

## Humber and North Yorkshire 2025 Suspected Asthma Management & Treatment Guidance in children aged 2-5 years

The enclosed suspected asthma guidelines are intended for use by clinicians working in Humber and North Yorkshire. These guidelines have been developed to inform treatment decisions for:

- Children aged 2-5 years with suspected asthma that are too young for objective diagnostic testing
- Children aged 2-5 years with uncontrolled suspected asthma symptoms, considered by their clinician to require a step up in treatment
- These guidelines are <u>not</u> intended for the management o<mark>f children with viral</mark> wheeze.

### **Guideline Key**

- ICS: inhaled corticosteroid
- SABA: short-acting beta-agonist
- LTRA: leukotriene receptor antagonist
- pMDI: pressurised Metered Dose Inhaler
- OCS: oral corticosteroid

## Humber and North Yorkshire Suspected Asthma Management & Treatment

## Guidance in children aged 2-5 years.

Wheezing in preschool aged children is common, occurring in approximately one third of all preschool children. Children with wheezing in the preschool period fall broadly into 2 categories:

- Viral Wheeze the child only wheezes episodically with upper respiratory infections and is otherwise totally symptom free. This group usually has an excellent prognosis with no increased risk of respiratory symptoms in later childhood.
- Multi Trigger Wheeze/Suspected Asthma the child wheezes with upper respiratory tract infections, but has 1 or more features suggestive of suspected asthma (see table 1)

This guidance is designed to support clinicians in the management of children with features suggestive of suspected asthma (table 1) or children under 5 experiencing severe acute episodes of difficulty breathing and wheeze.

Refer any child under 5, to secondary care, who has had 2 or more courses of oral steroids in 12 month OR hospital admission

If a child has any feature suggestive of an alternative diagnosis (see table 2) they should be referred to secondary care for specialist advice.

Treatment is guided by which category the child falls into. A child can move between the categories over time and treatments should be adjusted accordingly.

No treatment has been shown to prevent progression of preschool wheeze to school age asthma, so treatment is driven solely by current symptoms.

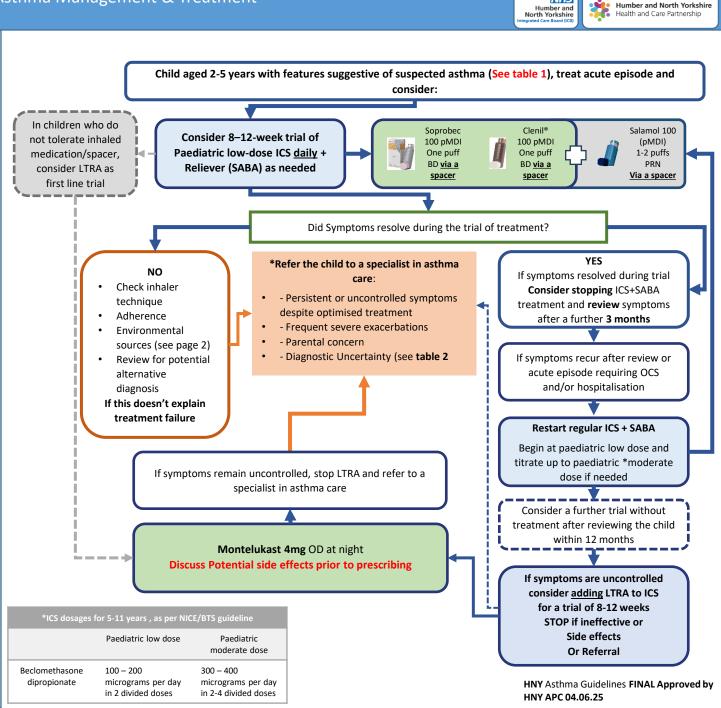
## Table 1 – features suggestive of Suspected Asthma in preschool children

Severe acute episodes of difficulty breathing and wheeze - requiring hospital admission or needing 2+ courses of OCS refer any child with these features to secondary care

Interval symptoms, outside of viral infections and/or wheezing following exposure to other triggers such as exercise or allergens

Personal or family history of Atopy

# Table 2 – Features suggestive of an alternative diagnosis Failure to thrive Unexplained clinical findings Symptoms present from birth Excessive vomiting or posseting Severe upper respiratory tract infections Persistent wet or productive cough Family history of unusual chest disease Nasal polyps



## Humber and North Yorkshire Suspected Asthma Management & Treatment Guidance in children aged 2-5 years.





## **Spacers**



Aerochamber
plus Flow-Vu
Child Small
(0-18 months)



Aerochamber plus Flow-Vu Child Medium (1-5 years)



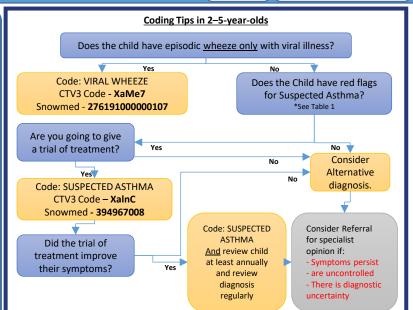
Aerochamber plus Flow-Vu Youth (5-16 years)



Volumatic Spacer With mask (0-5 years)

## Principles of Good (suspected) Asthma Care Check that all principles are being followed when considering stepping up

- Inhaler technique should be taught and reviewed during every asthma consultation. Inhaler technique videos are available at: <u>How to use your inhaler |</u> <u>Asthma UK</u>.
- Adherence with preventer therapy is often low and should be assessed and addressed during every consultation.
- If prescribing a pMDI inhaler, an appropriate spacer should be prescribed and instructions about its use and maintenance provided.
- All patients should be given a personalised asthma action plan which should be updated following any treatment change.
- Appropriate life-style and self-management advice should be discussed during each asthma consultation (e.g. trigger avoidance, smoking cessation, physical activity, weight management etc.)
- Review of symptoms and control should happen regularly and diagnostic testing for asthma arranged once child is old enough to perform objective testing.



#### How to use Blue (reliever) Inhaler

Is the child breathless, wheezing, coughing a lot, or working harder to breath?



Give Two puffs of the blue inhaler

(1 at a time) via a spacer.

If this didn't relieve their symptoms after 5 -10 minutes.

Give a further <u>Two</u> puffs of the blue inhaler (1 at a time) via a spacer.

If this still didn't relieve their symptoms after 5 -10 minutes

Give a further <u>Two</u> puffs (1 at a time) via a spacer and reassess after 5-10 minutes.

They have now had Six puffs in total.

Have their symptoms resolved?



Child does not require their blue inhaler.
Reassess regularly.

This should last at least 4 hours, reassess regularly for any worsening symptoms.





If symptoms have not resolved following or relief does not last 4 hours. The child is worsening, and immediate action is needed.

Give up to <u>Ten</u> puffs of the blue inhaler via a spacer, 1 puff at a time and arrange an urgent review the same day or attend the emergency department if this is not possible.

If the child is having breathing difficulties that are not resolved by Ten puffs of salbutamol <u>call 999</u>.

Continue to give <u>One</u> puff of their blue inhaler every 30 seconds until help arrives.

#### **Pre-School Children & Air Quality**

- Indoor and outdoor air pollutants can act as triggers for respiratory symptoms in children.
- During a consultation HCP's should ask about potential sources of indoor and outdoor air
  pollution (such as patient smoking/parental smoking, open solid fuel fires, damp and mould,
  proximity of homes/school to busy roads etc.) These should be clearly documented.
- Parental smoking and secondary exposure to tobacco smoke in children irritates the airways and make wheezing symptoms and episodes more likely.
- Cigarette smoking exposure is also linked with an increased risk of children developing asthma during their lives.
- If the child's care givers smokes or vapes, give 'Very Brief Advice' and signpost to local stop smoking services.
- Many stop smoking services use vaping as a tools to help people step down from smoking tobacco. Advise families that vaping can also act as an irritant on their child's airways, and they should avoid vaping around their child.
- If patient reports issues with damp and mould in their home, refer to HNY Air Pollution leaflet, which can be found via the Healthier together website.
- If the family need further support, regarding housing, signpost to citizens advice.
- If any concerns raised regarding outdoor air pollution, signpost patients to the Defra pollution forecast







