





An Australian Government Initiative

Improving Childhood Asthma Management (ICAM) Community of Practice – Vaping Essentials

Wednesday, 17 September 2025

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

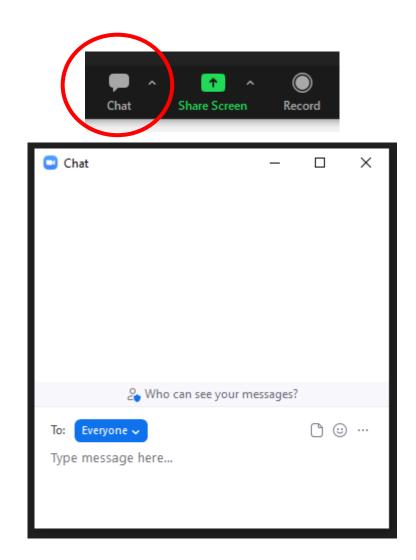
Please keep your microphone on mute

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

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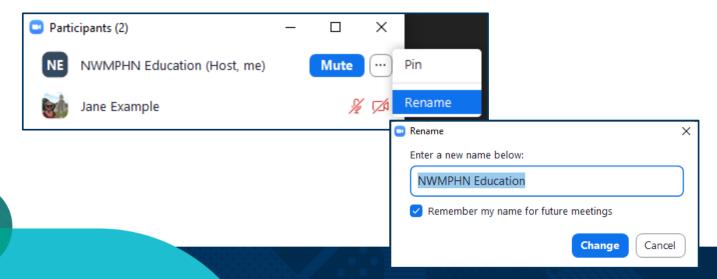
How to change your name in Zoom Meeting

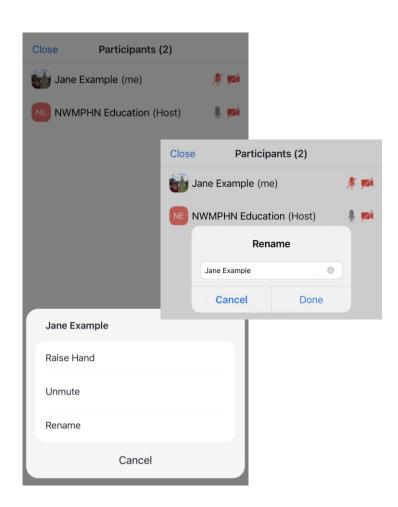
- 1. Click on *Participants*
- 2. **App:** click on your name

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

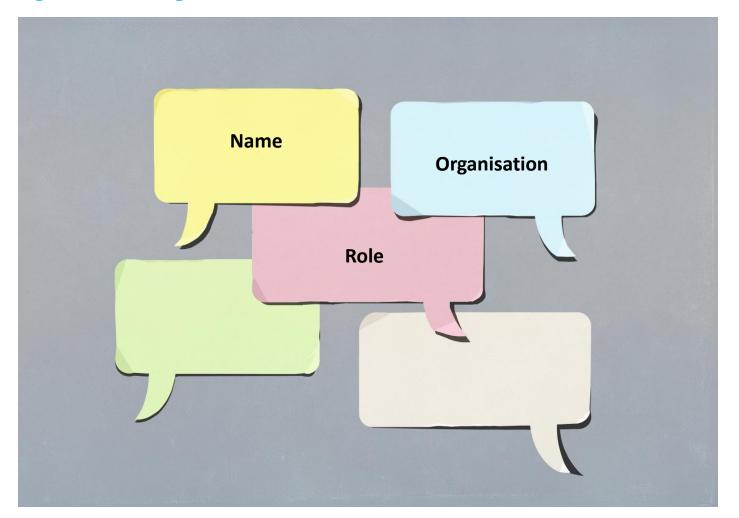
Topic	Speaker
Welcome & Housekeeping	Kirsty Tamis
Access to Therapeutic Vapes in Victoria: Regulatory Overview, Pharmacology, and Cessation Strategies	Jarrod McMaugh
Use of Vapes in the Community: A Pharmacy Perspective: Emerging evidence on the harms of vaping; research on vaping use; and the current pharmacy landscape and community use of vapes	Nikita Dalla Venezia
Case Study: cohealth	Libby Spiers
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 Katherine ChenGeneral Paediatrician
Royal Children's Hospital



Dr Kirsty TamisGeneral Practitioner
Forsyth Park Medical Centre

Access to Therapeutic Vapes in Victoria

Regulatory Overview, Pharmacology, and Cessation Strategies

Jarrod McMaugh, Pharmaceutical Society of Australia





- Pharmacology of nicotine
- Types of vapes: market vs notified therapeutic vapes
- Vapes as cessation tools
- Motivational counselling for vaping cessation
- Access models: Schedule 3 & Schedule 4

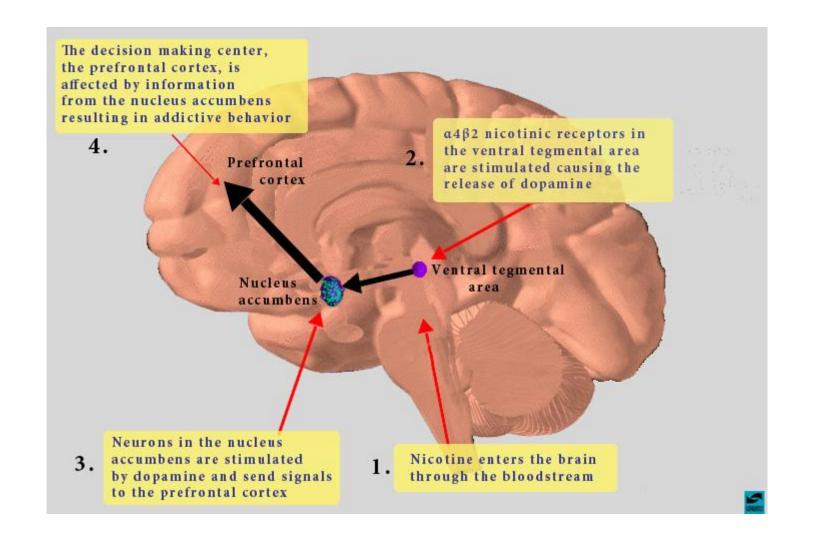


Pharmacology of Nicotine

- Nicotine acts on nicotinic acetylcholine receptors (nAChRs) in the brain.
- Dual action: agonist (stimulation) followed by antagonist (blockade).
- Leads to neuroadaptation and dependence.
- Withdrawal symptoms occur due to receptor upregulation

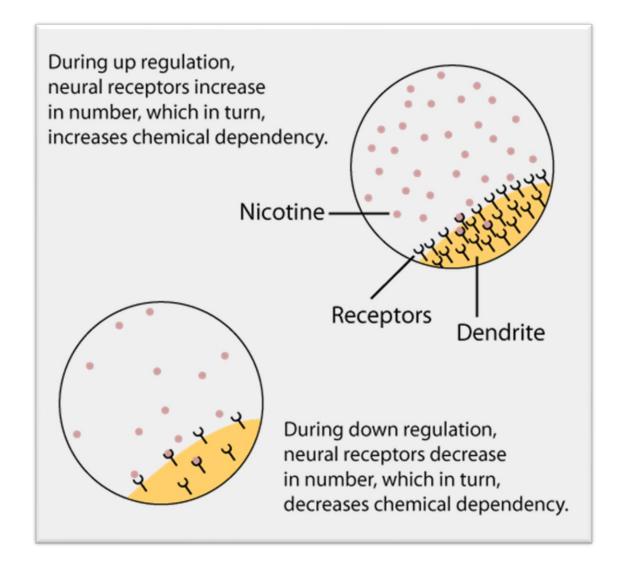


Pharmacology of Nicotine





Pharmacology of Nicotine





Types of Vapes in Australia

- Black Market vapes: Often flavoured, high nicotine, sold illegally outside pharmacies.
- Always contain contaminants, including heavy metals, adjuvants, ethylene glycol, flavours. + Battery issues.
- Therapeutic vapes: Must be listed on the TGA Notified Vape List.
- Only mint, menthol, tobacco, and unflavoured options are permitted.
- Must meet TGO 110 standards for safety and quality.



Vapes as Cessation Tools

- Used for smoking cessation and nicotine dependence management.
- Evidence supports use alongside behavioural support.
- Varenicline, cytisine*, and NRT may enhance success.
- Not yet listed on the Australian Register of Therapeutic Goods.



Motivational Counselling Techniques

- Based on Motivational Interviewing (MI) principles:
 - Express empathy
 - Develop discrepancy
 - Roll with resistance
 - Support self-efficacy
- Use open-ended questions, affirmations, and reflective listening.
- All health professionals should upskill for Short Interventions at a minimum
- QUIT / Alfred Health / Others provide training in this space



Applying Smoking Cessation Models to Vaping

- Use **5As model**: Ask, Advise, Assess, Assist, Arrange.
- Fagerstrom model is applicable in vaping cessation
- Tailor interventions to device type and nicotine dependence level.
- Combine digital tools, quitlines, and pharmacotherapy.
- Greatest difference is in the impacts on appearance / charisma (smell, skin, hair, teeth, etc)
- Focus instead on exercise capacity, unknown risks, unknown adulterants



Access Model – Schedule 3 Vapes

- Available without prescription to adults (18+) from pharmacies.
- Must contain ≤20 mg/mL nicotine.
- Requires SAS-C form submission
- Determining how long a device will last per individual is time consuming / requires several sessions.
- Each supply requires the same level of intervention each time...



Regulatory requirements prior to supply – S3

- Ensure that supply is for the indication of smoking cessation and/or the management of nicotine dependence
- Verify that the patient is 18 years of age or older by requesting and sighting evidence of identity and age
- Ensure that the quantity supplied does not exceed what would reasonably be required for a patient's therapeutic use for 1 month and that quantity is supplied to the patient only once in a month
- Ensure that the concentration of nicotine in the product does not exceed 20 mg/mL
- Inform the patient that the product is not a registered or listed good
- Obtain informed consent from the patient
- Supply in accordance with good pharmacy practice
- Provide professional advice to the patient on alternative cessation supports and therapies, appropriate dose and frequency, length of treatment, suitable titration, and interactions with other medicines,
- Provide contact details about smoking cessation support services to the patient; and
- Report adverse events and product defects to the TGA and sponsor in line with SAS guidance.



Access Model – Schedule 4 Vapes

- Require a prescription from a medical or nurse practitioner.
- Used for:
 - Patients under 18
 - Higher nicotine concentrations
 - Complex medical needs
- Access via Authorised Prescriber or Special Access Scheme



Summary & Key Takeaways

- Nicotine is highly addictive; therapeutic vapes offer a safer alternative, noting that tobacco is extremely unsafe
- Only TGA-notified vapes are legal for supply.
- Vapes can support cessation when combined with counselling.
- Pharmacists play a critical role in access and education.



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- 2 Therapeutic Goods Administration. Vaping hub [Internet]. Canberra: Australian Government Department of Health and Aged Care; 2024 [cited 2025 Sep 9]. Available from: https://www.tga.gov.au/products/unapproved-therapeutic-goods/vaping-hub
- 3 Therapeutic Goods Administration. Notified vape list: goods for smoking cessation or nicotine dependence [Internet]. Canberra: Australian Government Department of Health and Aged Care; 2025 [cited 2025 Sep 9]. Available from: https://www.tga.gov.au/products/unapproved-therapeutic-goods/vaping-hub/notified-vape-list-goods-smoking-cessation-or-nicotine-dependence
- 4 Therapeutic Goods Administration. Vapes: information for pharmacists [Internet]. Canberra: Australian Government Department of Health and Aged Care; 2024 [cited 2025 Sep 9]. Available from: https://www.tga.gov.au/products/unapproved-therapeutic-goods/vaping-hub/vapes-information-pharmacists
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Vaping in Context

- Vaping has historically been marketed as less harmful than smoking
- The use of vapes has been rising globally and in Australia
- The introduction of therapeutic vapes has led to an interesting discussion around the role of pharmacists in harm reduction, while preventing the uptake of recreational vapes in priority populations.



(Błasiak et al., 2025; Greenhalgh et al., 2025)



Therapeutic Vapes

Therapeutic Vapes (TGA-notified)	Illicit Vapes (non-compliant products)
Intended for smoking cessation or nicotine dependence treatment	Do not meet TGO 110/TGA requirements
Meet TGO 110 standards (quality, safety, labelling, packaging)	Often contain prohibited flavours, unknown ingredients, or unsafe nicotine concentrations/heavy metals
Only permitted flavours (e.g. tobacco, mint, menthol)	Frequently mislabelled or lacking warnings/instructions
Supplied via SAS/Authorised Prescriber pathways	Packaged to appeal to youth (bright colours, cartoons, novelty designs)

(Department of Health, Disability and Ageing, 2025)



Respiratory Harms of Vaping

- Reduced lung function & increased airway resistance
- Vapes contain numerous respiratory irritants and toxins that may have a cytotoxic effect on lung tissue
- COPD & asthma exacerbations
- Vaping-associated lung injury (EVALI)



(Błasiak et al., 2025; Petrella et al., 2025; Kotoulas et al., 2021)



Cardiovascular Harms of Vaping

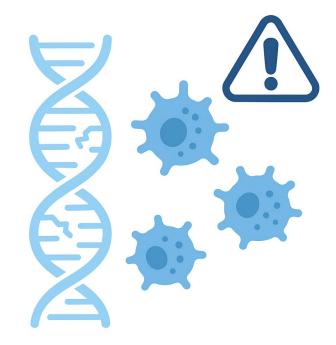
- Elevates blood pressure and heart rate, increasing strain on the cardiovascular system
- In young, otherwise healthy adults, even short-term exposure to e-cigarettes has been linked to acute impairments in blood vessel function
- Dual use with cigarettes amplifies cardiovascular harm, compounding risks from smoking





Cancer Risk?

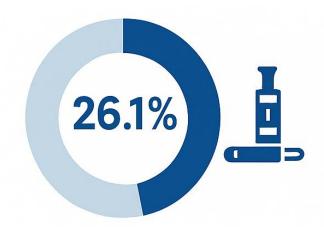
- Limited long-term human data available on cancer risk
- Biomarker evidence: oxidative stress and DNA damage observed
- Preclinical findings: tumour promotion in lung, bladder, and oral tissues
- Substantial evidence links e-cigarette exposure to biomarkers associated with increased cancer risk



(Kundu et al., 2025; Petrella et al., 2025)



Youth Vaping in Australia



Year 9 students (14-15y/o) have ever vaped

- 13.1% in the past month.
- 2.8% reported daily use.

(Greenhalgh et al., 2025)



Vulnerable Youth

- 61.3% of young people (11-20) in custody currently vape.
- 84.5% vape daily or most days.
- Over half identify as nicotine dependent.

(Haysom et al., 2025)



Curiosity and Peer Influence



Especially among adolescents who have never smoked cigarettes.



Vaping is promoted and normalised on social media, being perceived as a less risky behaviour.

(Thoonen & Jongenelis, 2024; Thomas et al., 2025)



Risk Perception and Access



Social media and online platforms shape perceptions and behaviour.



Risk perception varies; some may view vaping as low-risk.



Access to vaping products enables use by adolescents.



Understanding these drivers aids in designing interventions.



Why *Pharmacist Only*? A targeted regulatory approach



- Under *Pharmacist Only (Schedule 3)*, nicotine vaping products are pharmacist-only medicines
- Supply requires supervision by a pharmacist and/or medical practitioner
- The aim is to reduce youth access while supporting smoking cessation



Pharmacy Response to Vaping Reforms



- Pharmacists recognised a duty of care but expressed uncertainty and apprehension
- Reported increasing patient queries about vaping and cessation support
- Regulatory complexity and lack of clear guidance created confusion and hesitancy
- Strong call for training, clinical guidelines, and patient education resources
- Concern about time, cost, and remuneration for delivering services

(Le et al., 2025)



Generation Vape Findings Post-Policy Implementation



85.7%

of adolescents had never vaped in Wave 7.



93.9%

of adolescents had never smoked.

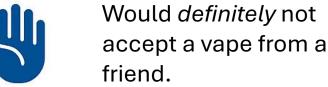


26.8%

Bought their own vape, down 9.2% from Wave 6.



50.5%





82%

Agreed vaping is unsafe; 87% recognised addictiveness.

(Generation Vape, 2024)



Summary



- While notified vapes are not formally tested for safety or effectiveness, sponsors must declare that they meet strict product standards.
- For individuals with pre-existing conditions such as asthma or COPD, vaping appears to exacerbate symptoms.
- Evidence suggests that dual users face cardiovascular risks equivalent to smoking alone.
- Substantial evidence links e-cigarette exposure to biomarkers associated with increased cancer risk
- Access to vaping products remains a key enabler of use.
- Preliminary data suggest that the 2024 reforms are beginning to show signs of success.



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Case Study: Community Asthma Program - cohealth **Libby Spiers**

Case Study - "Sadie"

Background: Sadie is a 2.5yr old referred to Community Asthma Program (CAP) in June 2025 post presentation to Werribee Mercy Hospital (WMH). She lives at home (in the western suburbs of Melbourne) with her parents and their pet dog and attends childcare three days a week.

Past history: Sadie has a history of bronchiolitis as a baby and has had x4 episodes of viral induced asthma in the past year. She also frequently gets eczema.

Since her recent exacerbation, she has been stable and not require any further doses of Ventolin post discharge from WMH. On discharge the family were given a Written Asthma Action Plan (WAAP), spacer/mask, Ventolin and commenced on Flixotide jnr.

Current medications: Ventolin 2-6p via MDI/spacer/mask, Flixotide jnr 1 puff BD via spacer/mask.

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Case Study – "Sadie" cont.

Triggers: Sadie's triggers initially seemed to be viral and with changes in weather. However, during the recent education session with Sadie's parents, her Mum advised that she sometimes gets rashes/red skin from contact with their dog and that Sadie's Dad was a smoker. When Mum was pregnant with Sadie, he was smoking cigarettes. At this time, he was given some support and advice from their midwife who suggested if he was to continue to smoke to do so outside of the house, wear a smoking jacket and maintain hand hygiene post smoking.

In the last year he has transitioned from cigarettes to vaping (an illicit vape, not prescribed) as he thought this would be a better option and less risk to himself and his family. However, Sadie's Mum disclosed in the education session that Sadie seems to cough at night quite often and this coincided with her Dad's vaping use at home and the times he was in contact with her.

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Case Study – "Sadie" cont.

Sadie's Mum was very keen for me to discuss the effects of second/third hand exposure from vaping to her husband during our education session. A brief overview of the following was given to the family:

- Vape emissions are aerosols, consist of gases mixed with tiny droplets containing chemicals. As with tobacco smoke, people in the vicinity of the vape use can inhale second-hand vape emissions and may also be exposed to these chemicals from residue left on surfaces, known as thirdhand exposure.
- Vaping aerosols contain harmful chemicals like nicotine, heavy metals, and cancercausing substances, posing health risks to non-users, especially children and developing foetuses.
- Exposure can lead to increased asthma, respiratory illnesses, middle ear infections, and
 potential long-term effects on lung development, heart health, and even an increased
 risk of learning difficulties. Third-hand exposure, where aerosols settle on surfaces, poses
 a risk through contact with skin and by being swallowed, making vape-free homes and
 cars essential for health.

Case Study - Resources

Resources were offered to Dad (from QUIT Australia) but he declined. These, as we know are hard conversations to have but important for everyone to be aware of.

Follow up on Sadie:

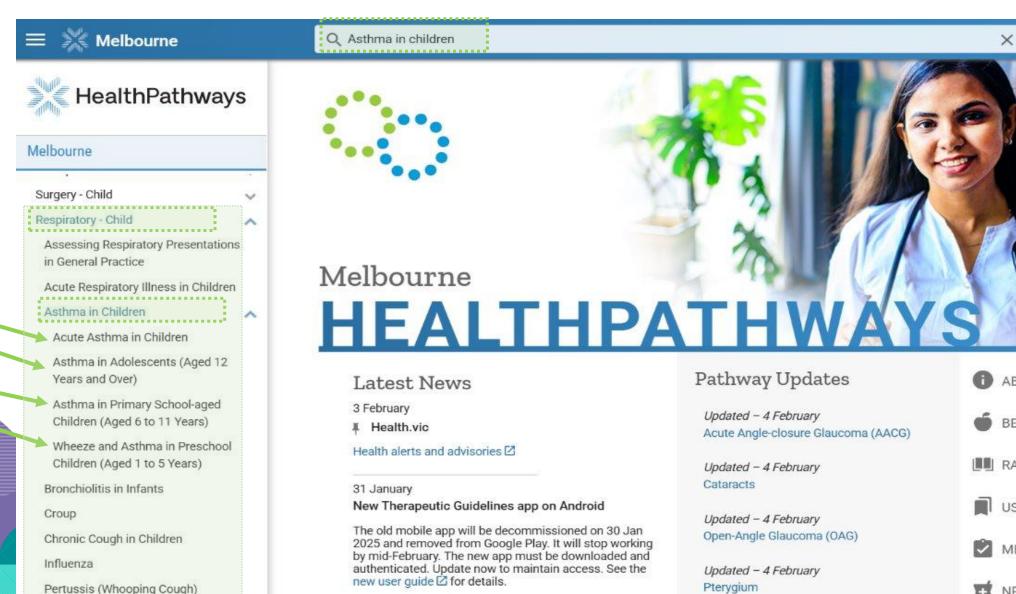
A recent review phone call with the family was done 1 week ago and Sadie's Mum advised that Sadie had remained well controlled on her Flixotide jnr. Sadie's Dad was still vaping but had now since our education session implemented the same practices he did with cigarette smoking and was vaping outside the home, wearing a jacket and washing his hands post use.

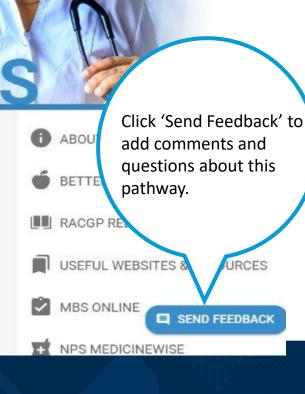
Interesting read:

The website 'Tobacco in Australia – facts and issues' is a comprehensive review of Australian and international research on tobacco use and policy. In relation to exposure to second-hand e-cigarette emissions there was interesting information that relates to adolescents and asthma. More info can be found at: https://www.tobaccoinaustralia.org.au/



HealthPathways – Improving Childhood Asthma Management





HealthPathways – Asthma in Adolescents (Aged 12 Years and Over)

Asthma in Adolescents (Aged 12 Years and Over)

Management

Practice point

Plan for environmental triggers

Ensure step-up treatment before arrival of identified environmental triggers.

Ensure all adolescents are managed with an anti-inflammatory reliever-based regimen. This involves either:

- · initiating the single maintenance and reliever therapy (SMART) regimen, or
- Click on the drop-down arrow to view supplementary information
- continuing current existing asthma action plan ✓. This is preferred where:
 - · the patient has severe or brittle asthma managed by a paediatrician or tertiary services.
 - · other factors exist e.q., compliance, patient prefers to continue using spacer, patient unable to use dry powder inhalers (DPI).

SMART regimen - anti inflammatory reliever based regimen

- Initiate the SMART (single maintenance and reliever therapy) regimen using Waymbicort Turbuhaler 200/6 (PBS listed).
 - Symbicort <u>washing but as a reliever.</u>
 Symbicort <u>washing but as a reliever.</u>
 - The long-acting beta-agonist formoterol has less tachyphylaxis and provides longer relief of symptoms compared to the LABA salmeterol found in Seretide.
- 2. Use the stepped management quidelines v to ensure optimal management based on assessment.
 - Step 1 M Symbicort as reliever only ✓.
 - Step 2 Symbicort as preventer standard dose of 1 actuation twice per day.
 - Step 3 Symbicort as preventer high-dose of 2 actuations twice per day
 - Consider adding montelukast > 5 mg a day if breakthrough symptoms at maximal therapy.
- 3. Provide SMART Symbicort Turbuhaler 200/6 action plan 2.
- Ensure correct use of dry powder inhaler ∨.

Traditional regimen - separate reliever and preventer

- 1. Use the traditional stepped management guidelines v to decide on optimal treatment based on assessment.
 - Step 1 SABA reliever ➤ and standard dose inhaled corticosteroids (ICS) ➤.
 - Step 2 standard dose inhaled corticosteroids and long-acting beta agonists (ICS/LABA) ✓
 - Step 3 high dose ICS/LABA
- 2. Provide and produce an asthma action plan .

Asthma in Adolescents (Aged 12 Years and Over)

Additional management

- 1. Manage possible triggers including:
- Allergens including thunderstorm asthma
- Allergic rhinitis. See Australian Asthma handbook Managing Allergic Rhinitis in Children with Asthma 2.
- · Exercise induced symptoms. Use either:
 - Symbicort (SMART) regime one actuation before exercise, or
 - Short-acting beta agonist (SABA) reliever salbutamol metered dose inhaler (MDI) 2 to 4 actuations fifteen minutes before exercise, or terbutaline sulfate v dry powder inhaler (DPI) 1 to 2 actuations before exercise.
- · Air pollution, including smoke from bushfires:
 - · Advise keeping child indoors with windows and doors closed. Use recirculated air in the car.
 - Consider increasing preventer during this period.
 - Monitor local air quality using Environmental Protection Authority Victoria EPA AirWatch [2].
- Educate about asthma:
 - Advise that the goal is to be symptom free and asthma plans should be regularly reviewed to ensure this.

 - · Consider referral for community asthma support:
 - Improving Childhood Asthma Management (ICAM project)
 specifically for inner west patients.

Improving Childhood Asthma Management (ICAM project)

- ICAM is a funded project for children aged < 18 years with asthma in North-West Melbourne .
- For more information, see Cohealth Community Asthma Program <a>□.
- Asthma nurse educators can provide face-to-face or phone consults.
 - Carers and health professionals can refer by calling (03) 9448-6410 or emailing details to CAP@cohealth.org.au.
 - An online referral form is also available.
- Resources:
 - Childhood Asthma Support ☑ information and resource for carers
 - Childhood Asthma Management information and resources for health professionals in Melbourne's inner west
- Asthma Australia ☑.
- Encourage immunisation against influenza and COVID-19.

HealthPathways - Non-acute Paediatric Medicine Referral (> 24 hours)

Non-acute Paediatric Medicine Referral (> 24 hours)

Public

Public Hospitals

- Check the criteria
- Confirm that the referral is consistent with the patient or carer's wishes. If the patient is not competent to consent, refer to the consent process <.
- 3. Prepare the required referral information \wedge and mark the referral as urgent or routine \vee .

Required referral information

Reason for referral >

Standard referral information >

- 4. Refer to the service.
 - If an urgent referral within 30 days is needed, page the on-call paediatric registrar via the hospital switchboard

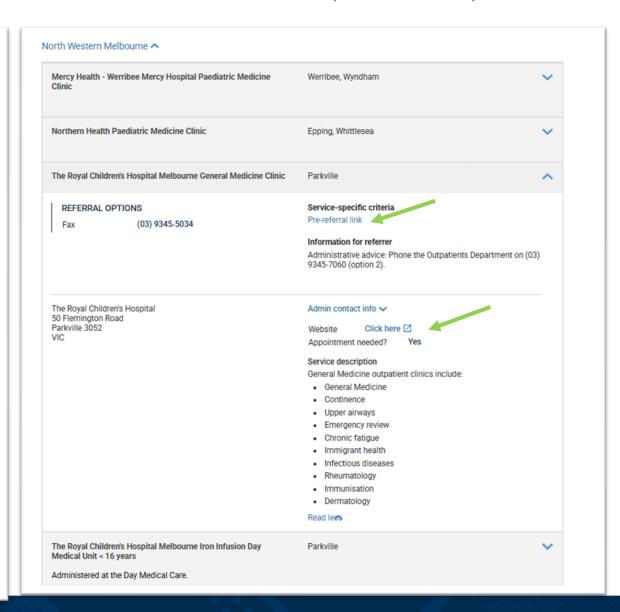
 to discuss.
 - · Specialist clinics may request referral to a named specialist or Head of Unit.
 - Consider
 - General Practice Referral Template ➤
 - Hospital GP Liaison ➤
 - Aboriginal Hospital Liaison Officer ➤

Eastern Melbourne ~

North Western Melbourne >

Statewide ~

- 5. Advise the patient:
 - that providers may charge fees ♥.
 - · to advise of any change in circumstance as this may affect the referral.
 - that delays may be experienced due to capacity issues in the health system and to return to their general practitioner with any
 concerns while waiting for their specialist appointment.



Childhood Asthma Management Pathways Resources and Referral pages

Pathways related to Asthma

- 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

Pathways related to Smoking and Vaping

- Smoking and Vaping Cessation
- Lung Cancer Screening
- Nicotine Replacement Therapy (NRT)
- cribing Nicotine Vaping Products

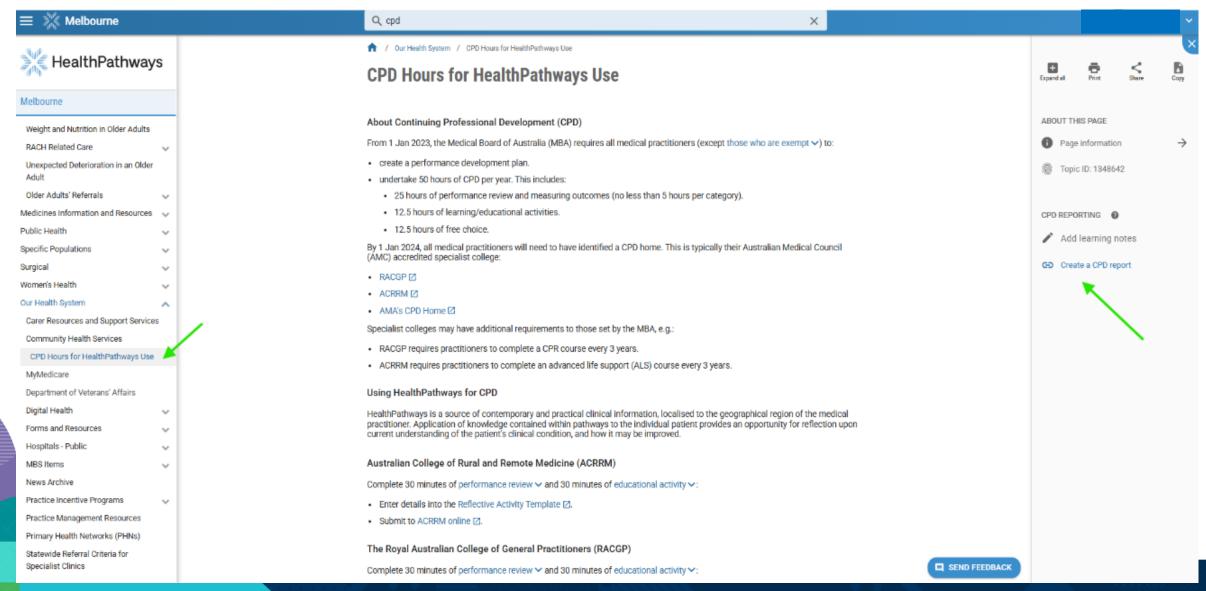
Other Related pathways

- Anaphylaxis
- Assessing Respiratory Presentations in General Practice
- Bronchiolitis in Infants
- Pneumonia in Children
- Allergies and Allergy Testing
- Immunology
- Lung Function Testing
- Skin Prick Testing
- Spirometry Interpretation
- Pertussis (Whooping Cough)
- CPD Hours for HealthPathways Use

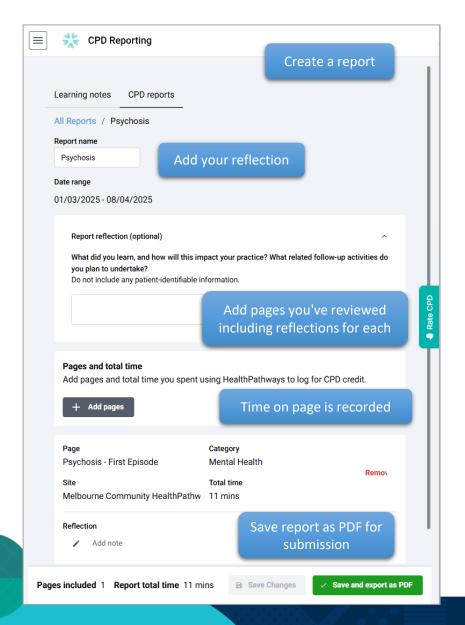
Referral Pathways

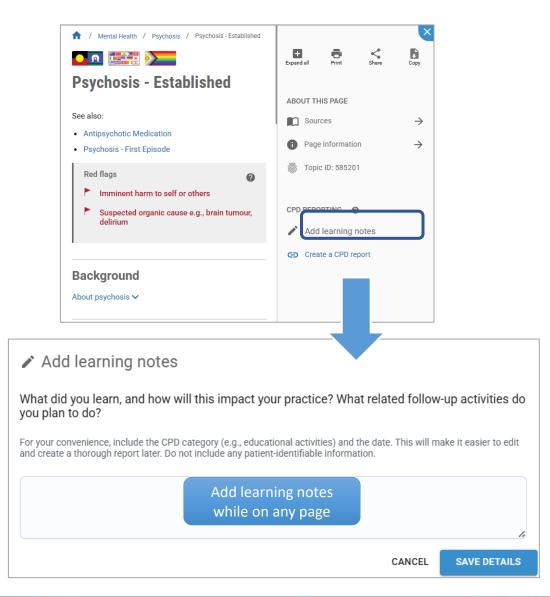
- Non-acute Paediatric Immunology and Allergy referral
- Non-acute Paediatric Medicine Referral (> 24 hours)
- Acute Paediatric Medicine Referral or Admission (Same-day)
- Non-acute Paediatric Medicine Referral (> 24 hours)
- Immunology Referrals

HealthPathways – CPD Hours for HealthPathways Use



How to use the CPD reporting tool:







Accessing HealthPathways

Please click on the **Sign in or register** button to create your individual account or scan the QR code below.

If you have any questions, please email the team info@healthpathwaysmelbourne.org.au



Stay updated with HealthPathways Melbourne Monthly bulletin Click "Subscribe to Updates" on HealthPathways homepage or email_info@healthpathwaysmelbourne.org.au



Melbourne

Welcome

This website is for health professionals only.

Important update: individual HealthPathways accounts are now required

To enhance the security and personalisation of your HealthPathways experience, shared logins are no longer available. All users will now need to access the site with an individual HealthPathways account.

Sign in or register to request access.

Sign in or register

Get local health information, at the point of care

What is HealthPathways? >

General enquiries >

Terms and conditions





Community Asthma Program

CAP is DHHS funded

(free service)

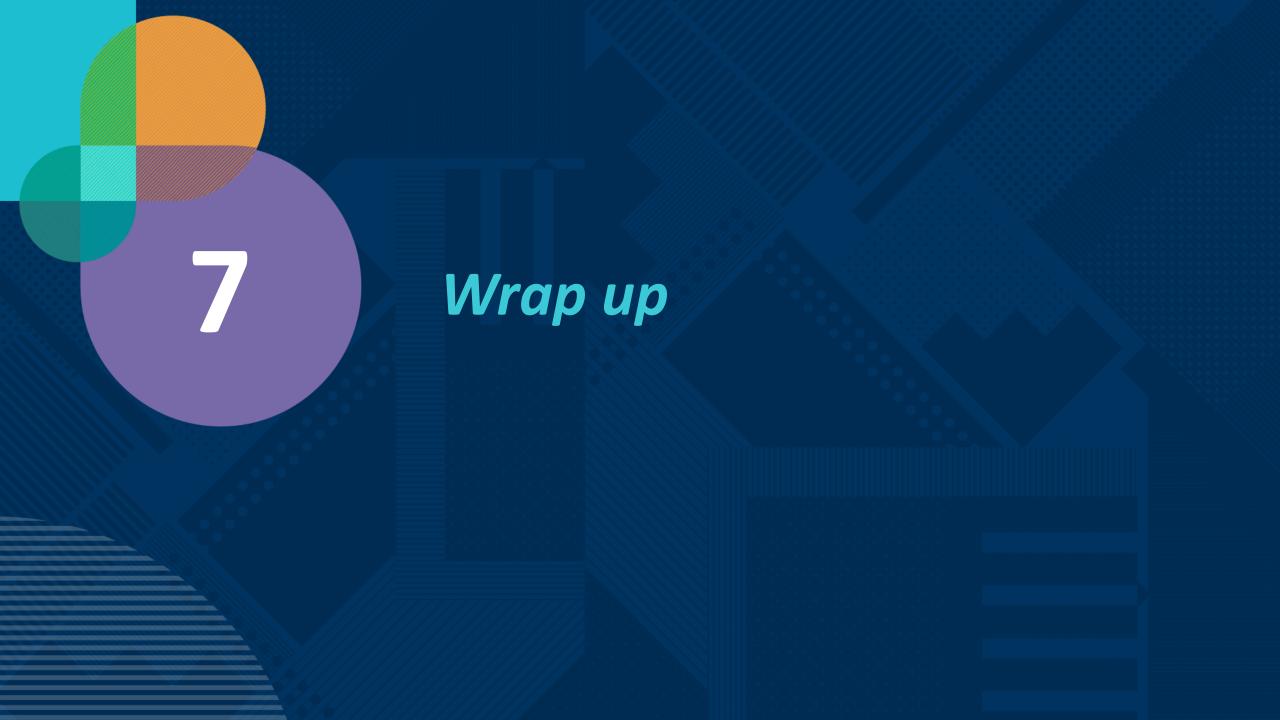












Feedback

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

- Please answer the survey questions via link in chat or the QR code
- Share with us what you would you like to discuss at future Community of Practice Meetings?



Next Community of Practice

Date and time: Weds, November 12 2025 6:30pm-8pm

Registration link coming soon!

Visit the NWMPHN event's calendar or subscribe to our newsletter to be notified.



