

# 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.**

Call children's ACE service on  
01274 27 3354

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

## Mild to Moderate

Saturations in air	>94%
Heart Rate per minute	18 - 24 months 106 – 145 2 - 3 years 91-140 4-7 years 81-120 >8 years 66-110
Respiratory Rate per minute	18 - 24 months 27 - 48 2 - 3 years 23-38 4-7 years 19-28 >8 years 15-26
Auscultation	Good air entry with some wheeze
Speech	Able to complete sentences
Work of breathing	Minimal/ no recessions
Conscious level	Normal

## 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

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 appropriate.

Ensure parent/guardian has:

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

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