

Acute Childhood Respiratory Distress

Purpose

To support the management of children presenting with an acute episode of wheeze and requiring **extended** observation in a Primary Healthcare setting.

Eligibility Criteria:

- Hawkes Bay Resident AND
- Children 9 years and under

AND

- Presents with acute respiratory distress due to a respiratory illness eg. asthma, croup, bronchiolitis AND
- Requires treatment AND
- Requires an extended period of observation (up to 2 hours)

Exclusions

- Children requiring repeat prescriptions for asthma.
- Children not requiring extended observation.
- Children requiring nebulised adrenaline.
- Children over the age of 9 years

Pathway

- Child presents to general practice/urgent care in acute respiratory distress and can be safely and effectively managed in a primary care setting.
- GP/NP undertake clinical responsibility during episode of care.
- An extended period of observation is required, with careful monitoring and observation of child.
- Follow up consultation within 48 hours, either virtual or face to face
- Observe for signs of deterioration. See Red Flags as per corresponding Health Pathway below.
- Discuss with relevant on-call Te Whatu Ora – Hawke's Bay specialist as needed for further advice.

Funding

| Service | Intervention | Funding (GST Excl) |
|--|---|------------------------------------|
| Initial assessment by GP / NP for respiratory issues | Initial Consultation | Patient funds initial consultation |
| Treatment, observation | Up to 2 hours observation and RN/GP/NP follow-up as required | \$ 168.84 |
| Follow up consultation | 1 follow up consultation within 24-48 hours either face to face or virtual by GP/NP/ RN | \$ 54.68 |

Halcyon Provider Portal

The clinician completes the advanced form through the Halcyon Provider Portal and submits a referral and claim to Health Hawke's Bay for payment of the cost of the patient consultation.

Clinical Equipment

General practice/ Urgent Care will require Paediatric approved pulse oximetry to manage Acute Childhood Respiratory Distress in primary care. In addition, practices will require:

1. PEFR single use
2. Accredited paediatric pulse oximeters
3. Spacers (plus mask for children <4 years).
4. Oral and inhaled medication
 - i. Salbutamol
 - b. Liquid Prednisolone
 - c. Ipratropium
5. Emergency equipment
 - a. Oxygen
 - b. Adrenaline
 - c. Hydrocortisone

Consider

- Smoking Cessation support for household
- Referral to Child Healthy Housing Programme

No Charge to Patient

- No co-payment can be made by patient referred into this pathway.

Health Pathways

Click on link below:

[Acute Asthma in Children](#)

[Croup](#)

[Bronchiolitis](#)