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| **Level 1)**Knowledge of theory |
| **Rationale** | **Performance Indicators** | **Demonstration of experience and supporting evidence** | **Witnessed by:****Date:** | **Evidence ID:** |
| Identify, classify and manage asthma attacks in accordance with current evidence based guidelines and within your scope of professional practice and competence | 1. Aware of the pathophysiological differences between healthy/stable airways and the airways during an asthma attack
 | DiscussionQ&A |  |  |
| 1. Knows common differential diagnoses for acute respiratory symptoms in children
 | DiscussionQ&A |  |  |
| 1. Aware of the range of severity of asthma attacks and the importance of clarifying this in every child presenting with an asthma attack
 | DiscussionQ&A |  |  |
| 1. States the physical assessment and observations required to classify the severity of an asthma attack
 | DiscussionQ&A |  |  |
| 1. Knows that a child’s age determines their normal physiological markers and that the findings of assessment and measurement will vary accordingly - guidelines should be followed
 | DiscussionQ&A |  |  |
| 1. Describes the broad treatment options for managing asthma attacks
 | DiscussionQ&A |  |  |
| 1. Recognises that asthma is a long term condition and that an asthma attack is a serious and potentially life threatening event that should not normally occur
 | DiscussionQ&A |  |  |
| 1. Aware of safe discharge in line with evidence based guidance
 | DiscussionQ&A |  |  |

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| **Level 2)****Understanding of theory** |
|  | **Performance Indicators** | **Demonstration of experience and supporting evidence**  | **Witnessed by:****Date:** | **Evidence ID:** |
|   | 1. Describes the pathophysiological differences between stable airways and the airways during an asthma attack and how that may change in children of different ages
 | DiscussionQ&A |  |  |
| 1. Outlines the presentation of common differential diagnosis in children presenting with acute respiratory symptoms
 | Discussion Q&A |  |  |
| 1. Knows the range of severity of asthma attacks and understands how the severity of an asthma attack is classified
 | DiscussionQ&A |  |  |
| 1. Describes the physical assessment and objective measurements of an initial assessment for a child experiencing an asthma attack
 | DiscussionQ&A |  |  |
| 1. Identifies the severity of an asthma attack correctly based upon the findings of the initial assessment
 | DiscussionQ&AReflection |  |  |
| 1. Explains the role of the range of treatment options used in the management of asthma attacks
 | DiscussionQ&AReflection |  |  |
| 1. Familiar with the standard long term management approach for asthma in children and the importance of effective inhaler technique
 | DiscussionQ&A |  |  |
| 1. Understands safe discharge in line with evidence based guidance including criteria for discharge and discharge advice
 | DiscussionQ&A |  |  |

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| **Level 3)** Application (competence) to practice |
|  | **Performance Indicators** | **Demonstration of experience and supporting evidence** | **Witnessed by:****Date:** | **Evidence ID:** |
|  | 1. Applies understanding of pathophysiology to the immediate management of an asthma attack
 | ObservationDiscussion |  |  |
|  | 1. Identifies or excludes common differential diagnoses in children presenting with acute respiratory symptoms and takes appropriate action
 | DiscussionObservationReflection |  |  |
| 1. Identifies correctly the markers for the range of severity of asthma attacks across the age range
 | DiscussionObservationReflection |  |  |
| 1. Performs the initial assessment of children having asthma attacks in accordance with evidence based guidelines
 | DiscussionObservationReflection |  |  |
| 1. Utilises the findings of the initial assessment to apply the classification of severity of asthma attacks in children across the age range
 | DiscussionObservationDemonstration |  |  |
|  | 1. Delivers pharmacological treatment to children across the age range experiencing asthma attack, monitors response to treatment and recognises when escalation is required \*
 | ObservationDemonstration |  |  |
|  | 1. Performs a brief assessment of long term management to determine adherence with prevention treatment and inhaler technique and providing appropriate education as required
 | ObservationDemonstration |  |  |
|  | 1. Recognises when a child is safe to discharge and delivers safe discharge advice in accordance with evidence based guidelines
 | ObservationDemonstration |  |  |

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| **Level 4)** Competence to explain to others/teach (critical understanding) |
|  | **Performance Indicators** | **Demonstration of experience and supporting evidence** | **Witnessed by:****Date:** | **Evidence ID:** |
|  | 1. Demonstrates the difference between stable airways and airways during an asthma attack and relates this to clinical presentations such as wheezing and hypoxaemia
 | Teaching  |  |  |
|  | 1. Analyses common differential diagnoses in children presenting with acute respiratory symptoms with application of clinical evidence and epidemiological factors
 | Reflective writingTeaching  |  |  |
|  | 1. Discusses the importance of classifying the severity of an asthma attack and how this is used to guide choice and intensity of treatment
 | Reflective writingTeaching |  |  |
|  | 1. Explores the individual constructs of an initial assessment and evaluates the challenges and barriers related to their use across the age range and within a variety of settings
 | Reflective writingTeachingAudit & dissemination |  |  |
|  | 1. Considers the implications to the patient and the organisation in cases where the severity of an asthma attack has not been accurately determined
 | Reflective writingTeaching  |  |  |
|  | 1. Suggests pharmacological treatment strategies appropriate to the level of severity of an asthma attack and when escalation is required \*
 | Reflective writingTeaching  |  |  |
|  | 1. Analyses the common risk factors for asthma attacks and explores strategies and solutions appropriate to the patient population
 | Reflective writingTeaching  |  |  |
|  | 1. Evaluates discharge policy and procedures to ensure they meet the standards set out in evidence based guidelines
 | Reflective writingTeachingAudit & dissemination  |  |  |

When you have achieved your goals, summarise the evidence you have collected and added to your portfolio:

Baseline self-assessment: Use the framework to help you assess your current level of knowledge, confidence and competence and set your development goals.

Name: Signature: Date:

**Recommended Educational Resources and Supporting Evidence**

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| Level | Evidence/Reading | Education | Resources |
| 1 | British guideline on the management of asthma | eAsthma – a short online NHSE/EfH course [www.e-lfh.org.uk](http://www.e-lfh.org.uk)  | Supporting Children’s Health – a short online course[www.supportingchildrenshealth.org](http://www.supportingchildrenshealth.org)  |
| 2 Above and | Why asthma still kills: The report from the National Review of Asthma Deaths (NRAD)  | Assessed educational course e.g. asthma diploma or degree level moduleRespiratory Matters <http://respiratorymatters.com/> Education for Health <https://www.educationforhealth.org/>  | National/regional/local updates and workshops – often advertised via NPRANG[www.nprang.co.uk](http://www.nprang.co.uk) NICE Clinical Summary <https://cks.nice.org.uk/asthma#!scenario:2>  |
| 3Above and | NICE Quality Standard for Asthma | Assessed educational course e.g. asthma diploma or degree level moduleUniversity of the West of England <https://courses.uwe.ac.uk/UZTRUU203/asthma-care-and-management> Education for Health <https://www.educationforhealth.org/>  | London asthma standards for children and young people[www.healthylondon.org](http://www.healthylondon.org) |
| 4Above and | Saglani, S et al (2019) Advances in the aetiology, management, and prevention of acute asthma attacks in children. *The Lancet Child and Adolescent Health* **3**(5), 354-364Turner, S et al (2018) Applying UK real-world primary care data to predict asthma attacks in 3776 well-characterised children: a retrospective cohort study. *Primary Care Respiratory Medicine* 28:28 | Degree or masters level educationUniversity of the West of England <https://courses.uwe.ac.uk/UZTRUU203/asthma-care-and-management>  | National asthma and COPD audit (NACAP\_ - Royal College of Physicians[www.nacap.org.uk](http://www.nacap.org.uk)  |

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**Other useful resources**

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| Inhaler technique | UK Inhaler Group (2016) Inhaler standards and competency document[www.ukinhalergroup.co.uk](http://www.ukinhalergroup.co.uk) NPRANG Guide to accessing placebo devices[www.nprang.co.uk](http://www.nprang.co.uk) Asthma UK inhaler videos [www.asthma.org.uk](http://www.asthma.org.uk) Rightbreathe respiratory prescribing tool[www.rightbreathe.com](http://www.rightbreathe.com)  |
| Respiratory assessment and examination | OSCE resources[www.oscestop.com](http://www.oscestop.com) Geeky Medic – Clinical Skills/Respiratory Examination[www.geekymedics.com](http://www.geekymedics.com)  |
| Pathophysiology | The Khan Academy[www.khanacademy.org](http://www.khanacademy.org)  |
| Care pathways | Royal College of Physicians and Child Health - Asthma/Allergic Rhinitis Pathway[www.rcpch.ac.uk](http://www.rcpch.ac.uk)  |
| Differential diagnosis | **Cough:** Shields, M. et al (2008) Recommendations for the assessment and management of cough in children. Thorax **63**(Suppl III)**Bronchiolitis**: NICE (2015) Bronchiolitis in children: diagnosis and management [www.nice.org.uk](http://www.nice.org.uk) **Viral wheeze:** Caudri, D (2017) Multi-trigger and viral wheeze: describing symptoms or defining diseases? *European Respiratory Journal* **50** |

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|  | **Witness register** |
| **Full Name** | **Job title and place of work** | **Governing body and registration**  | **Description of their knowledge, skills, experience and training** | **Linked to Evidence**  | **Description of evidence** | **Evidence been signed and dated? Y/N** |
| *E.G – Lucy Nurse* | *Advanced Nurse Practitioner**St Patients Hospital, Nursing land.*  | *NMC – 123madeup* | * *Children's Advanced Nurse Practitioner PgDip - 2015*
* *Employed as an ANP in Children’s A+E since 2016*
* *Has completed Level 4 in the NPRANG Acute Asthma Framework and has an up to date folder - 2019*
 | *1.1*  | *Summary of discussion on the pathophysiology of airways.* | *Yes* |
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