WHEEZY CHILD REFERRAL FROM THE EMERGENCY DEPARTMENT OR CHILDREN'S CLINICAL DECISION AREA (CCDA) INTO THE CHILDREN'S AMBULATORY CARE EXPERIENCE (ACE) SERVICE

Bradford Teaching Hospitals NHS Foundation Trust

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 hours we may ask the child to be reviewed on ward 32 instead.

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 to 24 months 100-155 under 5 years 95-140 5 to 12 years 80-120 >12 years 60-100
Respiratory Rate per minute	18 to 24 months 25-35 2 to under 5 years 25-30 5-12 years 20-25 >12 years 15-20
Auscultation	Good air entry with some wheeze
Speech	Able to complete sentences
Work of breathing	Minimal/ no recessions
Conscious level	Normal

- Ensure 600-1000mcg Salbutamol has been administered via an appropriate spacer device
- Document on the patients discharge summary that they can take 200-1000 mcg salbutamol 4 hourly in order for a wheeze plan to be implemented by the ACE team
- 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.

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

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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