

dd/mm/yyyy

Dear Doctor <<Dr's name>>,

This letter regards your patient:

Patient Name		Date presented to ED	
D.O.B		MRN	
Address		Medicare No	

Sydney Children's Hospitals Network (SCHN) is currently identifying children who have **presented to the Emergency Department (ED) greater than four times in the last twelve months with asthma/viral induced wheeze (VIW)**. The above patient falls within this criteria. This frequency of presentations indicates that their asthma/VIW is not well controlled.

We have encouraged <<patient's name>> parent/carer to seek consultation with you, following this recent presentation, and have asked that they **book in with you for regular reviews in the management of their child's asthma/VIW**.

During this consultation and ongoing regular reviews we kindly ask that you assess:
Current asthma/VIW symptom control
Parent's understanding of their child's Asthma Action Plan (AAP)
Medication delivery technique, eg Spacer
Preventer medication requirements
Flu Vaccination requirement

The National Asthma Council Australia Asthma Handbook and Sydney Children's Hospitals Network expert opinion have informed the **Current Paediatric Asthma Management Practice Points** that can be found overleaf and we have also included tables for a **Stepped Approach to Adjusting Preventer Medication**.

We hope you find these useful in your daily practice.

If you have any queries, please contact the Care Coordination Team on 9382 0529.

Thank you for your ongoing care.

Sydney Children's Hospitals Network

Current Paediatric Asthma / VIW Management Practice Points

Preventative treatment

Preventative treatment recommended if there are interval or persistent symptoms, i.e.

- disturbed sleep >1 night per week
- any limitation to daily activities
- need for reliever >2 days per week)

First line preventative treatment is Inhaled Corticosteroids (ICS) or oral Montelukast.

There is a limited role of preventer use in children with VIW that do not have evidence of asthma.

Combination Therapy (ICS + LABA) is not recommended as first line therapy - if required, a paediatrician referral is recommended.

Medication

Recommended therapeutic pMDI Salbutamol doses are as follows:

- < 20kg – 6 puffs
- > 20kg – 12 puffs

There is no evidence for the use of oral salbutamol in the management of asthma/VIW.

The asthma/VIW medication delivery device to be age appropriate and correctly demonstrated by parents/carers and child (age dependent):

- A spacer device with a metered dose inhaler is the recommended device for all aged children (mask attachment for children <4yrs).
- Turbuhaler device not recommended for children <7 years.

Instructional Device Videos are available at www.asthmainchildren.org.au

Asthma Action Plan (AAP)

Regularly update AAP for day to day asthma management.

Ensure parents/carers can demonstrate how to use the AAP, with adherence assessed regularly.

Included in this correspondence is:

- Blank copy of the *SCH AAP* for day-to-day asthma management
- *NSW Health Schools and Child Services Action Plan for Asthma Flare-Up*, designed specifically for use at school and childcare.

Asthma/VIW education

Each consultation provides an opportunity for asthma/VIW education.

During their child's ED presentation, parents/carers were provided:

- SCHN's Asthma and Your Child: A Resource Pack for Parents and Carers available at www.asthmainchildren.org.au
- Invitation to attend a free parent/carer asthma/VIW education session conducted at SCH Randwick

We encourage you to remind them to access these valuable resources and address any questions they may have.