.e. CYP
  with a history of sudden,
  severe, life threatening
  attacks, usually without
  an obvious trigger
- Signs of upper airway compromise (if croup suspected please refer to separate croup pathway)
- History of upper airway abnormalities
- Previous PICU admission
- History/suspicion of inhaled foreign body
- Lower Respiratory Tract Infection/ Pneumonia
- Known failure to respond to inhalers
- History/suspicion of neuromuscular or metabolic disease
- Child outside age range for pathway

Author: Dr Mathew Mathai and Dr Anil Shenoy Nov 2017 Review June 2027