Surrey Heartlands HEALTH AND CARE PARTNERSHIP

Referring Non-Acute Paediatric Asthma to Secondary Care

Before Referral

- Trial of treatment using inhaled corticosteroid (ICS) & short acting beta agonists (SABA). Review benefit in 6-8 weeks
- Provide a written Personalised Asthma Action Plan (Asthma UK) with asthma education
- Observe inhaler technique
- Confirm adherence
- Consider modifiable factors (inhaled allergens, smoking/vaping, indoor/outdoor air quality)
- Arrange objective tests if available (FeNO & Spirometry), please do not refer to secondary care solely for objective testing.

When to Refer

- The diagnosis of asthma is uncertain or concerns about significant co-morbidity
- Poor asthma control*
    - Despite ICS equivalent to 400mcg/day of budesonide / beclomethasone plus long acting beta agonist (LABA) and/or leukotriene receptor antagonist (LTRA)
    - And review of adherence & inhaler technique
- Poor adherence with ICS (<75% of prescription uptake)
- History of a life-threatening asthma attack ever
- Safeguarding, psychosocial or concordance issues

***Poor Asthma Control is defined as**

- ≥2 courses oral corticosteroids per year.
- >1 hospital admission or ≥2 ED attendance > 4 hours per year
- Persistent chronic symptoms (most days for >3 months) or worsening of symptoms
- >6 SABA inhalers per year (>3 should prompt review in primary care)
- Asthma Control Test (ACT) / Childhood Asthma Control Test score of <20
- Persistent airflow limitation on spirometry (FEV1/FVC < 80% or < lower limit of normal (LLN))

Referring Asthma to Tertiary Care

For referral to tertiary care severe asthma service please refer to the Royal Brompton Hospital Paediatric Difficult Asthma Service - https://www.rbht.nhs.uk/our-services/paediatrics/paediatric-severe-asthma-service

Ratification: CYP Asthma Discharge Bundle. Date TBC