

Improving Childhood Asthma Management (ICAM) Community of Practice – session 1: Implementing clinical practice guidelines

4 October 2023



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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

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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

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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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[Wheeze in Children Aged 1 to 5 Years](#)

[Rhinosinusitis](#)

[Acute Respiratory Illness in Children](#)

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[Non-acute Paediatric Immunology and Allergy referral](#)

[Anaphylaxis](#)

[Acute Paediatric Medicine Referral or Admission \(Same-day\)](#)

[Non-acute Paediatric Medicine Referral \(> 24 hours\)](#)

To be published soon


Asthma in Primary School-aged Children
(6-11 years)


Asthma in adolescents (12 years and over)

Thunderstorm Asthma



Asthma in Children and Adolescents

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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](#)

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](#).

Last updated: May 2023

Clinical editor's note

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.


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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