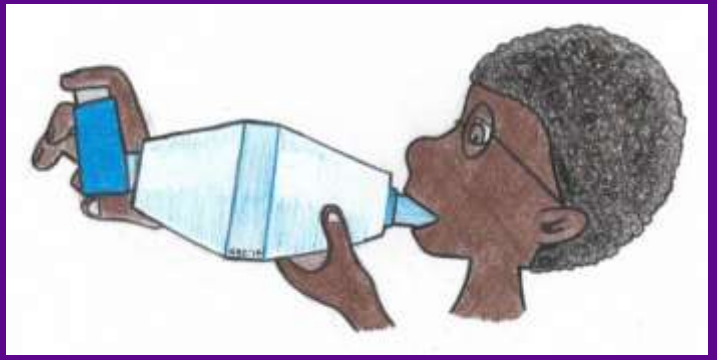
excellent / kind / responsible / respectful /

St George's University Hospitals NHS
NHS Foundation Trust

SW London
St George's, Wandsworth & Merton

Dr. Richard Chavasse
Consultant Respiratory Paediatrician
St George's Hospital

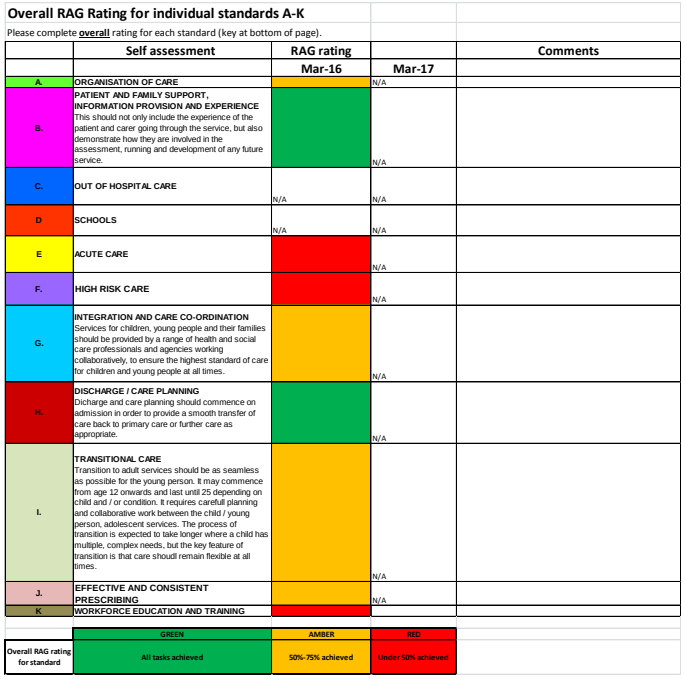


Excellence in specialist and community healthcare


CAUTION
WORK IN
PROGRESS

Review of London Asthma Standards

- Local children's joint clinical and commissioning group
- Identified RAG rated standards
- Action plan implemented
- Local CQUIN for asthma (2016/7)
  - Additional staffing



Overall RAG Rating for individual standards A-K

Please complete **overall** rating for each standard (key at bottom of page).

	Self assessment	RAG rating		Comments
		Mar-16	Mar-17	
A.	ORGANISATION OF CARE		N/A	
B.	PATIENT AND FAMILY SUPPORT, INFORMATION PROVISION AND EXPERIENCE This should not only include the experience of the patient and carer going through the service, but also demonstrate how they are involved in the assessment, running and development of any future service.		N/A	
C.	OUT OF HOSPITAL CARE	N/A	N/A	
D	SCHOOLS	N/A	N/A	
E	ACUTE CARE		N/A	
F.	HIGH RISK CARE		N/A	
G.	INTEGRATION AND CARE CO-ORDINATION Services for children, young people and their families should be provided by a range of health and social care professionals and agencies working collaboratively, to ensure the highest standard of care for children and young people at all times.		N/A	
H.	DISCHARGE / CARE PLANNING Dicharge and care planning should commence on admission in order to provide a smooth transfer of care back to primary care or further care as appropriate.		N/A	
I.	TRANSITIONAL CARE Transition to adult services should be as seamless as possible for the young person. It may commence from age 12 onwards and last until 25 depending on child and / or condition. It requires carefull planning and collaborative work between the child / young person, adolescent services. The process of transition is expected to take longer where a child has multiple, complex needs, but the key feature of transition is that care should remain flexible at all times.		N/A	
J.	EFFECTIVE AND CONSISTENT PRESCRIBING		N/A	
K	WORKFORCE EDUCATION AND TRAINING			

	GREEN	AMBER	RED
Overall RAG rating for standard	All tasks achieved	50%-75% achieved	Under 50% achieved

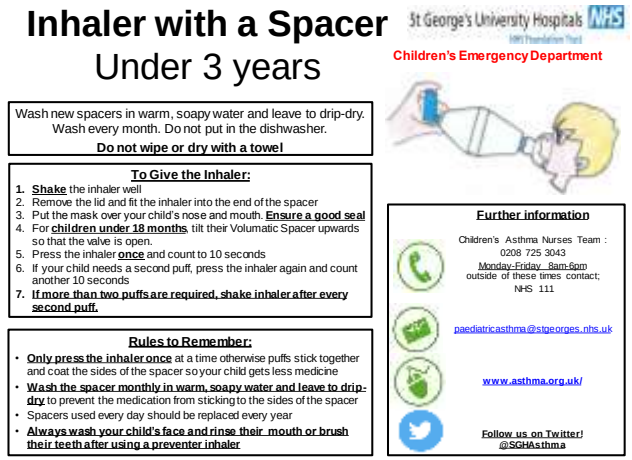
Children's Asthma Board

- Board Members
  - Wandsworth GP / Commissioner
  - Merton GP
  - Head of School Nursing
  - Education
  - Hospital Consultant
  - Hospital Management

- 3 monthly meetings
- Ongoing review of standards
- Review of Outcomes
- Review of Asthma Deaths

Acute Admissions

- Local CQUIN – increased Asthma CNS staffing
  - 7/7 service
  - Review <u>all</u> asthma admissions
    - Education
    - Inhaler Training
    - PAAP
    - Follow Up
  - Track children attending ED
    - Education when possible
    - FU discussed / Phone Consult
    - Arrange clinic if 2nd or subsequent attendance



Inhaler with a Spacer
Under 3 years

St George's University Hospitals NHS
Children's Emergency Department

Wash new spacers in warm, soapy water and leave to drip-dry. Wash every month. Do not put in the dishwasher.
Do not wipe or dry with a towel

To Give the Inhaler:

1. **Shake** the inhaler well
2. Remove the lid and fit the inhaler into the end of the spacer
3. Put the mask over your child's nose and mouth. **Ensure a good seal**
4. For **children under 18 months**, tilt their Volumatic Spacer upwards so that the valve is open.
5. Press the inhaler **once** and count to 10 seconds
6. If your child needs a second puff, press the inhaler again and count another 10 seconds
7. **If more than two puffs are required, shake inhaler after every second puff.**

Rules to Remember:

- **Only press the inhaler once** at a time otherwise puffs stick together and coat the sides of the spacer so your child gets less medicine
- **Wash the spacer monthly in warm, soapy water and leave to drip-dry** to prevent the medication from sticking to the sides of the spacer
- Spacers used every day should be replaced every year
- **Always wash your child's face and rinse their mouth or brush their teeth after using a preventer inhaler**

Further information

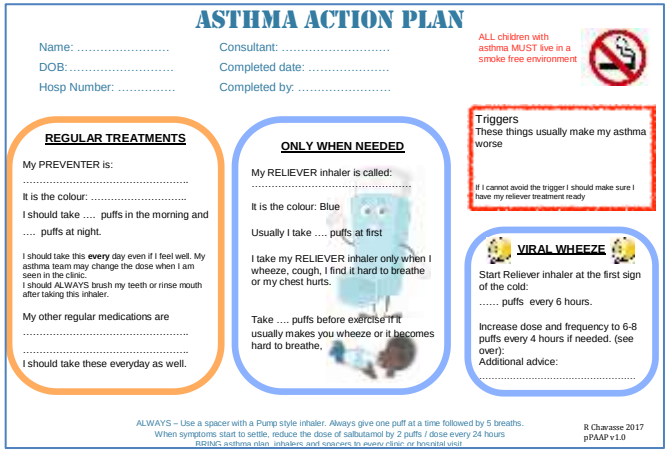
Children's Asthma Nurses Team : 0208 725 3043
Monday-Friday 8am-6pm
outside of these times contact; NHS 111

paediatricasthma@stgeorges.nhs.uk

www.asthma.org.uk/

Follow us on Twitter! @SGHAsthma

Sarah Hawkins Children's Asthma Nurse Specialist May 2017



ASTHMA ACTION PLAN

Name: …… Consultant: ……
DOB: …… Completed date: ……
Hosp Number: …… Completed by: ……

ALL children with asthma MUST live in a smoke free environment

REGULAR TREATMENTS

My PREVENTER is:
……
It is the colour: ……
I should take …. puffs in the morning and …. puffs at night.

I should take this **every** day even if I feel well. My asthma team may change the dose when I am seen in the clinic.
I should ALWAYS brush my teeth or rinse mouth after taking this inhaler.

My other regular medications are
……
……
I should take these everyday as well.

ONLY WHEN NEEDED

My RELIEVER inhaler is called:
……
It is the colour: Blue
Usually I take …. puffs at first
I take my RELIEVER inhaler only when I wheeze, cough, I find it hard to breathe or my chest hurts.
Take …. puffs before exercise if it usually makes you wheeze or it becomes hard to breathe.

Triggers
These things usually make my asthma worse

If I cannot avoid the trigger I should make sure I have my reliever treatment ready

VIRAL WHEEZE

Start Reliever inhaler at the first sign of the cold:
…… puffs every 6 hours.

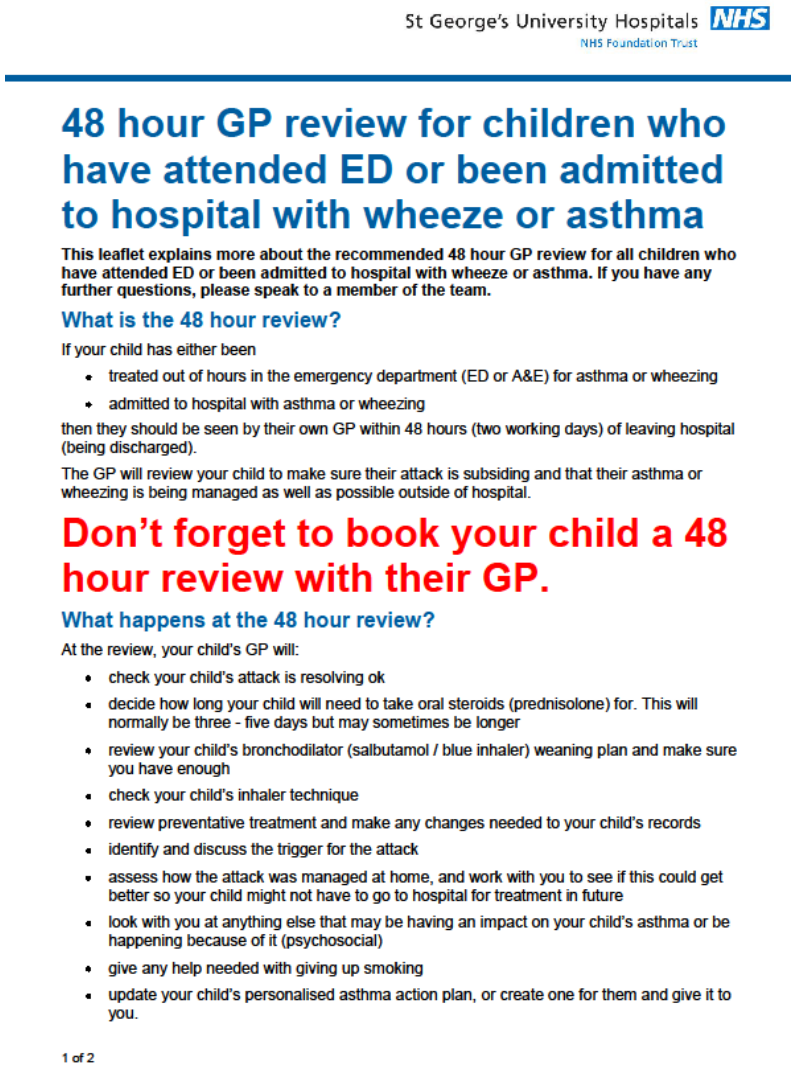
Increase dose and frequency to 6-8 puffs every 4 hours if needed. (see over):
Additional advice:
……

ALWAYS – Use a spacer with a Pump style inhaler. Always give one puff at a time followed by 5 breaths.
When symptoms start to settle, reduce the dose of salbutamol by 2 puffs / dose every 24 hours
BRING asthma plan, inhalers and spacers to every clinic or hospital visit

R Chavasse 2017
pPAAP v1.0

48 hour review

- Education around need for 48 hour review
  - Consistent advice
  - Telephone parents
- To use ED navigator to book appointments
  - Autumn 2018



St George's University Hospitals NHS
NHS Foundation Trust

48 hour GP review for children who have attended ED or been admitted to hospital with wheeze or asthma

This leaflet explains more about the recommended 48 hour GP review for all children who have attended ED or been admitted to hospital with wheeze or asthma. If you have any further questions, please speak to a member of the team.

What is the 48 hour review?

If your child has either been

- treated out of hours in the emergency department (ED or A&E) for asthma or wheezing
- admitted to hospital with asthma or wheezing

then they should be seen by their own GP within 48 hours (two working days) of leaving hospital (being discharged).

The GP will review your child to make sure their attack is subsiding and that their asthma or wheezing is being managed as well as possible outside of hospital.

Don't forget to book your child a 48 hour review with their GP.

What happens at the 48 hour review?

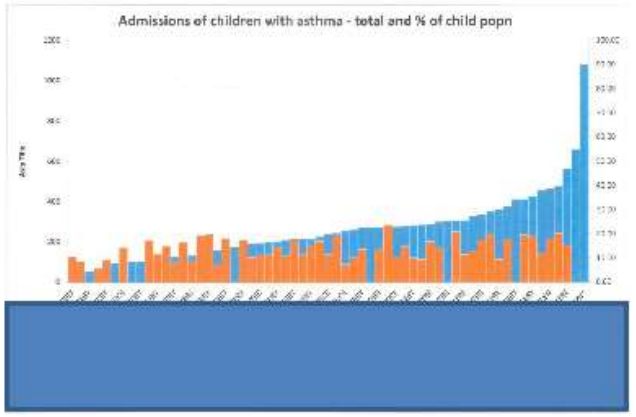
At the review, your child's GP will:

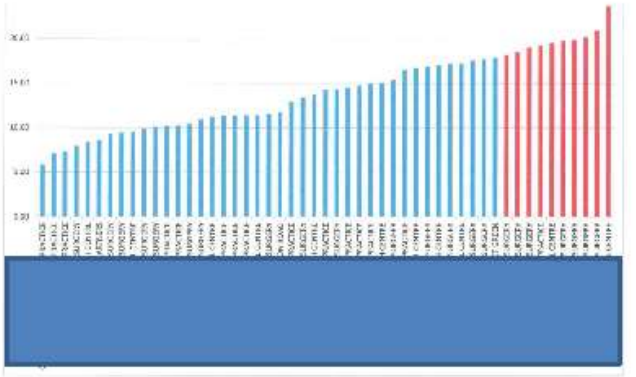
- check your child's attack is resolving ok
- decide how long your child will need to take oral steroids (prednisolone) for. This will normally be three - five days but may sometimes be longer
- review your child's bronchodilator (salbutamol / blue inhaler) weaning plan and make sure you have enough
- check your child's inhaler technique
- review preventative treatment and make any changes needed to your child's records
- identify and discuss the trigger for the attack
- assess how the attack was managed at home, and work with you to see if this could get better so your child might not have to go to hospital for treatment in future
- look with you at anything else that may be having an impact on your child's asthma or be happening because of it (psychosocial)
- give any help needed with giving up smoking
- update your child's personalised asthma action plan, or create one for them and give it to you.

1 of 2

Asthma in Primary Care

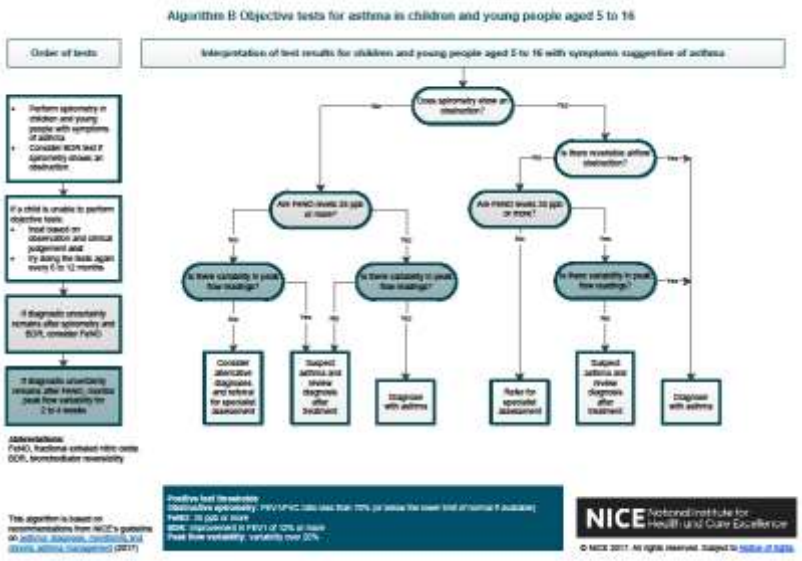
- Education sessions
  - Locality based
  - Practice Based
  - Linked CNS
- Admission rates





Asthma in Primary Care

- Diagnosis
  - Post NICE guidance
  - How to meet standards
    - Train all to do spiro etc
    - Refer all to 2nd care



- Diagnostic Hubs
  - Locality Based
  - Clinician + Physiology
  - Pilot 2018/9

Schools

- Implement Asthma Friendly Schools
  - CNS / School Nurse Liaison
  - Education sessions
- Unified asthma plans
- School Emergency Asthma Bags

Next Steps

- SWL asthma meeting
  - Share good practice from each team
  - Develop shared resources
  - Referral pathways

- Continuous audit of asthma referrals / admissions