Improving Paediatric Asthma Care in the North East

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• The National Review of Asthma Deaths (NRAD 2014)
• Highlighted avoidable factors
• Lack of adherence common
• Conflicting management advice
• Tamara Mills
Schoolgirl, 13, who died of asthma attack was making regular trips to A&E and running out of medication - but was NEVER referred to a specialist even when her lips turned blue, mother tells inquest

- Tamara Mills's asthma forced her to go to A&E department regularly
- But GPs did not increase her medication dose despite her struggles
- In April last year her grandfather found her having difficulty breathing and was unable to help her with inhalers
- Paramedics were called but the teenager died of cardiac arrest

By HUGO GYE FOR MAILONLINE

A schoolgirl died from an asthma attack aged 13 after GPs decided not to refer her to a specialist even when her lips turned blue, an inquest has heard.

Tamara Mills was regularly visiting A&E and ran out of medication unusually quickly in the months leading to her death, according to her mother.

However, doctors never suggested she, and did not condition appeared ring was told.
RESILIENCE Project

- Project developed to improve patient safety in children and young people in the North East and Cumbria
- Funding one day a week
- Overall aim to improve long term health outcomes
- Asthma arm of the project
- Most deaths occur in mild to moderate asthmatics not those within specialist respiratory service
- Opportunity to improve services for this group
- Education. Education. Education.
Project Aims

• To improve knowledge around children’s asthma and promote self management
• Improve/update the knowledge of healthcare professionals – primary and secondary care
• Ensure consistent advicce - shared documentation
• Asthma advice available to all
What we did ............
North East Paediatric Partnership

- Paediatric asthma steering group - primary/secondary care
- New asthma management plan
- Shared documentation/educational materials
- Website
- Good practise framework for all
- Promoted work
Outcomes

• Regular hits to the website
• GP’s direct access to documentation
• Increases in PAAP uptake
  4% - 45% Newcastle
  5% - 60% Gateshead
• Data collection ongoing
• Funding secured to develop the website
PRIMARY CARE

- GP practices in Newcastle/Gateshead/Northumberland
- 5 study mornings arranged inviting all GP practices
- Delegates a mix of GP’s and practice nurses
- 110 attended from 64 practices
- Focused on the basics
  - NRAD
  - Getting the Diagnosis Right
  - Managing Childrens Asthma
  - Inhaler devices
  - The use of Spirometry in Children
Outcomes

• Sessions all evaluated well
• Improved communication – regularly contacted for advice
• Opportunity to promote shared paperwork – particularly the asthma management plan (PAAP)
• Update sessions - at least yearly
Schools

- Managing medical conditions in schools morning
- Updates delivered to Newcastle/Gateshead/North Tyneside/South Tyneside/Cumbria school nurses on asthma management at school
- Presentation developed – offered to schools
- Emergency inhalers – documentation/guidance for schools
Asthma attack procedure

**Actions**
- Be calm, and reassuring
- Encourage pupil to sit down and loosen clothing if needed
- Administer 4-6 puffs of Salbutamol (blue reliever inhaler) through a spacer. Shake before each puff, 1 puff at a time, every thirty seconds, take 5-6 breaths for each puff.
- Encourage a ‘normal’ breathing rate.

**What are you seeing?**

**Mild/moderate symptoms**
- Cough
- Wheeze
- Shortness of breath
- Chest tightness/pain/sore tummy
- Not as active/quiet

**Severe/ life threatening Symptoms**
- Rapid breathing rate
- Heaving upper body
- Inability to talk in full sentences
- Colour change in skin and lips
- Distressed/ confusion

**Actions**
- Ask a colleague to DIAL 999 (ambulance) and then contact parent/guardian.
- Be calm, confident and reassuring.
- Administer 1 puff of reliever inhaler every 30 seconds, through a spacer.
- Shake before each puff, 1 puff at a time, 10 breaths for each puff (as will be breathing more rapidly)
- Follow actions above until ambulance arrives
- If losing consciousness (rare) follow emergency first aid procedures.

**Is pupil responding?**

**YES**
- Allow to sit for 15 – 20 mins, observed by a member of staff.
- Allow to return to class.
- Inform parent/carer.
- If symptoms return after 4 hours, repeat and ask parent/carer to collect.

**NO**
- Always use a spacer
Asthma awareness stand

- Display in central area raising awareness
- Trust employees
- General public
- Inpatients
- Promotion of work
- Promotion of website
- Inhaler technique assessment
One stop clinic

• Funding for 2nd project year – until September 2017
• Benefit from education/management advice
• Referral's from GP’S/general paediatricians
• Diagnosis of asthma
• Spirometry/FENO/skin prick testing/peak flow/inhaler device review/education/asthma control test (ACT)
• Once only review – back to referring clinician with a treatment plan/recommendation where appropriate
• Follow up phone call to repeat ACT at 2 months
Outcomes

• Well received
• Need for an “asthma nurse”
• Addressed poor technique/inappropriate devices
• Increased awareness – “I have never been told this before”
• Increased ACT scores
Success to date

- 51 patients reviewed - 32 follow up calls
- 27 - increased score
- 2 - maximum as baseline (unchanged)
- 2 - reduced scores (exacerbations)
- 1 - unable to contact
- MID (Minimally improved difference) - increased score of 2
- So far - average increase of 5.6
- Suggests an improvement in asthma management
- Quality initiative funding
Website

- Relaunch bigger and better
- User groups
- Schools/families/healthcare professionals
- www.beatasthma.co.uk
“Just to say I had a little lad and his mum in my clinic the other day who you reviewed for me in your one-stop nurse led asthma clinic. They were both very happy with the appointment with you.

Mum said to me yours was the most useful consultation they had had and that it was exactly the sort of service that should be provided for children with asthma

Thought you’d want to know!”