

Managing Asthma

21 September 2023



What is HealthPathways?

Melbourne

HealthPathways

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 - Chronic Cough
 - Community Acquired Pneumonia (CAP) in Adults

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HEALTHPATHWAYS

Health Alert
Victoria DHHS – Coronavirus COVID-19 Daily Update

Latest News

14 August
health.vic
Health alerts and advisories

8 August
Cardiovascular disease (CVD) risk guidelines update
The 2023 Australian Guideline for Assessing and Managing CVD Risk and associated Aus CVD Risk Calculator are now available. The Absolute Cardiovascular Disease Risk Assessment pathway will be unavailable while we update this pathway.

31 July
Notification of rheumatic heart disease (RHD) and acute rheumatic fever (ARF) cases
As of 31 July 2023, ARF and RHD have become routine notifiable conditions in Victoria. Practitioners who reasonably believe that a patient has, or may have, ARF or RHD must notify the Victorian Department of Health within 5 days. [Read more...](#)

17 July
Flu vaccination for children and adolescents
Influenza activity is continuing across Victoria, with many cases in children and adolescents. Encourage flu vaccination for everyone aged over 6 months, particularly in children and adolescents as coverage is low in these age groups. [Read more...](#)

11 July
Health warning on antibiotic resistant Shigella
There is increasing antibiotic resistance being detected in infections of Shigella bacteria. Clinicians should reserve antibiotic treatment for severe infection and priority cases, and must notify

Pathway Updates

Updated – 29 August
Tinnitus

Updated – 28 August
Postherpetic Neuralgia (PHN)

Updated – 28 August
Unexpected Deterioration in an Older Adult

Updated – 28 August
Medications in COVID-19

Updated – 25 August
Diabetic Retinopathy

[VIEW MORE UPDATES...](#)

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- RACGP RED BOOK
- USEFUL WEBSITES & RESOURCES
- MBS ONLINE
- NPS MEDICINEWISE
- PBS
- NHSD

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Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts



- **clear and concise, evidence-based medical advice**
- **Reduce variation in care**
- **how to refer to the most appropriate hospital, community health service or allied health provider.**
- **what services are available to my patients**

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Relevant pages

Relevant pathways

- [Respiratory](#)
- [Assessing Respiratory Presentations in General Practice](#)
- [Asthma in Adults – Acute](#)
- [Asthma in Adults - Non-acute](#)
- [Non-acute Asthma - Patient Self-management](#)
- [Asthma in Pregnancy](#)
- [Asthma in Children and Adolescents](#)
- [Acute Asthma in Children](#)
- [Wheeze in Children Aged 1 to 5 Years](#)
- [Rhinosinusitis](#)

Related pathways

- [Asthma Cycle of Care](#)
- [Community Asthma Education and Support](#)
- [Acute Respiratory Referral or Admission \(Same-day\)](#)
- [Non-acute Respiratory Referral \(> 24 hours\)](#)
- [non-acute Paediatric Immunology and Allergy referral](#)
- [Non-acute immunology or Allergy referral](#)
- [Anaphylaxis](#)



Asthma in Adults

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- Oncology
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- Palliative Care
- Respiratory

Assessing Respiratory Presentations in General Practice

Asthma in Adults

Asthma in Adults - Ac

Asthma in Adults - Acute

COVID-19 note

For optimum infection control:

- Do not use nebulisers to administer inhaled medicines, unless unavoidable (aerosols generated spread infectious particles for several metres and remain airborne after patient leaves).
- Lung function testing, including spirometry and peak expiratory flow measurements must not be performed on patients who are febrile or have escalating acute respiratory conditions. It is also recommended to use inline filters for all lung function testing.
- Non-urgent spirometry should be deferred for a minimum of 14 days after the diagnosis of COVID-19.

See National Asthma Control – Spirometry infection Control Recommendations for Primary Care [link](#).

Last updated: May 2023

Clinical editor's note

Consider referral to [GP Respiratory Clinics](#) (GPRCs).

If telehealth consultation is inadequate and face to face consultation is required consider referral to [GP respiratory clinic](#) rather than emergency department. GPRCs support GPs by providing adults and children with respiratory symptoms access to a comprehensive respiratory assessment (including COVID-19 testing) and management of their illness if required. Services are available to people with or without a Medicare card, at no cost to the patient.

Red flags

- Oxygen saturation < 90%
- Soft or absent breath sounds, cyanosis, or poor respiratory effort
- Bradycardia or hypotension
- Exhaustion, confusion, or coma

Assessment

- Quickly assess patient while initiating bronchodilator treatment:
 - Decide whether asthma is the most likely diagnosis.
 - Exclude other diagnoses e.g., pneumonia, pneumothorax, or hyperventilation.
- Decide on the severity of the asthma:

Asthma in Children and Adolescents

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- Bronchiolitis in Infants
- Croup
- Chronic Cough in C
- Influenza
- Pertussis (Whooping Cough)
- Pneumonia in Children

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Asthma in Children and Adolescents

This pathway is for children with asthma aged between 5 and 16 years. See also:

- Acute Asthma in Children
- Wheeze in Children Aged 1 to 5 Years

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GP Respiratory Clinics (GPRCs)

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Background

[About asthma in children and adolescents](#)

Assessment

- Consider asthma in children with a history of recurrent cough, wheeze, and shortness of breath and features that make asthma more likely. Be aware of other causes of wheeze in children.
- Take an asthma history to assess:
 - intermittent or persistent pattern
 - severity of flare-ups
 - recent control of symptoms

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Rhinosinusitis

- Dysphagia
- Ear Anomalies
- Ear Discharge in Adults
- Ear (Foreign Body)
- Ear Wax
- Facial Pain
- Hoarse Voice (Dysphonia)
- Nasal Fracture
- Neck Lumps in Children
- Neck Lumps in Adults
- Otitis Media
- Epistaxis in Children
- Rhinosinusitis**
- Salivary Gland Disorders
- Tinnitus
- Tonsillitis and Sore Throat in Adults
- Vertigo (Dizziness)
- ENT, Head, and Neck Surgery Referrals
- General Surgery
- Neurosurgery
- Ophthalmology
- Oral and Maxillofacial Surgery
- Orthopaedics / Musculoskeletal
- Surgery - Child

Rhinosinusitis

See also:

- [Suspected COVID-19](#)

Red flags

- ▶ **Unilateral offensive discharge in a child**
- ▶ **Unilateral nasal obstruction with offensive or bloody discharge**

Background

[About rhinosinusitis](#)

Assessment

1. Ask about:
 - [symptoms of rhinosinusitis](#)
 - [duration of symptoms](#)
2. Assess for [concerning features](#)
3. Check for allergic symptoms e.g., sneezing, watery nasal discharge, nasal itching, itchy watery eyes.
4. Consider if [co-morbidities](#) are present that increase the risk of complicated or severe disease.
5. Examine the patient and check:
 - general appearance and vital signs, including temperature.
 - nasal cavity (ideally with nasal speculum), looking for nasal discharge, polyps, and inflammatory signs. Consider the presence of a foreign body in a child with unilateral offensive discharge.
 - oral cavity for post-nasal discharge and dental pathology. See [Dental Pain](#).



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Thank
you.

