



Family Nursing & Home Care

Standard Operating Procedure

Post-discharge Management of Asthma in Children and Young People

4 August 2021

Document Profile

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Version Control / Changes Made

Date	Version	Summary of changes made
July 2021	1	New document. Previous draft SOP transferred to new SOP template (Mo de Gruchy)

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Introduction

Children who have had a recent exacerbation of asthma requiring hospital admission are at risk of a deterioration and a re-increase of their symptoms. A key component of managing a child's asthma is to ensure children and their carer are active partners in asthma management.

Effective education can help to ensure that they are in a position to take control of their asthma care to achieve good control of asthma-related symptoms and minimizing future risk.

A follow up phone call from the Children's Community Nursing Team (CCNT) may help to identify and assist with any post-admission complications that may occur and act as a reminder of discharge education and information previously received from hospital staff.

This Standard Operating Procedure (SOP) has been developed to guide the practice of the CCNT and it provides a framework to ensure safe and effective management of children who are recovering at home after having a hospital admission with an exacerbation of their asthma.

This SOP does not replace professional judgement which should be used at all times.

A clear rationale should be presented in support of all decision making.

Practice should be based on the best available evidence.

Appropriate escalation of concerns must always be a priority.

SOP 1 Procedure for post-discharge follow up telephone consultation

Purpose

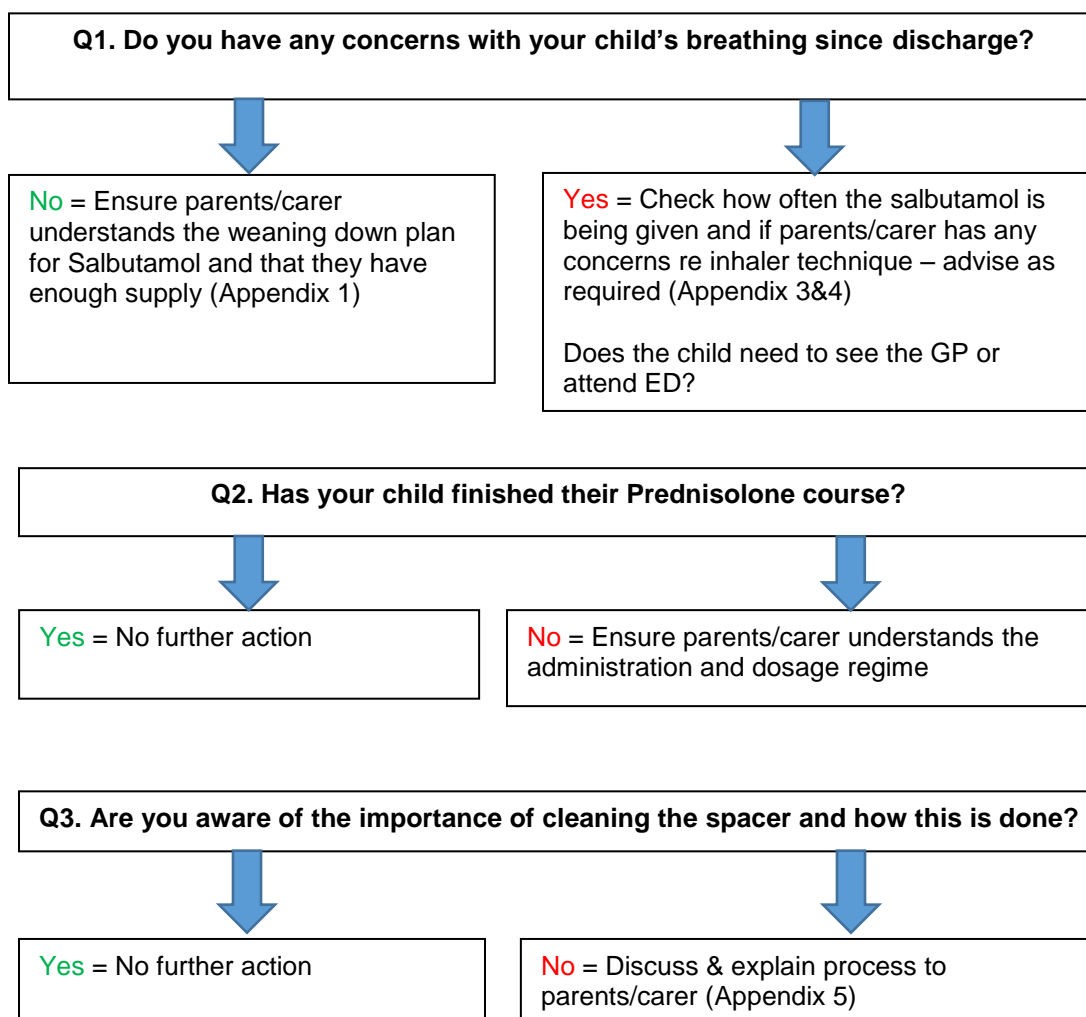
To provide a list of questions for use by CCNT nursing staff during telephone consultations the day after hospital discharge (or as soon as is feasible), or if a phone call is received by CCNT from parents/carer/young person.

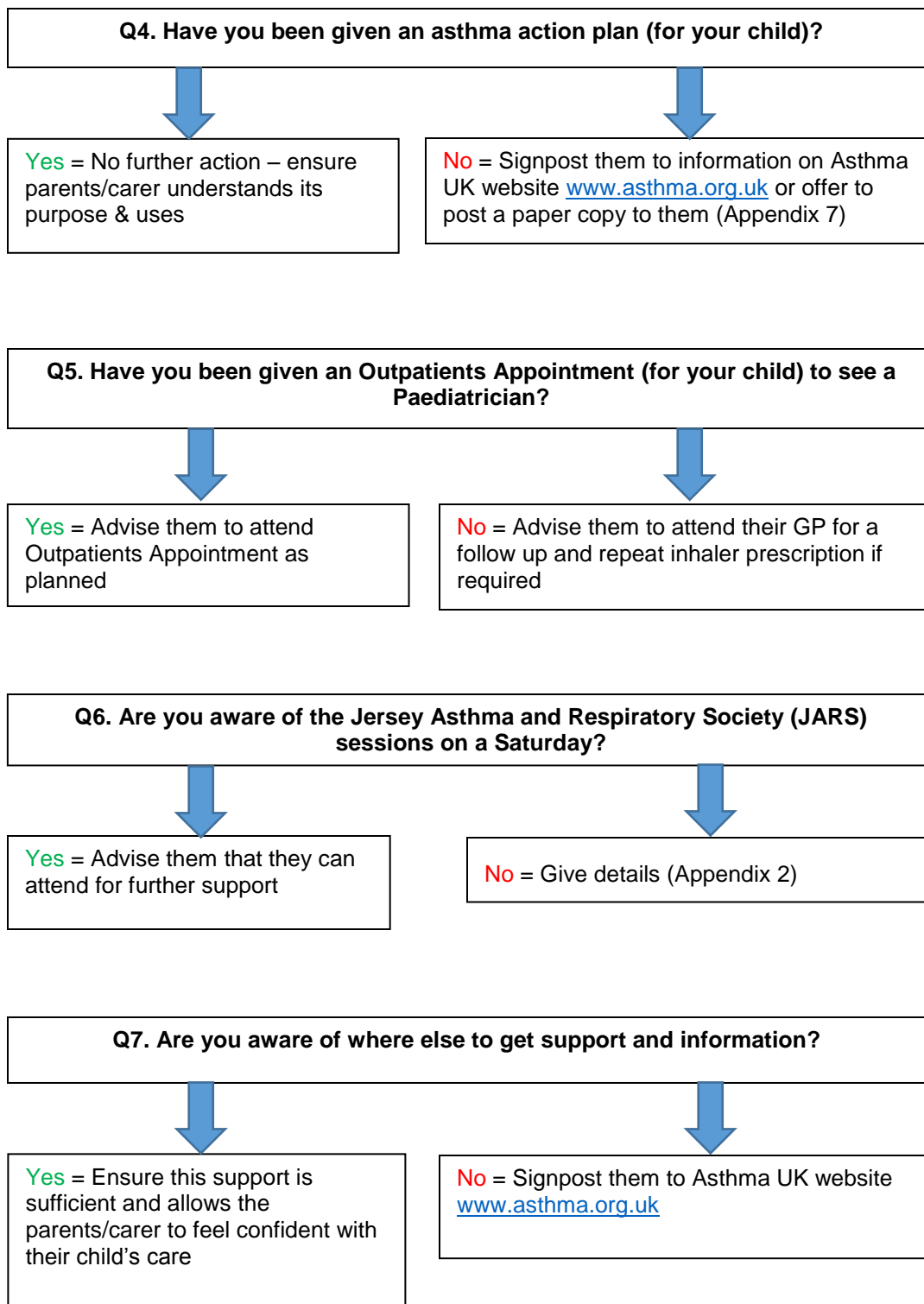
Scope

This SOP is to be used with children and young people who have been referred from the Jersey General Hospital and hence are on the CCNT caseload.

Core Requirements

Questions to be asked of the parents/carer –





- ❖ Ensure that at the end of the consultation the parents/carer is aware to seek advice from their GP or Hospital Emergency Department (ED) if they have concerns outside of CCNT normal working hours

Appendix 1 Asthma/wheeze discharge schedule for salbutamol

Asthma/wheeze discharge schedule for salbutamol

(Dr Muktanshu Patil – Consultant Paediatrician & Associate Medical Director for Women & Children Jersey General Hospital February 2020)

Day of discharge	
10 puffs	4 hourly
Next day	
8 puffs	6 hourly
Continue daily...	
6 puffs	8 hourly
4 puffs	12 hourly
2 puffs	12 hourly
2 puffs	Once
Stop	

IF A CHILD REQUIRES MORE THAN 10 PUFFS OF SALBUTIMOL EVERY 4 HOURS THEN THEY MUST BE MEDICALLY REVIEWED URGENTLY

Appendix 2 Jersey Asthma and Respiratory Society

Jersey Asthma and Respiratory Society

Information mornings:

These free consulting sessions are for people of any age with asthma

We help you to learn more about your condition on a one to one basis with our qualified staff.

This service is free and it's funded by JARS and Health and Social Services. We offer support, advice and practical solutions on any lung condition.

Where to find us:

We are based at the Lido Medical Centre on St Saviour's Road.

Bon Santé Consulting Rooms Suite 3.5,

Third Floor

Lido Medical Centre

St Saviour's Road

Jersey JE2 7LA

Opening times:

Our opening times are 9am to 12pm every Saturday, with our last appointment at 11.30am. We close on bank holiday weekends. Prescriptions are not available at these sessions.

Appointments:

It's not essential that you book an appointment, but it's advisable to avoid disappointment. You can contact us on Monday to Friday, from 8am to 5pm.

Tel: +44 (0) 1534 444032

Appendix 3 Spacer Technique over 5 years old

Correct technique for using spacer (no mask approximately 5 years +)

1. Sit your child on your lap either sideways or facing away from you. Older children usually prefer to sit or stand by themselves
2. To use the inhaler, hold it upright and take the cap off. Check there's nothing inside the mouthpiece
3. Ask your child to slightly tilt their chin up as it helps the medicine reach their lungs
4. If the spacer has a valve, make sure the valve is facing upwards
5. Shake the inhaler well
6. Take the cap off the inhaler and put the inhaler into the hole at the back of the spacer.
7. Ask them to put their lips around the mouthpiece of the spacer to make a tight seal and begin breathing in and out
8. Press the canister on the inhaler once, and encourage them to breathe in and out slowly and steadily into the spacer five times.
9. Repeat above as many times as puffs required.
10. If steroid inhaler is used - ensure to rinse mouth out or brush teeth after use to help prevent sore throat or oral thrush

Reference:

Asthma UK (2021) *Help your child use their inhaler*. Available at [Help your child use their inhaler | Asthma UK](#) Last accessed 1st July 2021

Appendix 4 Spacer Technique under 5 years old

Correct technique for using spacer with a mask (normally under 5 years)

1. If you have a baby or young toddler, sit them on your lap facing you so you can keep eye contact. With very young babies, you might find it best to tilt them back slightly.
2. Cuddle your baby on your knee or cradle them in your arms. Gently tuck their arms out of the way with one hand if they try to knock the mask away.
3. Be positive and smile! Your baby will be aware if you're anxious.
4. Gently stroke your baby's cheek with the mask so they get used to how it feels.
5. Reassure your child by pretending to take the medicine yourself or giving it to a favourite toy.
6. You can distract your baby with music or a video if it helps.
7. Hold the inhaler upright and take the cap off. Check there's nothing inside the mouthpiece
8. Shake the inhaler well
9. Put the inhaler into the hole at the back of the spacer with the indent for the nose on the mask facing upwards
10. Put the mask on your baby's face to make a seal over their nose and mouth
11. Slightly tilt their chin up as it helps the medicine reach their lungs
12. Press the canister once so that one puff of medicine goes into the inhaler
13. Count to 10 slowly (in your head, say 'one, and two, and three' etc to get the timing right)
14. Remove the mask from their face.
15. If you need to give further doses, wait 30 seconds to one minute, shake the inhaler again, then repeat the steps above.

Reference:

Asthma UK (2021) *Help your child use their inhaler*. Available at [Help your child use their inhaler | Asthma UK](#) Last accessed 1st July 2021

Appendix 5 Looking after your Spacer

Looking after your spacer

1. Keeping your spacer clean will help you to get the full benefits of your asthma medicines each time you use it. Always follow the manufacturer's instructions.
2. If it's a new spacer, clean it before you use it for the first time, then once a month afterwards.
3. Gently clean it using a detergent, such as washing-up liquid. Only a small number of brands of spacer are dishwasher safe, so check the instructions on the label
4. Be careful not to scrub the inside of your spacer as this might affect the way it works. You can scrub the outside of the spacer and the mouthpiece
5. Leave it to air-dry as this helps to reduce static (an electrical charge that builds up) and prevent the medicine sticking to the inside of the spacer
6. When it's completely dry, put your spacer back together ready for use
7. Wipe the mouthpiece clean of detergent before you use it again.
8. Your spacer should be replaced at least every year, especially if you use it daily, but some may need to be replaced sooner

Reference:

Asthma UK (2021) *Looking after your spacer*. Available at [Spacers | Asthma UK](#).
Last accessed 1st July 2021

Appendix 6 Steroid Information


Steroid information

1. Steroids help asthma by calming inflamed airways and stopping inflammation. This helps ease asthma symptoms such as breathlessness and coughing. It will also help prevent your child's lungs reacting to triggers
2. It's important that steroid tablets are taken as prescribed, and that you complete your child's course.
3. Your child will also need to carry on with their preventer inhaler so they can benefit from a lower dose of steroid tablets and give them more chance of a quick recovery.
4. Don't be tempted to stop the course of steroid tablets before the course is finished. If you don't finish the course airways may still be inflamed. This means your child's asthma symptoms could come back again, putting them at risk of what could be a life-threatening asthma attack. Your GP can support you in coming off steroids gradually to cut your risk of symptoms
5. Make sure your child is fully recovered. This means few, or no, symptoms (cough, wheeze, complaining of tightness in their chest, difficulty breathing) and not needing to use their reliever inhaler.
6. If you use a peak flow meter and your child's reading is back to above 75% of their personal best, that's a good indication they have recovered too
7. If your child hasn't fully recovered, see your GP as soon as possible as they may need another course of steroid tablets to get the inflammation in their airways right down. It should be started as soon as they finish the first course – or as soon as possible. This is to make sure the inflammation in their lungs, which the steroid tablets are helping to control, doesn't build back up again.
8. Inhaled steroids (the ones found in a preventer inhaler) are usually in a very low dose and have few or no side effects. However, they can sometimes cause side effects like a sore throat or thrush. Rinsing mouth out or brushing teeth after use will help prevent this.

Reference:

Asthma UK (2019) *Getting the best from your steroid tablets*. Available at [Steroid tablets | Asthma UK](#). Last accessed 1st July 2021

Appendix 7 My Asthma Plan




My Asthma Plan

1 My usual asthma medicines

- I need to take my preventer inhaler every day. It is called _____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if my asthma's OK.
- Other asthma medicines I take every day: _____
- My reliever inhaler helps when I have symptoms. It is called _____ and its colour is _____
- I take _____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

If I need my blue inhaler when I do sports or activity, I need to see my doctor or asthma nurse.




2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe **or**
- I need my reliever inhaler (usually blue) three or more times a week **or**
- My peak flow is less than _____ **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better



URGENT! If your blue reliever inhaler isn't lasting four hours you need to take emergency action now (see section 3)

Other things to do if my asthma is getting worse


Remember to use my spacer with my inhaler if I have one.


(If I don't have one, I'll check with my doctor or nurse if it would help me)


3 I'm having an asthma attack if...


- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts **or**
- My peak flow is less than _____


If I have an asthma attack, I will:

 **Call for help**

 **Sit up** — don't lie down. Try to be calm.

 Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.

 **If I don't have my blue inhaler, or it's not helping, I need to call 999 straightaway.**

 While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse **today.**

My asthma triggers:

List the things that make your asthma worse so you can try to avoid or treat them

I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date my asthma plan was updated _____

Date of my next asthma review: _____

Doctor/asthma nurse contact details: _____

Parents – get the most from your child's action plan

- Take a photo** and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy** on your fridge door
- Share** your child's action plan with school

Learn more about what to do during an asthma attack www.asthma.org.uk/advice/asthma-attacks

Questions? Ask Asthma UK's nurses:

Call on **0300 222 5800** (9am-5pm: Mon-Fri)


Or message on **WhatsApp** (over 16 only) **07378 606 728** (9am-5pm: Mon-Fri)

The Asthma UK and British Lung Foundation Partnership is a company limited by guarantee 01863614 (England and Wales). VAT number 648 8121 16. Registered charity in England and Wales (126730), Scotland (SC038415) and the Isle of Man (1177). Registered office: 18 Mansell Street, London, E1 6AA. Last reviewed 2021; next review 2024.

My Asthma Plan

Your asthma plan tells you what medicines to take to stay well

And what to do when your asthma gets worse



Name: _____

Always keep your reliever inhaler (usually blue) and your spacer with you.

You might need them if your asthma gets worse.

