

# PAEDIATRIC ASTHMA REVIEWS IN PRIMARY CARE

## Routine Reviews For Children

- Diagnosed in Primary Care and on Step 1 or 2 of BTS Management Plan
- Discharged from Secondary or Tertiary Care and Stable on Step 3 of BTS Management Plan or Step 3 + Montelukast

### Good Control:

- Waking < One Night / Week
- Symptomatic < 3 x Weekly
- Using Reliever < 3 x Weekly
- No Limitation on Activity
- No Exacerbations

- Confirmation of Diagnosis
- Current Treatment  
Device / Drug / Dose
- Growth – Age v Height / Weight
- Inhaler Technique
- Adherence  
Check for Regularity of Repeat Prescriptions
- Triggers
- Smoking / Passive Smoking

### Assessment of Control

- Use of Asthma Control Test
- Relievers Prescribed
- School Attendance
- Course of Oral Steroids +/- Antibiotics
- Emergency GP Visits
- Attendance at ED / Out of Hours GP / Walk In Centre

### Good Control

- Patient Education as Appropriate  
Disease  
Triggers  
Adherence  
Technique  
Exacerbations
- Consider Stepping Down Treatment
- Asthma Management Plan

Review 3 – 6 Monthly

- ### Stepping Down Treatment
- Symptom Free for 3 – 6 Months
  - No Reliever Use Except Prior to Exercise or Sport
  - At Step 3 – Consider Previous History

- ### Stepping Up Treatment
- If Requiring Escalation to Step 3 or at Step 3 – Refer to Paediatric Asthma Nurse

### Poor Control

- Patient Education  
Inhaler Technique  
Adherence  
Triggers
- Where Appropriate Optimise Treatment at BTS Step 2  
Device / Drug / Dose
- Asthma Management Plan

Review in 4 Weeks

### Poor Control

- ### Satisfactory
- Inhaler Technique
  - Adherence

Refer to Paediatric Asthma Nurse

- ### Unsatisfactory
- Inhaler Technique
  - Adherence

Education + Review  
Consider Session with Paediatric Asthma Nurse