

Improving Childhood Asthma Management (ICAM) Community of Practice - Back to School 2025

Wednesday, 12 February 2024

The content in this session is valid at date of presentation

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

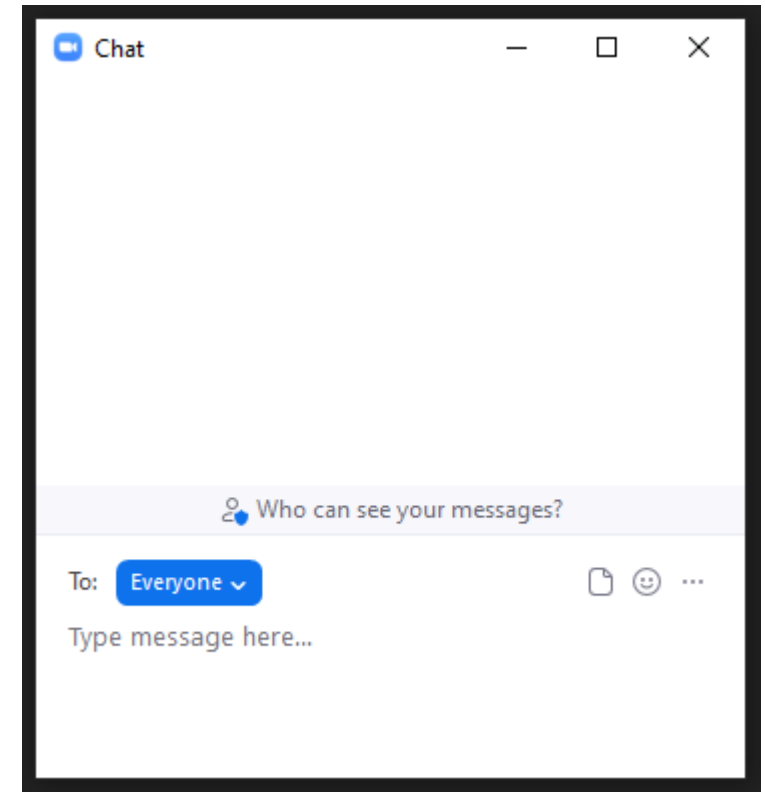
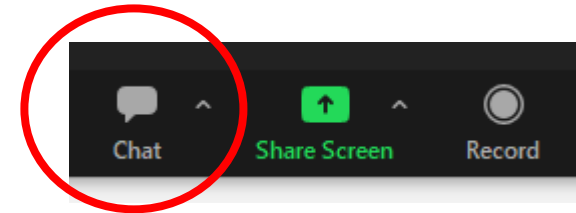
Please keep your microphone on mute

Please ask questions via the Chat box

This session is being recorded

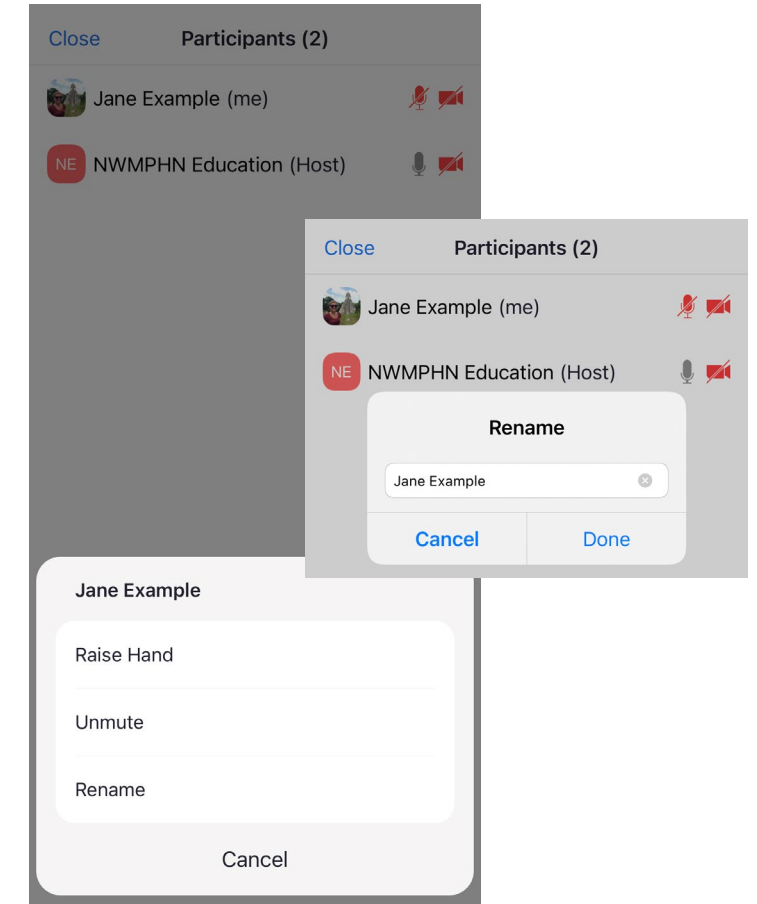
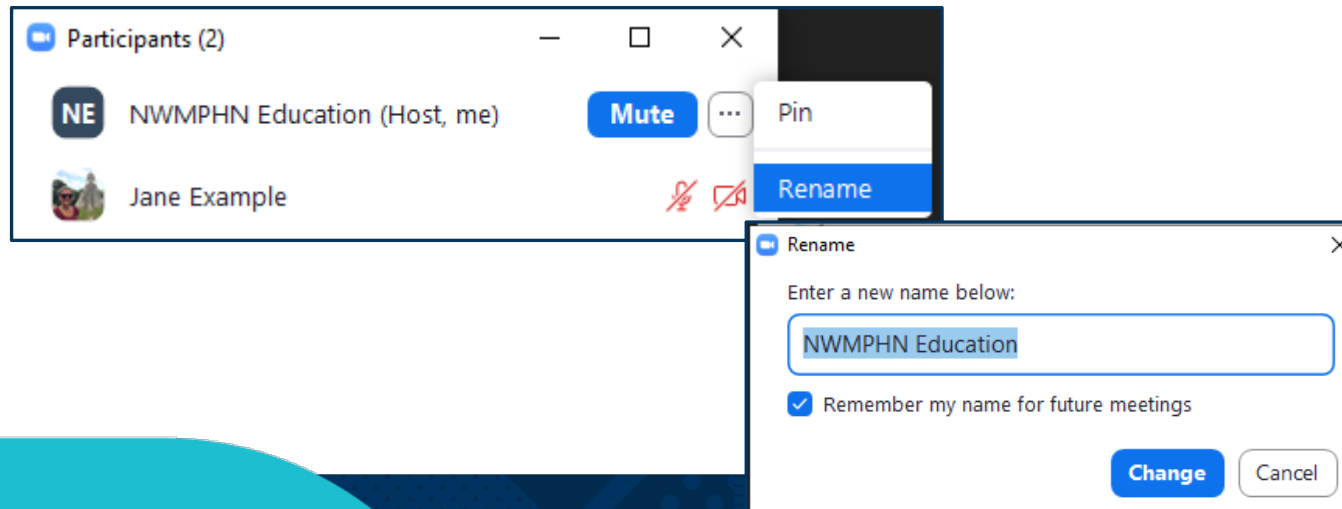
Please ensure you join the session using the name you registered with so we can mark your attendance

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
Case studies	Kirsty Tamis
Exercise-induced asthma	Shivanthan Shanthikumar
Asthma Plans	Kirsty Tamis
HealthPathways & CAP	Kirsty Tamis
Wrap Up: Feedback and Next Community of Practice	Kirsty Tamis

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 Shivanthan
Shanthikumar**

Paediatric Respiratory
Specialist, RCH
Clinician-scientist fellow,
MCRI



Dr Kirsty Tamis

General Practitioner
Forsyth Park Medical Centre



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Case Studies

Kirsty Tamis

Case Study 1

- 2yo Male unwell with viral URTI
- Mum giving ventolin via spacer and mask at home every 4hours 4-6puffs
- Increased WOB and RR
- Wheeze throughout chest
- Last Ventolin 2hours ago at home – 6 puffs
- Given 6 puffs burst in practice, improvement but still wheezey

Past Medical History

- Multiple admissions with bronchiolitis <12m
- First given Ventolin ED age 14m and discharged with spacer and mask
- Last 10m: 3xED admissions, 4x oral steroid community and ED, 2 oral abx course, wheeze in every URTI monthly, used 2-3 ventolin inhalers
- No diagnosis, told too young to say asthma
- No formal asthma education, plan or asthma device education
- Eczema
- Vaccinated apart from influenza
- No regular GP

Family and Social History

- Lives Mum, Dad and 3 step siblings
- Dad poorly controlled Asthma
- Both parents vape and smoke outside the home
- No pets
- No food allergies
- No reported damp or inhaled allergens

Where to go from here

- *Any further questions?*
- *Next steps?*
- *Asthma Plan?*
- *Referrals?*

Next Steps

- Diagnosis Asthma made to Mum
- Letter to ED outlining current situation and PMH
- Burst therapy, oral steroid, admitted to Paeds ward
- Diagnosis asthma communicated by ED, Paeds, Asthma Nurse on ward
- Started Flixotide Jnr 1puff BD, Asthma plan, referral CAP, follow up GP appt made prior to discharge
- Discharge paper given to Mum and sent to GP
- Advised on ventolin weaning
- GP arranged GPMP/TCA, asthma plan review date 6weeks, influenza vaccine
- Advised on VVED service, GP each time unwell, pharmacy to help educate new inhaler

Follow up

- Seen by CAP following week
- Seen at GP each URTI for 3months
- Further wheeze each episode no admissions
- Increased Flixotide to 2puffs BD
- Good control on this dose until following winter

Next year...

- 3yo now
- Wheeze every month with viral infection in Winter
- 1 ED admission and oral steroid
- Parents still smoking
- Ongoing CAP and GP review, GPMP/TCA asthma updated
- Montelukast or Resp referral?

Where to go from here

- *Any further questions?*
- *Next steps?*
- *Asthma Plan?*
- *Referrals?*

Case Study 2

- 5yo F attend with Mum and Dad
- Preschool asthma diagnosed age 3
- Viral trigger, no co-existing atopy or environmental trigger, Dad asthma, non smokers/vapers, no pets
- First presentation: Two hospital admission within 6 weeks requiring burst therapy and oral steroids
- Asthma diagnosis made and commenced flixotide jnr 2puffs BD at RCH
- Referred CAP and discharged after 2-3months
- CAP referred to a regular GP
- Very well through spring and summer no Ventolin use 6months, preventer weaned then stopped

- One episode late summer responded well to PRN Ventolin, settled 2 days, cough predominant, parents not sure if wheeze, didn't attend during illness
- Attended with few repeated asthma episodes autumn/winter with viral infections
- 3 episodes requiring regular Ventolin 2-4 puffs given PRN for up to 5 days over a 2 month period
- Mild wheeze on auscultation and asthmatic cough, no inc WOB or SOB, responded well to 2-4 puffs Ventolin, max required 4hourly
- Started flixotide 1 puff BD on third episode - high burden of asthma symptoms, "always at GP" time off school, never severe symptoms
- Responded well, further one episode later in winter – flixotide increased to 2puffs for 4 weeks then reduced back to 1 puff and maintained symptom control
- Referred CAP – education and improved understanding of inhaler use and symptoms
- No further symptoms and preventer stopped after 6months

- IT'S WINTER AGAIN

- Perhaps mild flare in summer whilst abroad in hot humid city which parents describe as “very polluted” given Ventolin during trip PRN
- Otherwise well until this attendance with Viral trigger asthma
- Wheeze and cough again, mild responding to PRN Ventolin
- What would you do?*

Where to go from here

- *Any further questions?*
- *Next steps?*
- *Asthma Plan?*
- *Referrals?*

Case Study 3

- 8yo F known mild asthma presents with cough, rhinorrhoea, sneezing, itchy eyes in late October
- Increased ventolin use 2-3 times a week for cough
- No asthma symptoms 8months prior to this, last was late last summer
- No admissions, oral steroid, abx
- PMH: egg allergy, eczema, hayfever
- Never had preventer, mostly uses ventolin in spring season PRN
- Non smokers/vape, cat at home
- Well no wheeze or examination findings
- Asthma plan for school, allergy plan for egg at school

Where to go from here

- *Any further questions?*
- *Next steps?*
- *Asthma Plan?*
- *Referrals?*

Next Steps

- Difficulty ascertaining how much of the symptoms were asthma and whether there was response to ventolin
- Higher risk child with significant atopy, however no severe asthma history
- Started BD oral antihistamine, nasal steroid, PRN eye drops
- Hayfever allergy plan for school and home
- Referral CAP for further asthma assessment and education

Follow up

- Review 2 weeks later
- No ventolin use, symptoms well controlled
- Education with CAP given regards to ventolin use
- GPMP/TCA to continue care, CAP and allergy service
- However... mid November thunderstorm asthma event and admitted with acute Asthma
- Burst Therapy, oral steroid, mild O2 requirement, 2 day stay

Where to go from here

- *Any further questions?*
- *Next steps?*
- *Asthma Plan?*
- *Referrals?*

Follow up

- GP review 1 week post discharge
- No further ventolin requirement
- Now on Alvesco OD
- Parents want to know if will be on Alvesco long term and when they can stop
- Worried about another event and how she will react, will she have worse allergies now, is she higher risk forever?
- Should they get rid of the cat?
- How long should she stay on nasal steroid and antihistamine?

Where to go from here

- *Any further questions?*
- *Next steps?*
- *Asthma Plan?*
- *Referrals?*

Case Study 4

- 12yo Female, new patient asking for asthma plan for school
- Diagnosed asthma preschool with wheeze in viral infection
- Few courses oral steroid between 5-12 for wheezey episodes in community
- Last exacerbation 5months ago, attend ED and required steroid, oxygen, burst therapy, discharged after 2hours
- Never prescribed preventer, Ventolin PRN via spacer, home predmix
- Increasing Ventolin use, several times a week, waking tight chested since moving and high school last year
- Breathless, gasping, light headed, can pass out
- No cough, thinks wheezey at the time
- PMH: cat allergy, rhinitis, complex PTSD, CSA, anxiety with multiple somatic symptoms, recently started SSRI
- SH: moved 5 schools in 7 years

Where to go from here

- *Any further questions?*
- *Next steps?*
- *Asthma Plan?*
- *Referrals?*

Next steps

- Started Symbicort SMART therapy
- Referred CAP
- Asthma plan for school using symbicort
- GPMP/TCA and MHTP completed
- Pharmacy medication review as multiple new meds
- Referred to Headspace for psychology and RMH for psychiatry input for pharmaceutical support
- 6 week review asthma symptoms resolved
- Ongoing anxiety now clearer to manage

Case Study 5

- 14yo Male, new patient asking for asthma plan for school
- Diagnosed asthma preschool with wheeze in viral infection
- Used Ventolin PRN since, via spacer very rarely, sometimes not for 1year+
- No admissions, no oral steroid, no antibiotic use, never required preventer
- Self managed Ventolin use since 12 at school
- Reporting increased use at school, especially in sports
- Breathless after few minutes running, tight chest, no cough, unsure if wheeze
- Takes Ventolin when breathless, unsure if helping
- Reports main exercise is rugby, Mum reports hasnt played rugby for 2 years
- PMH: Diagnosed ASD age 7, anxiety, NDIS, childhood trauma, hayfever with rhinitis

Where to go from here

- *Any further questions?*
- *Next steps?*
- *Asthma Plan?*
- *Referrals?*

Next Steps

- Seen by CAP for further assessment
- Hayfever controlled with antihistamine and nasal steroid
- Allergy plan for school
- Exercise test and PFTs completed
- No evidence asthma
- Asthma plan remained at school just in case
- More understanding of physical fitness limitations and increased exercise tolerance
- No further ventolin use, undiagnosed 6months later, letter to school and asthma plan removed



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Exercise-induced asthma

Shivanthan Shanthikumar

Poll Question



Exercise Induced Shortness of Breath

Differential Diagnosis

- Asthma

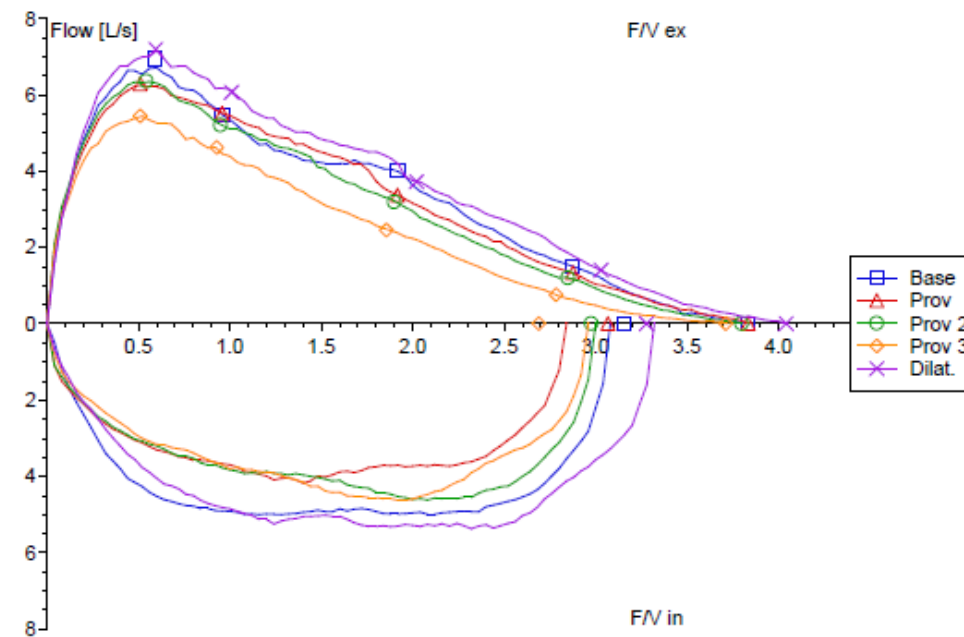
Exercise Induced Shortness of Breath

Differential Diagnosis

- Asthma

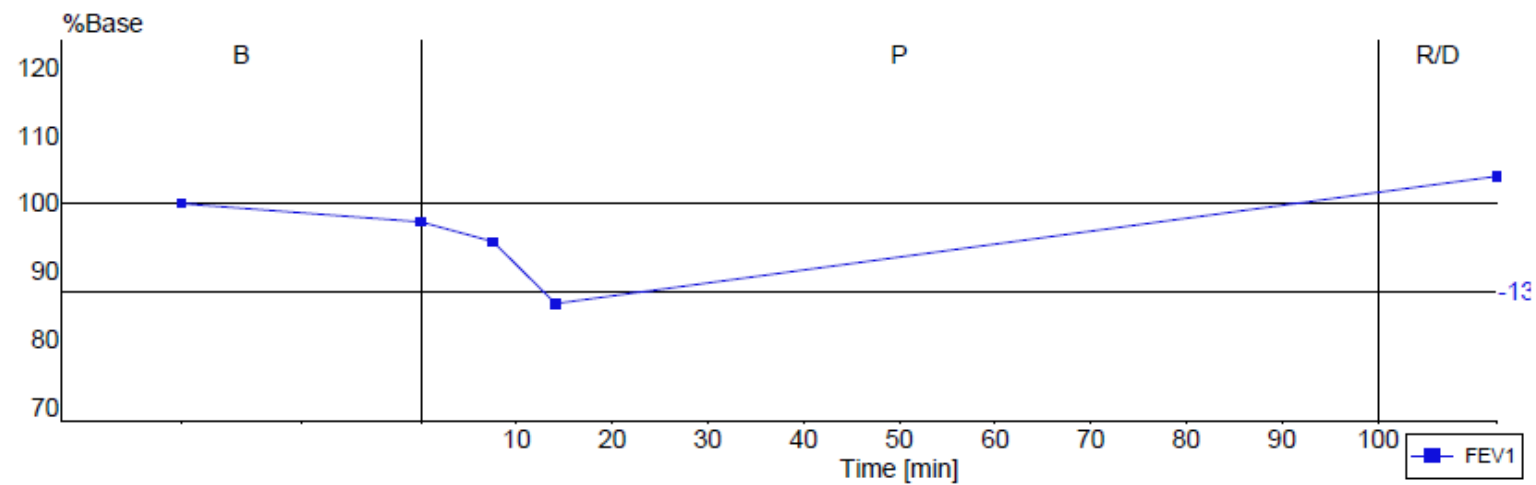
Can Also Be

- Deconditioning/Fitness
- Anxiety
- Vocal Cord Dysfunction



Percentage Change in FEV1 Post Exercise

		1 min	5 mins	10 mins	Post BD
FEV 1	L	-2.7	-5.6	-14.7	4.0



	Asthma	Other Causes
Duration of exercise prior to symptoms starting	Significant amount of exercise	Quick onset
What happens when exercise stops	Continues/Gets Worse	Quick Relief
Duration of symptoms post exercise	Prolonged	Short
Effect of Bronchodilator	Helpful	Unhelpful*
Other	Wheeze	Stridor, throat pain



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Asthma Action Plans

Kirsty Tamis

ASTHMA ACTION PLAN

Take me when you visit your doctor



Name:

Plan date: Review date:

Doctor details:

EMERGENCY CONTACT

Name:

Phone:

Relationship:



WELL CONTROLLED is all of these...

- ☒ needing reliever medicine no more than 2 days/week
- ☒ no asthma at night
- ☒ no asthma when I wake up
- ☒ can do all my activities

Peak flow reading (if used) above

☐ TAKE preventer

Name

morning ☐ night ☐ puffs/inhalations

- ☐ Use my preventer, even when well controlled
- ☐ Use my spacer with my puffer

☐ TAKE reliever

Name

☐ puffs/inhalations as needed ☐ puffs/inhalations 15 minutes before exercise

- ☐ Always carry my reliever medicine



FLARE-UP Asthma symptoms getting worse such as any of these...

- needing reliever medicine more than usual OR more than 2 days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak flow reading (if used) between and

My triggers and symptoms

☐ TAKE preventer

Name

morning ☐ night ☐ puffs/inhalations for days then back to well controlled dose

☐ TAKE reliever

Name ☐ puffs/inhalations as needed

☐ START other medicine

Name/dose/days/other treatments

☐ MAKE appointment to see my doctor same day or as soon as possible



SEVERE Asthma symptoms getting worse such as any of these...

- reliever medicine not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak flow reading (if used) between and

My triggers and symptoms

☐ TAKE preventer

Name

morning ☐ night ☐ puffs/inhalations for days then back to well controlled dose

☐ TAKE reliever

Name ☐ puffs/inhalations as needed

☐ START other medicine

Name/dose/days/other treatments

☐ MAKE appointment to see my doctor TODAY

- ☐ If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, duration, etc



EMERGENCY is any of these...

- reliever medicine not working at all
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak flow reading (if used) below



CALL AMBULANCE NOW

Dial Triple Zero (000)



START ASTHMA FIRST AID

Turn page for Asthma First Aid

If you are using a dual purpose reliever, your doctor will discuss the correct plan for you.

v19 Updated 13 October 2023

ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

ACTION PLAN FOR

Name

Date

Next asthma check-up due

DOCTOR'S CONTACT DETAILS

Name

Phone

EMERGENCY CONTACT DETAILS

Name

Phone

Relationship



WHEN WELL

Asthma under control (almost no symptoms)

ALWAYS CARRY YOUR RELIEVER WITH YOU

Your preventer is:

(NAME & STRENGTH)

Take puffs/tablets times every day

- ☐ Use a spacer with your inhaler

Your reliever is:

(NAME)

Take puffs

When: You have symptoms like wheezing, coughing or shortness of breath

- ☐ Use a spacer with your inhaler

Peak flow* (if used) above:

OTHER INSTRUCTIONS

(e.g. other medicines, trigger avoidance, what to do before exercise)



WHEN NOT WELL

Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)

Keep taking preventer:

(NAME & STRENGTH)

Take puffs/tablets times every day

- ☐ Use a spacer with your inhaler

Your reliever is:

(NAME)

Take puffs

- ☐ Use a spacer with your inhaler

Peak flow* (if used) between and

OTHER INSTRUCTIONS

(e.g. other medicines, when to stop taking extra medicines)

- ☐ Contact your doctor



IF SYMPTOMS WORSEN

Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)

Keep taking preventer:

(NAME & STRENGTH)

Take puffs/tablets times every day

- ☐ Use a spacer with your inhaler

Your reliever is:

(NAME)

Take puffs

- ☐ Use a spacer with your inhaler

Peak flow* (if used) between and

OTHER INSTRUCTIONS

(e.g. other medicines, when to stop taking extra medicines)

- ☐ Contact your doctor today

Prednisolone/prednisone:

Take each morning for days



DANGER SIGNS

Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)

DIAL 000 FOR AMBULANCE

Peak flow (if used) below:

- Call an ambulance immediately
- Say that this is an asthma emergency
- Keep taking reliever as often as needed
- ☐ Use your adrenaline autoinjector (EpiPen or Anapen)



nationalasthma.org.au

* Peak flow not recommended for children under 12 years.

OFFICIAL

Engagement with Department of Education

Key points:

- health.advice@education.vic.gov.au is an email that parents/carers and schools can go for health policy advice and clarification
- There is confusion amongst parents and carers and schools with asthma action plans eg the parent/carer will nominate to the school that their child has asthma, but schools sometimes won't receive any plans from them
- It is the parent/carer's responsibility to provide their child's asthma action plans and to notify the school if there are any changes
- Student Health Support Plans are required to be reviewed by schools annually or when there is a change in the child's health or after an emergency
- Schools cannot exclude students if their health plans aren't updated or if their plan is out of date

Attendees:

- School Nurse Program Manager in one of Melbourne's western regions
- Acting Manager – Health Promotion, Prevention and Advice
- Senior Policy and Health Promotion Advisor



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HealthPathways Melbourne and CAP

Kirsty Tamis

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Respiratory - Child

Asthma in Children

Acute Asthma in Children

Asthma in Adolescents (Aged 12 Years and Over)

Asthma in Primary School-aged Children (Aged 6 to 11 Years)

Wheeze and Asthma in Preschool Children (Aged 1 to 5 Years)

Bronchiolitis in Infants

Group

Chronic Cough in Children

Influenza

Pertussis (Whooping Cough)



HEALTHPATHWAYS

3 February

 Health.vic

[Health alerts and advisories](#) 

31 January

The old mobile app will be decommissioned on 30 Jan 2025 and removed from Google Play. It will stop working by mid-February. The new app must be downloaded and authenticated. Update now to maintain access. See the [new user guide](#) for details.

Updated – 4 February

Acute Angle-closure Glaucoma (AACG)

Updated – 4 February

Cataracts

Updated – 4 February

Open-Angle Glaucoma (OAG)

Updated – 4 February

Pterygium

i ABOUT

 BETTER RACGP RE

USEFUL WEBSITES & RESOURCES

 **SEND FEEDBACK** NPS MEDICINEWISE

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

OFFICIAL

Childhood Asthma Management Pathways Resources and Referral pages

Relevant pathways

- [Acute Respiratory Illness in Children](#)
- [Acute Asthma in Children](#)
- [Asthma in Adolescents \(Aged 12 Years and Over\)](#)
- [Asthma in Primary School-aged Children \(Aged 6 to 11 Years\)](#)
- [Wheeze and Asthma in Preschool Children \(Aged 1 to 5 Years\)](#)
- [Croup](#)
- [Chronic Cough in Children](#)
- [Influenza](#)
- [Community Asthma Education and Support](#)
- [Acute Paediatric Medicine Referral or Admission \(Same-day\)](#)
- [Non-acute Paediatric Medicine Referral \(> 24 hours\)](#)

Related pathways

- [Anaphylaxis](#)
- [Assessing Respiratory Presentations in General Practice](#)
- [Bronchiolitis in Infants](#)
- [Community Asthma Education and Support](#)
- [Non-acute Paediatric Immunology and Allergy referral](#)
- [Non-acute Paediatric Medicine Referral \(> 24 hours\)](#)
- [Pneumonia in Children](#)
- [Allergies and Allergy Testing](#)
- [Immunology](#)
- [Immunology Referrals](#)
- [Lung Function Testing](#)
- [Skin Prick Testing](#)
- [Spirometry Interpretation](#)
- [Pertussis \(Whooping Cough\)](#)



CPD Hours for HealthPathways Use

Community Asthma Program

CAP is DHHS funded

(free service)



*CAP Poll
Question*



The background is a dark blue field filled with various geometric patterns, including concentric circles, parallel lines, and a grid of dots. In the top-left corner, there is a graphic consisting of two overlapping circles. The upper circle is divided into four quadrants: top-left is green with diagonal lines, top-right is orange, bottom-left is teal with diagonal lines, and bottom-right is brown with diagonal lines. The lower circle is a solid purple. The number '6' is centered within the purple circle.

6

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 the ICAM CoP Basecamp to keep up to date with resources and recordings, and chat to the community.

To sign up, please email the NWMPHN education inbox.



education@nwmphn.org.au

Scan QR Code or click link in chat to complete a brief evaluation survey



Next Community of Practice

Date and time:

Wednesday May 28th


6:30pm-8pm

Register [here](#)







Register for the Paediatric Asthma
Care Masterclass conducted by
Asthma Australia featuring our
facilitator Dr Shivanthan
Shanthikumar [here](#)



Asthma Australia Competition



SHOPHEALTH PROFESSIONALSRESOURCES

 1800 278 462


ASTHMA INFO ▾TREATMENT ▾MANAGE ASTHMA ▾SUPPORT ▾GET INVOLVED ▾ABOUT US ▾DONATE

BE ASTHMA-READY FOR BACK TO SCHOOL IN 2025

WIN 1 OF 20
Air Purifiers

ENTER NOW

T&Cs apply. See asthma.org.au for full details and to enter.
Competition ends 12pm AEST on Friday 14/02/25.
Permit numbers: (SA) T24/2202 (NSW) TP/02828 (ACT) TP 24/02873





Thank you