

Pediatric Asthma Dr Corbett

- 1 Poor recognition of severity of symptoms
- 2 Toleration of symptoms by patients

School Hand held notes like Antenatal notes

Primary care Practice Nurse/GP

- Community based Asthma Nurese [New]
- Care Pathways [New]

Hospital A/E COAU

Often neb and Pred could be replaced with Volumatic+ 10 puffs salbutamol or use of patient's own inhaler

Wheeze+ cough+ breathlessness+chest tightness: any 2 of these=asthma especially if worse at night/on exercise/ other things

If not breathless or pf normal or no response to asthma rxs think of something else

Boys often more severe than girls. Girls may last into adolescence

Wheezers some progress to asthma. Bronchiolitis from RSV may cause this

Milk intolerance some severe reaction

Others just eczema slow onset asthma

Treatments

Aim to get 0 symptoms

Start ICS at good dose then taper off

Inhaler technique use volumatic or aerochamber

Monteleukast may/may not work

LABA always with ICS effect may wane/may not work

Treat Rhinitis with antihistamine +- steroid nose spray

Other things- Ped referral