

# Clinical Decision Making Pathway

## WHEEZE/EXCERBATION OF ASTHMA IN CHILDREN 5 years to under 10

This document is designed to aid the clinical decision making for GPs and ANPs seeing children diagnosed with **Wheeze (Wheeze/Exacerbation of Asthma)** in the primary care setting. It is guided by Wessex Healthier Together (WHT) and NICE guidance.

Any one of the following clinical symptoms categorises them into either mild/severe or life threatening. The clinical examination of the child will deem them high/intermediate/low risk and as such will aid the decision as to the appropriate health care support.

Normal Paediatric Values		
	Resp rate at rest	Heart rate
5-10 yrs	20 - 30	70 - 125

Child seen & assessed by ED/GP/ANP

Child diagnosed with: **Wheeze or Exacerbation of Asthma**

Clinical Assessment  
Children age 5 to under 10 years

### Life Threatening

- ☐ Lethargic/unable to rouse
- ☐ Agitation
- ☐ CRT >3secs
- ☐ Resp rate >70
- ☐ Resp rate <25
- ☐ Heartrate >140
- ☐ Heartrate < 95
- ☐ SaO2 <92%
- ☐ Reduced work of breathing?poor respiratory effort
- ☐ Grunting
- ☐ Unable to speak
- ☐ Silent chest on auscultation

If any red features

- ☐ **Review ABC and treat accordingly. Call 999**
- Refer to Paediatric Consultant through CCC via switchboard**

### Severe

- ☐ CRT 2-3secs
- ☐ Resp rate >30
- ☐ Heartrate >125
- ☐ SaO2 <92%
- ☐ Significant recession
- ☐ Reduced air entry with significant wheeze
- ☐ Peak flow 33-50% of best or predicted (if known asthmatic)
- ☐ Having a cough/wheeze/tight chest during the day and night.
- ☐ Unable to complete sentences in one breath/too breathless to talk, eat or drink

If any amber features

**Commence Treatment as per WHT**  
**Discuss with Paediatric Consultant by calling CCC via switchboard**

### Mild/Moderate

- ☐ Alert
- ☐ CRT <2secs
- ☐ Resp rate 20 - 30
- ☐ SaO2 >94%
- ☐ Mild Recession/no recession
- ☐ Good air entry with some wheeze
- ☐ Peak flow > 50% of best or predicted (If known asthmatic)
- ☐ Able to talk in sentences

If all green features no amber or red

**Commence Treatment as per WHT**  
**Refer to CHAT 07785 283846**  
**Discharge patient home with CHAT Salbutamol weaning plan and CHAT contact number**

CHAT will contact parents within 2 hours

Condition deteriorated within 4 hours or poor response to treatment – Refer to CDU/Sophies Place.  
**Development of amber/red features Call 999- Join life threatening/severe pathway**

Good response sustained at 4 hours, to remain on CHAT caseload until acute exacerbation resolved

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#### **CHAT Exclusion Criteria**

- Child is 10 and over
- Previous PICU admission
- History of brittle asthma or severe life-threatening asthma
- History of inhaled foreign body.
- ❓ Signs of upper airway abnormalities

**Please note:** CHAT will manage acute care only. Assessing health care provider to provide long term treatment follow up and management of interval symptoms as per NICE guidelines.

Wessex Healthier Together wheeze treatment plan link:

[Viral Induced Wheeze | Physical Health - Safety Netting | Healthier Together](#)