

Paediatric Asthma Primary care referral pathway

Asthma Diagnosis

For Asthma diagnosis please follow Beat Asthma guidelines: [Asthma Diagnosis - Beat Asthma](#)

Non-Acute Care Pathway

A structured asthma / wheeze review in primary care

Please use beat asthma structured review template on beat asthma website:

[Primary Healthcare Professionals - Beat Asthma](#)

Pediatric Asthma Care Referral Form

Referral Date: **Short date letter merged**

Have all 'managing uncontrolled asthma' steps Below, been addressed prior to referral being made? (please tick all boxes, or give reason / comments why not achieved) Yes / No Comments:

Highly recommended, but not essential, before referral

- Assessed and addressed modifiable risk factors:
 - Comorbid atopic conditions (Hay fever, eczema, allergy...)
 - Younger age
 - Obesity
 - Tobacco smoke exposure

- Reviewed and addressed inhaler technique
 - if poor, either correct or issue a new device that the patient can use (How to use devices information sheets/videos [chronic management - Beat Asthma](#))

- Reviewed and addressed concordance
 - Ask about medication use and look at the number of preventer inhalers that have been issued in the last year

- Identifies and eliminated trigger factors (consider allergen exposure, environmental factors etc.)
[Microsoft Word - AIR POLLUTION.docx \(beatasthma.co.uk\)](#)

- Optimised care according to national/local asthma guidelines:
[Primary Healthcare Professionals - Beat Asthma](#)

- Smoking cessation advice given, and sign posted to services (if required, for parents, carers and YP)
[Microsoft Word - 6 Smoking and Asthma.docx \(beatasthma.co.uk\)](#)

Also useful, but not essential, to complete before referral

- A health review to consider other conditions impacting asthma and management has been done (diet, weight, lifestyle) and Signed for further support
- Considered mental health need and support offered
- Discussed with the parent or carer if housing support is needed (Beat Asthma resources)
[Microsoft Word - 1 Your Home and your Child's Health.docx \(beatasthma.co.uk\)](https://www.beatasthma.co.uk)

Patient Details		Referrer Details	
Title Given Name Surname		Name: <input type="text"/>	Organisation Name
D.O.B: Date of Birth	NHS No: NHS Number	Organisation Full Address (single line)	
Gender: Gender(full)		GP Tel: Organisation Telephone Number	
Language: Main Language		GP Email: Organisation E-mail Address	
Interpreter?: Interpreter required			
Address: Home Full Address (single line)			
Tel: H: Patient Home Telephone			
M: Patient Mobile Telephone			

Medications Issued in last 12 Months (These questions are optional but if this information is readily available then it is helpful to secondary care teams).
Number of SABA prescribed by Primary Care in last 12 months: <input type="text"/>
Number of ICS prescribed by Primary Care in last 12 months: <input type="text"/>
Number of oral steroids prescribed by Primary Care in last 12 months: <input type="text"/>

Patient Relevant History
<input type="text"/>

Consultations

Reason for referral (please tick all relevant boxes)

- Needed ≥ 2 courses oral corticosteroids per year despite addressing all uncontrolled asthma steps.
- Persistent chronic symptoms (most days for >3 months) or worsening of symptoms despite addressing all uncontrolled asthma steps.
- >1 hospital admission or ED attendance per year despite addressing all uncontrolled asthma steps.
- The use of >6 SABA inhalers per year (to note, CYP may have inhalers in different locations such as family homes, schools, clubs etc., therefore this might still be a trigger for a review and discussion) despite addressing all uncontrolled asthma steps.
- Asthma Control Test (ACT) / Childhood Asthma Control Test (c – ACT) score of <20 despite trial of appropriate management strategies in primary care following BTS/GINA guidelines and despite addressing all uncontrolled asthma steps.
- Poor asthma control despite GINA step 2_ and despite addressing all uncontrolled asthma steps.
- Diagnostic uncertainty
- Psychosocial concerns
- Persistent uncontrolled asthma with safeguarding concerns after referral to social services following local safeguarding pathway.

Any Further relevant information:

What outcome would you like from the Service?

DUE TO PADLOCKING (blocking pt's ability to view) Certain Parts / Problems of medical records, Please Manually check the pt's record for Safeguarding and sensitive information, and manually enter if appropriate.

Problems

Medication

Allergies

If you have any problem with this form or suggested changes, please email cbchealth.templates@nhs.net (NB: NOT TO BE USED FOR REFERRING A PATIENT) Asthma Paediatric BEAT Referral Form October 2024 EMIS Web SNOMED CBC Health © - CDRC (this Form has been created by CDRC. It cannot be copied or distributed by any other Organisation).