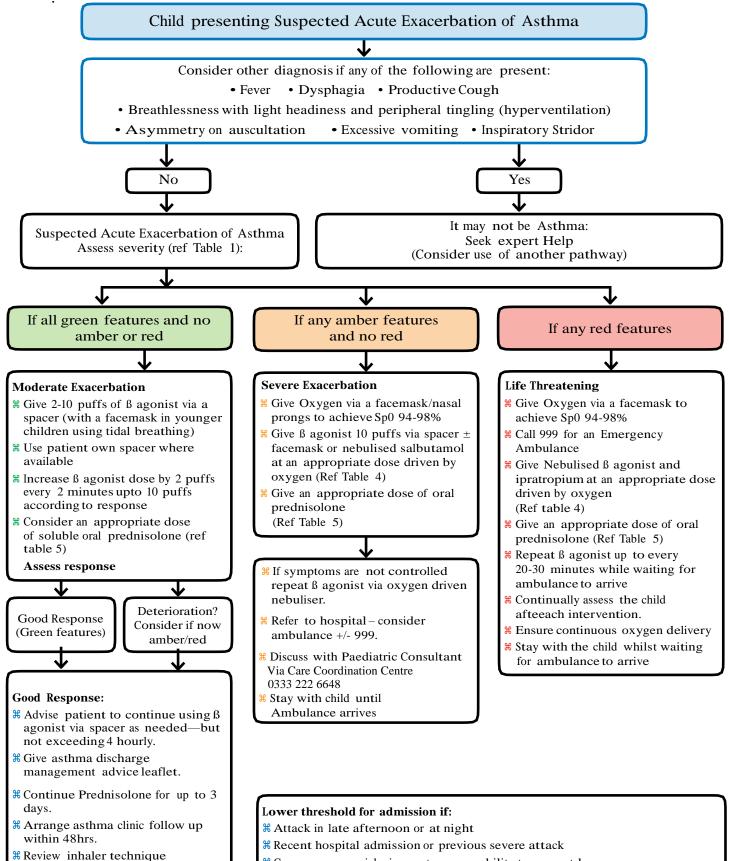


## **Clinical Assessment Tool**

### Child with Acute Asthma 2-16 Years



# Concern over social circumstances or ability to cope at home

Produced by; NHS Shropshire Clinical Commissioning Group and NHS Telford & Wrekin Clinical Commissioning Group July 2019.

Reviewed by; NHS Shropshire, Telford and Wrekin Clinical Commissioning Group, July 2021. To be reviewed July 2023



## **Clinical Assessment Tool continued**

# Child with Acute Asthma 2-16 Years

#### Table 1: Traffic Light system for identifying signs and symptoms of clinical dehdration and shock

	Green – Moderate	Amber – Severe	Red – Life Threatening	
Behaviour	Normal	Anxious/Agitated	Exhaustion/Confusion	
Talking	In sentences	Not able to complete a sentence in one breath	Not able	
Heart Rate	Within normal range (Ref to table 2)	>140 beats p/min (2-5 years) >125 beats p/min (>5 years)	*Consider influence of fever &/or Salbutamol	
Respiratory	<40 breaths/min 2-5 years <30 breaths/min 5-12 years <25 breaths/min 12-16 years	>40 Breaths/mins 2-5 years >30 Breaths/mins > 5years	Silent Chest	
Sa02	≥92% in air	<92% in air		
PEFR	>50% of predicted (Ref to table 3)	33-50% of predicted (Ref to table 3)	<33% of predicted (Ref to table 3)	

CRT: capillary refill time RR: respiration rate

#### Table 2: Normal Paediatric Values:

<b>Respiratory Rate at Rest:</b>	Systolic Blood Pressure
2-5yrs 25-30 breaths/min	2-5yrs 80-100 mmhg
5-12yrs 20-25 breaths/min	5-12yrs 90-110 mmhg
>12yrs 15-20 breaths/min	>12yrs 100-120 mmhg
Heart Rate	
2-5yrs 95-140 bpm	
5-12yrs 80-120 bpm	
>12yrs 60-100 bpm	

Table 3:Predicted Peak Flow: For use with EU / EN13826 scale PEF metres only							
Height (m)	Height (ft)	Predicted EU PEFR	Height (m) (L /min)	Height (ft)	Predicted EU PEFR (L/min)		
0.85	2'9"	87	1.30	4'3"	212		
0.90	2'11"	95	1.35	4'5"	233		
0.95	3'1"	104	1.40	4'7"	254		
1.00	3'3"	115	1.45	4'9"	276		
1.05	3'5"	127	1.50	4'11"	299		
1.10	3'7"	141	1.55	5'1"	323		
1.15	3'9"	157	1.60	5'3"	346		
1.20	3'11"	174	1.65	5'5"	370		
1.25	4'1"	192	1.70	5'7"	393		

#### Table 4: Guidelines for nebuliser

- Significantly low sats despite inhaler and spacer use
- Oxygen Saturations persistently below 96%
- Requiring oxygen
- Unable to use volumatic/spacer device
- Severe respiratory dmistress

#### Salbutomol

2-5 years- 2.5mg, 5-12 years- 2.5-5mg, 12-16 years- 5mg

#### Ipratropium

under 12 years – 250micrograms, 12-18 years – 500micrograms

### Table 5: Prednisolone Guideline BNF2010-2011

Give prednisolone by mouth:

child under 12 years 1–2 mg/kg (max. 40 mg) daily for up to 3 days or longer if necessary, if the child has been taking an oral corticosteroid for more than a few days give prednisolone 2mg/kg (max. 60mg). Child12-18 years 40-50mg daily for at least 5 days.

BTS guidelines 2011: (if weight not available) Use a dose of 20mg for children 2-5 years and 30-40mg for children >5 years.

When you feel a GP review in a specific time period is clinically appropriate but that falls outside of the 'in hours' GP service please advise your patient/family to call NHS 111 (at an agreed time interval / level of deterioration – depending on your concerns) and advise that there is a 'predetermined plan to speak with an Out of Hours GP'. Please provide your patient / family with a letter detailing your clinical findings and concerns to help the Out of Hours GP assessment.



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