

Implementing clinical practice guidelines for asthma and allergic rhinitis ICAM Sustain

04 Oct 2023

Acknowledgement of Country

In the spirit of reconciliation we acknowledge the Traditional Custodians of the lands on which we meet, the Wurundjeri people of the Kulin Nation.

We pay our respects to the Elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples today, for they are the safekeepers of memories, traditions and culture.

We recognise their connection to Country, land, sea and community, and the role in caring for and maintaining Country over thousands of years. May their strength and wisdom be with us today.



Photo credit: Koori Curriculum

Housekeeping – Zoom Meeting

All attendees are muted

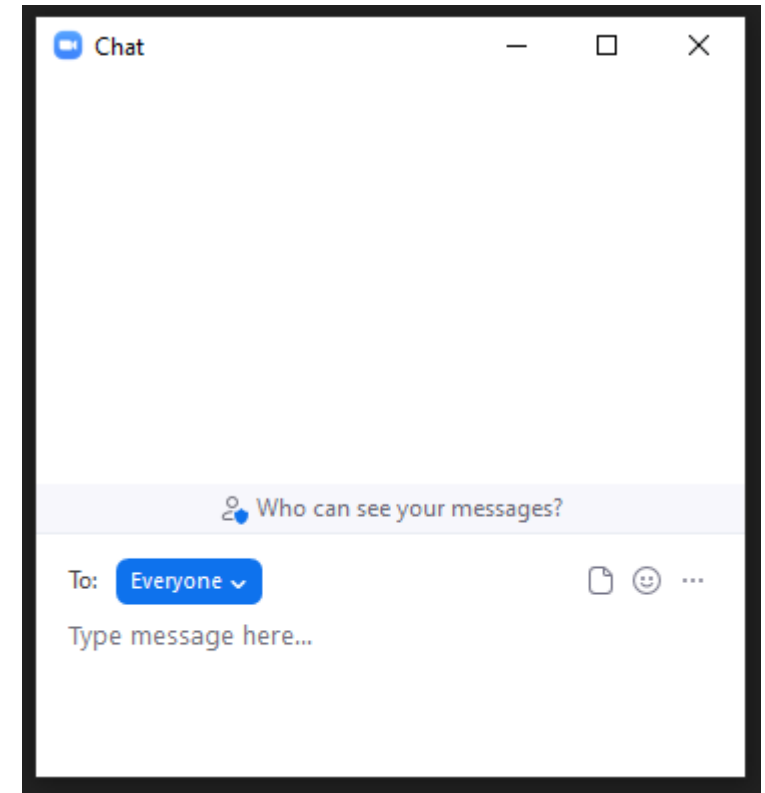
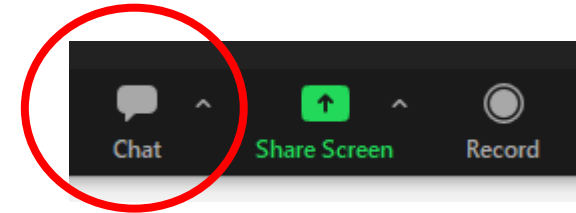
Please keep your microphone on mute

Please ask questions via the Chat box

This session is being recorded

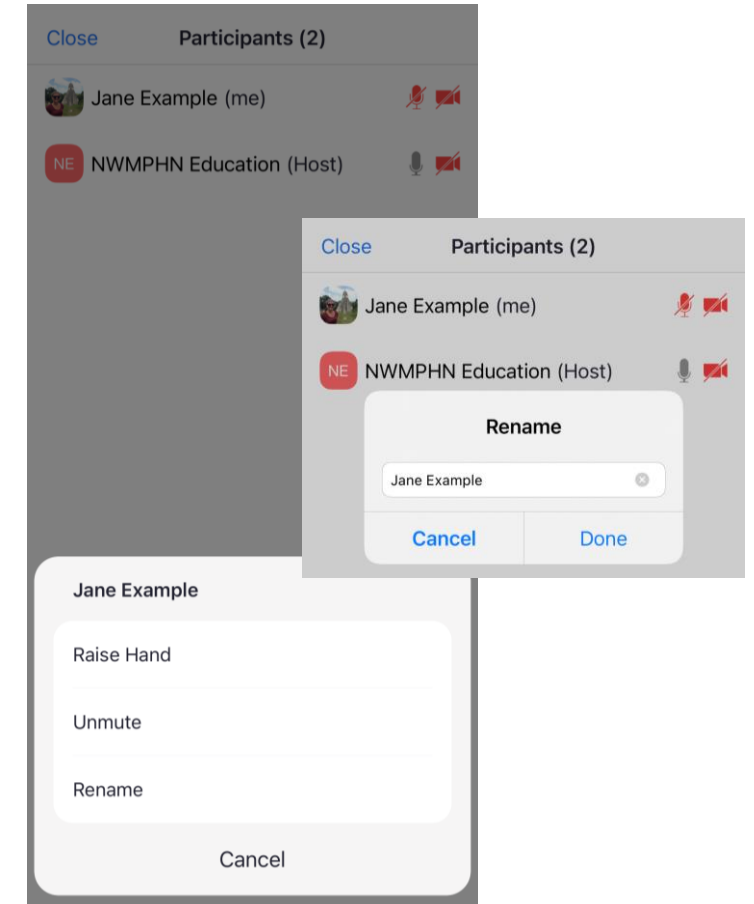
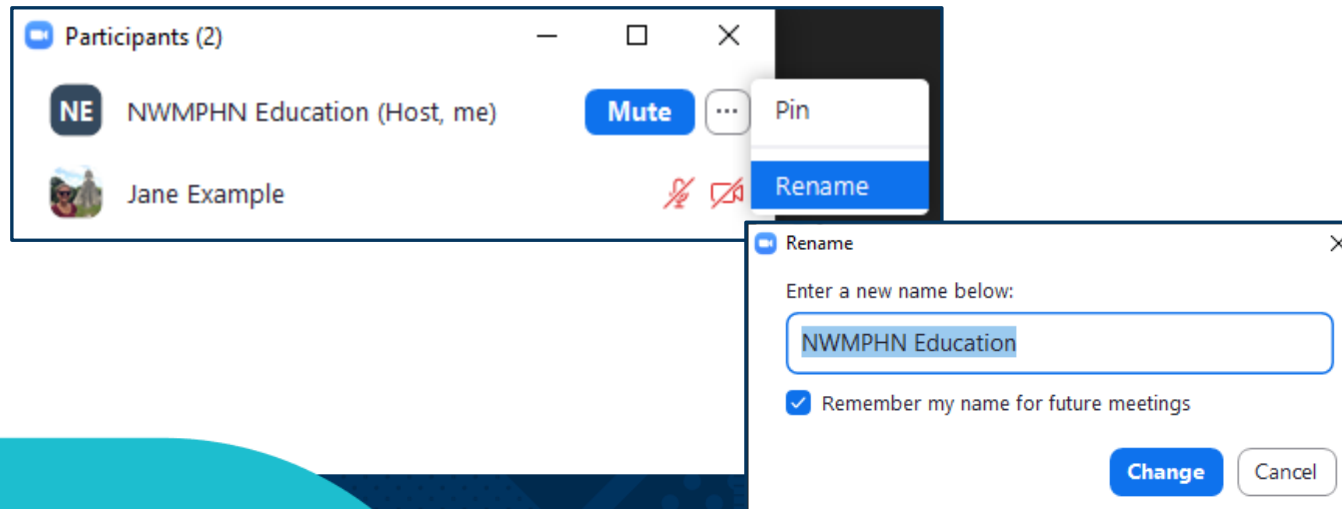
Please ensure you join the session using the name you registered with so we can mark your attendance

Certificates and CPD will not be issued if we cannot confirm your attendance



How to change your name in Zoom Meeting

1. Click on **Participants**
2. **App:** click on your name
Desktop: hover over your name and click the 3 dots
Mac: hover over your name and click *More*
3. Click on **Rename**
4. Enter the name you registered with and click
Done / Change / Rename



Agenda

Topic	Speaker
Welcome and Introductions	Kirsty Tamis
Transitioning from ICAM Inner West to ICAM Sustain	Katherine Chen
Case discussions regarding implementing clinical guidelines in practice	Katherine Chen
Review of allergic rhinitis guideline and thunderstorm asthma	Kirsty Tamis
Wrap Up: Evaluation and Next Community of Practice	Katherine Chen

Learning Outcomes

By the end of this session, you will be able to:

- implement best practice management for asthma in children
- describe resources and local services available for children living with asthma
- identify collaborative, multidisciplinary opportunities to improve care for children living with asthma
- Interpret local data and identify potential solutions to improve asthma care locally

Introduce yourself in the chat



Introducing your Facilitators



Dr Katherine Chen

General Paediatrician
Royal Children's Hospital



Dr Kirsty Tamis

General Practitioner
Forsyth Park Medical Centre

Other Speakers



**Dr. Shivanthan
Shanthikumar**
Paediatric Respiratory
Specialist, Royal Children's
Hospital
Clinician-scientist fellow,
Murdoch Children's
Research Institute



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*Transitioning from ICAM
Inner West to ICAM
Sustain*

Katherine Chen



2

Implementing clinical practice guidelines- cases from the front line

Katherine Chen

Case JA

19-month-old boy

Term baby, no atopic history

2 ED and short stay presentations < 1 year of age for bronchiolitis

1 ED presentation at 17 months for Salbutamol responsive wheeze

Well in between episodes

Both parents smoke, 2 older sisters

Has not had 18/12 immunisations or fluvax

Case JA

Current presentation:

4 days of fever, rhinorrhea, cough

Local respiratory clinic- Rhinovirus +ve, Human metapneumovirus +ve

Had 3 days of oral prednisolone

Increasing shortness of breath, peripheral cyanosis during fever, GP called AV

Hospital management:

Low flow oxygen for few hours

Salbutamol as required

No further oral steroids

Issues for education and follow-up

- **Diagnosis**
- **Use of oral prednisolone**
- **Need for Asthma Action Plan (has spacer and Salbutamol)**
- **Maintenance treatment?**
- **Reduction of triggers**
- **Refer to community asthma program**

Preschool asthma clinical practice guideline- challenges

[https://www.rch.org.au/clinicalguide/guideline_index/Preschool_asthma_\(1-5_years\)/](https://www.rch.org.au/clinicalguide/guideline_index/Preschool_asthma_(1-5_years)/)

- When do you diagnose as preschool asthma?
- Practicalities of de-labeling

https://www.rch.org.au/kidsinfo/fact_sheets/asthma-videos/#asthma-in-preschool-children

- New asthma video for preschool children

Challenges with primary school asthma CPG

[https://www.rch.org.au/clinicalguide/guideline_index/Asthma_in_primary_school-aged_children_\(6-11_years\)/](https://www.rch.org.au/clinicalguide/guideline_index/Asthma_in_primary_school-aged_children_(6-11_years)/)

-Maintenance treatment (preventers)

Step 2: Low dose ICS via spacer (and reliever as needed)

- Ciclesonide 80 microg once daily or **Fluticasone 50 microg twice daily (not on PBS)**
- ciclesonide has the advantages of daily dosing, lower side effect profile, PBS subsidised so lower out of pocket costs (NB not all spacer devices are compatible)

-Use of rescue oral corticosteroids at home?



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HealthPathways Melbourne

Kirsty Tamis

What is HealthPathways?





Melbourne

Immunology - Child

Infant Health

Mental Health and Behaviour - Child and Youth

Neurology - Child

Ophthalmology - Child

Orthopaedics - Child

Surgery - Child

Respiratory - Child

Assessing Respiratory Presentations in General Practice

Acute Asthma in Children

Acute Respiratory Illness in Children

Asthma in Children and Adolescents

Bronchiolitis in Infants

Croup

Chronic Cough in Children

Influenza

Pertussis (Whooping Cough)

Pneumonia in Children

Wheeze in Children Aged 1 to 5 Years

Paediatric Respiratory Referrals

Rheumatology - Child

Youth Health

Investigations





Melbourne HEALTHPATHWAYS

Latest News

20 September

 [health.vic](#)

[Health alerts and advisories](#)

19 September

Listeriosis – advice for people at risk

There are currently a number of multi-state clusters of listeriosis under investigation nationally. People at increased risk of listeriosis should avoid consuming high-risk foods. [Read more...](#)

13 September

60-day dispensing – PBS medicines and current item codes

From 1 September 2023, GPs are able to write scripts for 60 days with 5 repeats for certain PBS medications. For further information, see [60-day prescriptions of PBS medicines](#), [searchable table PBS for 60-day dispensing](#), and [information kit](#).

1 September

Pathway Updates

Updated – 25 September

[Managing Type 2 Diabetes](#)

Updated – 21 September

[Motor Neurone Disease](#)

Updated – 21 September

[COVID-19 Vaccination](#)

Updated – 20 September

[Behavioural Disturbance in Older Adults](#)

Updated – 20 September

[Asymmetrical Sensorineural Hearing Loss](#)

[VIEW MORE UPDATES...](#)

 ABOUT HEALTHPATHWAYS

 BETTER HEALTH CHANNEL

 RACGP RED BOOK

 USEFUL WEBSITES & RES

 MBS ONLINE

 NPS MEDICINEWISE

 PBS

 NHSD

Click 'Send Feedback' to add comments and questions about this pathway.





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Updated Australian Institute of Health and Welfare Asthma Data

Katherine Chen

Outcome measure	Indicator	Baseline value*	Latest value	Progress status	Last updated
Reduced prevalence of asthma	1: The proportion of people who report having current and long-term asthma	11% of Australians in 2017–18	11% of Australians in 2020–21	Data not comparable	30 June 2023 View data source for prevalence
Improved quality of life among people with asthma	3: Impact of asthma on quality of life	23% of people with asthma reported that asthma interfered with their daily activities 2 or more times in 2017–18	21% of people with asthma reported that asthma interfered with their daily activities 2 or more times in 2020–21	Data not comparable	30 June 2023 View data source for quality-of-life measures
		11% of people with asthma reported experiencing very high levels of psychological distress in 2017–18	11% of people with asthma reported experiencing very high levels of psychological distress in 2020–21	Data not comparable	30 June 2023 View data source for quality-of-life measures
		8% of people with asthma reported having poor self-assessed health in 2017–18	5% of people with asthma reported having poor self-assessed health in 2020–21	Data not comparable	30 June 2023 View data source for quality-of-life measures
Reduced asthma-related deaths	4: Deaths due to asthma	1.9 deaths per 100,000 for all ages in 2017 (456 deaths)	1.4 deaths per 100,000 people for all ages in 2021 (351 deaths)	Progress	30 June 2023 View data source for deaths
		The death rate due to asthma for people aged 5–34, was 0.3 per 100,000 in 2017	The death rate due to asthma for people aged 5–34, was 0.2 per 100,000 in 2021	Progress	30 June 2023 View data source for deaths
		The death rate due to asthma for people aged 35–54, was 1.0 per 100,000 in 2017	The death rate due to asthma for people aged 35–54, was 0.4 per 100,000 in 2021	Progress	30 June 2023 View data source for deaths
		The death rate due to asthma for people aged 55 and over, was 5.5 per 100,000 in 2017	The death rate due to asthma for people aged 55 and over, was 4.1 per 100,000 in 2021	Progress	30 June 2023 View data source for deaths

Decrease in suboptimal asthma control	5: Asthma control medication use	17% of people dispensed at least 1 SABA, were dispensed 3 or more SABA in 2017–18	18% of people dispensed at least 1 SABA, were dispensed 3 or more SABA in 2021–22	No change	30 June 2023 View data source for asthma control medications
Improved adherence with appropriate preventer medicines	6: Preventer medication use for asthma	34% dispensed at least 1 preventer, were dispensed 3 or more preventers in 2017–18	33% dispensed at least 1 preventer, were dispensed 3 or more preventers in 2021–22	No change	30 June 2023 View data source for preventer medication
Increase in annual General Practitioner (GP) reviews of people with asthma	7: Asthma cycle of care claims	0.3% of Australians claimed in 2017–18	0.1% of Australians claimed in 2021–22	Regress	30 June 2023 View data source for asthma cycle of care claims
Increase in asthma action plan uptake for both adults and children	8: Asthma action plans	31% of people with asthma had a plan in 2017–18	34% of people with asthma had a plan in 2021–22	Data not comparable	30 June 2023 View data source for asthma action plans
Reduced asthma-related hospitalisations	9: Hospital admissions due to asthma	175 per 100,000 asthma hospitalisations in 2016–17	100 per 100,000 asthma hospitalisations in 2020–21	Progress	30 June 2023 View data source for asthma hospitalisations
Reduced asthma-related hospitalisations	10: Emergency department presentations	297 per 100,000 ED presentations in 2018–19 due to asthma	232 per 100,000 ED presentations in 2020–21 due to asthma	Progress	30 June 2023 View data source for asthma ED presentations



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Review of allergic rhinitis guidelines

Kirsty Tamis

Types of allergic rhinitis

- Seasonal- pollens (grasses, weeds, trees)
- All year round- dust mites, moulds, animal danders
- Symptoms- rhinorrhea, congestions, itchy nose, itchy/watery eyes
- Improve control of allergic rhinitis = improve asthma control

Treatment

- Saline nasal sprays or rinses
- Intranasal corticosteroids
- Combined intranasal corticosteroids and antihistamines
- Non sedating antihistamines
- Allergen immunotherapy (severe cases not responding to above)

<https://www.allergy.org.au/patients/allergic-rhinitis-hay-fever-and-sinusitis/allergic-rhinitis-treatment-plan>

ascia
australian society of clinical immunology and allergy
www.allergy.org.au

**TREATMENT PLAN FOR
Allergic Rhinitis
(Hay Fever)**

Patient name: _____ Date: DD / MM / YYYY
Plan prepared by: _____ Signed: _____

ALLERGEN MINIMISATION

☐ Minimising exposure to confirmed allergen/s may assist to reduce symptoms in some people.
For information go to www.allergy.org.au/patients/allergy-treatments/allergen-minimisation

THUNDERSTORM ASTHMA

☐ Try to stay indoors just before, during and just after thunderstorms in pollen seasons if allergic to pollen.
Use preventer treatments such as intranasal corticosteroid sprays or combined intranasal corticosteroid/antihistamine sprays. Consider allergen immunotherapy (see below). If you also have asthma, use asthma preventers regularly.
For information go to www.allergy.org.au/patients/asthma-and-allergy/thunderstorm-asthma

MEDICATIONS

☐ Intranasal corticosteroid spray: _____
☐ 1 or ☐ 2 times/day/nostril for _____ weeks or _____ months or ☐ continuous
☐ Additional instructions: _____
or
☐ Combined intranasal corticosteroid/antihistamine spray: _____
☐ 1 or ☐ 2 times/day/nostril for _____ weeks or _____ months or ☐ continuous
☐ Additional instructions: _____

Note:

- It is important to use these sprays correctly. See instructions below and directions for use.
- Onset of benefit may take days, so these sprays must be used regularly and should not be stopped every few weeks.
- If significant pain or bleeding occurs contact your doctor.
- Some treatments mentioned above require a prescription.

1. Prime the spray device according to manufacturer's instructions (for the first time or after a period of non-use).
2. Shake the bottle before each use.
3. Blow nose before spraying if blocked by mucus.
4. Tilt head slightly forward and gently insert nozzle into nostril.
5. Aim the nozzle away from the middle of the nose (septum) and direct nozzle into the nasal passage (not towards tip of nose, but in line with the roof of the mouth).
6. Avoid sniffing hard during or after spraying.

Spray towards back of nose Don't spray towards middle of nose (septum)

☐ Oral non-sedating antihistamine tablet: _____ Dose _____ mL/mg ☐ 1 or ☐ 2 times/day
☐ Additional instructions: _____

☐ Intranasal antihistamine sprays: _____ ☐ 1 or ☐ 2 times/day
☐ Additional instructions: _____

☐ Saline nasal ☐ spray or ☐ irrigation _____ ☐ _____ times/day or ☐ as needed
☐ Use 10 minutes prior if used with intranasal corticosteroid spray

☐ Decongestant: _____ ☐ nasal spray _____ times/day or ☐ tablet
Dose _____ tablets _____ times/day for up to three days (not more than one course/month)

☐ Eye drops or ointments: _____

☐ Other medications: _____

For information and links to animation videos go to www.allergy.org.au/patients/allergic-rhinitis-hay-fever-and-sinusitis

ALLERGEN IMMUNOTHERAPY

If allergen immunotherapy has been initiated by a clinical immunology/allergy specialist, it is important to follow the treatment as prescribed. Contact your doctor if you have any questions or concerns. For information go to www.allergy.org.au/patients/allergy-treatments/immunotherapy

© ASCIA 2023 This plan was developed as a medical document to be completed and signed by the patient's doctor, nurse practitioner or pharmacist.

Community Asthma Program

CAP is DHHS funded

(free service)



1800 ASTHMA SERVICE

SEARCH

[HOME](#) > YOU SEARCHED FOR 1800 ASTHMA



Telephone: 1800 ASTHMA (1800 278 462)



Email: asthmasupport@asthma.org.au



Book a call: Click this option on the home page www.asthma.org.au or type '1800 ASTHMA' into the search section and select the 1800 ASTHMA tile.

Opening hours: Monday to Friday 9am to 5pm



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Resources for thunderstorm asthma

Kirsty Tamis

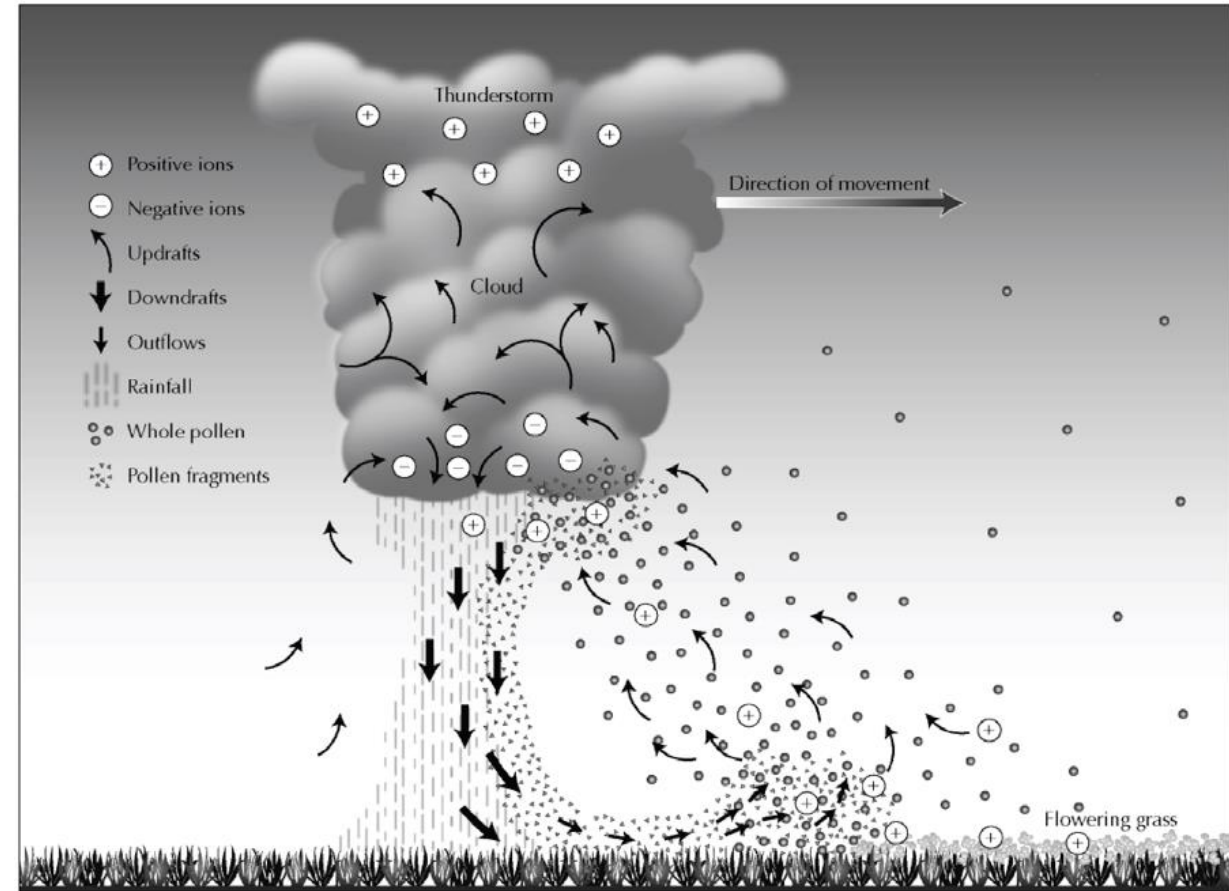
Epidemic Thunderstorm Asthma

- Largest epidemic thunderstorm asthma event occurred in Melbourne, 21 November 2016
- Unprecedented in size, acuity and impact
- Not a scenario that was ever contemplated let alone exercised
- It had impacts across all of Melbourne and Geelong but increase asthma admissions noted in Ballarat and Warrigal
- **We now know what can happened and we are preparing for the next one**

Reducing Exposure

Advice is to avoid thunderstorms esp. wind gusts that precede them in Oct to Dec

- Go indoors, close windows and doors and turn off evaporative air-conditions.
- If community is aware then they don't really need a lot of technology to do this
- This should be a new social practice that everyone just generally knows to do
- Assisted by BOM forecasts for storms
- Assisted further by epidemic thunderstorm asthma forecast and the advice and warning system



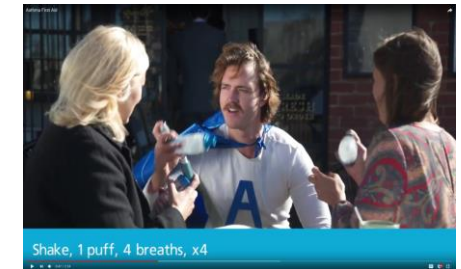
Taylor and Jonsson 2004

Improved Ability to Self-Manage

- **Increase in asthma action plans with specific reference to ETSA**
- **People with hay fever aware of their risk**
 - Practical knowledge of asthma first aid
 - Reliever appropriately available to them
- **Increase asthma first aid knowledge across community generally to assist if required**

Asthma first aid

- Asthma first aid animation / video / posters



Nurses, Asthma Australia, National Asthma Council

- Improving technique, adherence, understanding, for patients and carers

Improved Ambulance and Health Services Preparedness and Response

All major Victorian Hospitals

- Improved DHHS stewardship of Health Services
 - All hospitals single point of contact with DHHS
 - Receive first wave notification for high risk ETSA forecast days
 - Clarity around Code Brown and informing DHHS
- ETSA preparation check list

Primary care

- First wave notification to primary health networks, pharmacy guild, nurse on call, if it's a high-risk day
- Chief Health Officer Advisory released
- Training and education raised aspects related to planning and preparedness

ETSA Forecasting system

- Assists health and emergency services to prepare (staffing for surge capacity, medication, plans in order etc)
- Community aware and reminded to avoid exposure, carrying reliever, review asthma first aid / action plan, (nudge to take their preventer)


Monitoring and Early Detection System

- Ambulance and ETA demand monitoring
- SynSurv
- Social medical monitoring


Advice and Warning System

- Links into Vic Emergency system
- Alert and warnings system
- Watch zone can be set up


Victorian warnings system




WARNINGS AND EMERGENCY INFORMATION




VicEmergency website
emergency.vic.gov.au




VicEmergency app
Apple and Android
mobiles and tablets




VicEmergency Hotline
1800 226 226




Social media
fb.com/vicemergency
@vicemergency




Radio
ABC local radio
Commercial and agreed
Community stations




Television
Sky News



Sirens
Continuous tone
for 5 minutes



Emergency Alert
SMS to mobiles
Calls to landlines



PREPARE & GET READY

INCIDENTS & WARNINGS

RELIEF & RECOVERY










List Both Map


Filter

Search address...

Warnings 4

Incidents 36

Type		Updated
	Advice - Air Quality Yalca	7 hours ago  
	Advice - Grass Fire Woodside	7 hours ago  
	Advice - Bushfire ALPINE WALKING TRACK NORTH OF	11 hours ago  



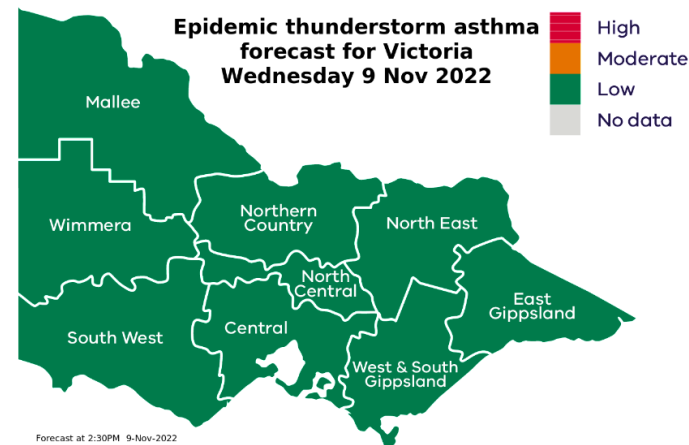
Victorian warnings system



Thunderstorm Asthma Forecast

The epidemic thunderstorm asthma forecast combines the Bureau of Meteorology's forecast of a certain type of thunderstorm and the grass pollen forecast in each of the state's districts. More information about the forecast can [here](#).

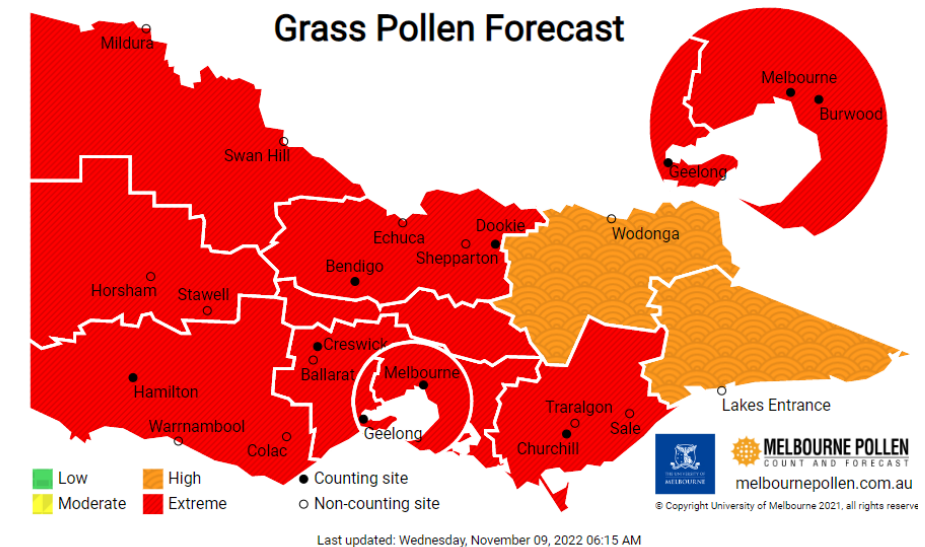
CENTRAL	Low
EAST GIPPSLAND	Low
MALLEE	Low
NORTH CENTRAL	Low
NORTH EAST	Low
NORTHERN COUNTRY	Low
SOUTH WEST	Low
WEST AND SOUTH GIPPSLAND	Low
WIMMERA	Low



Note: The above epidemic thunderstorm asthma forecast information was provided by the Victorian Department of Health and the Bureau of Meteorology. For more information pertaining to these forecasts visit [this website](#).
Last updated: Wednesday, November 09, 2022 02:30 PM

<https://www.melbournepollen.com.au/>

Victorian District Grass Pollen Forecast



Questions



A decorative graphic in the top-left corner consists of two overlapping circles. The top circle is divided into four quadrants: top-left is green with diagonal lines, top-right is orange with diagonal lines, bottom-left is teal with diagonal lines, and bottom-right is light blue with diagonal lines. The bottom circle is a solid purple. The background is a dark blue with various geometric patterns, including diagonal lines, dots, and chevrons.

7

Wrap up

Feedback

Your feedback is important to us, and helps us to get the most out of the Community of Practice

- Please answer the survey questions
- Share with us what you would you like to discuss at future Community of Practice Meetings?

Stay up to date with ICAM news!

Sign up to receive the monthly ICAM newsletter which includes:

- Project updates
- Links to asthma resources



icam@health.vic.gov.au

Scan QR Code or Click Link Below

<https://www.surveymonkey.com/r/DPX2LLL>



Next Community of Practice

Date and time:

Wednesday November 22nd

6:30-8pm

Topic:

Reducing household allergens and
triggers for asthma





Thank you