

SAQ 7

A 4 year old boy presents to your emergency department at 1830h with his Mother. He has had a runny nose, cough and wheeze for 2 days. His past history includes asthma and eczema since 18 months of age. He has required several hospital admissions for asthma.

a. List 6 important clinical signs when assessing this child? (3 marks 0.5 marks each)

Level of consciousness

Respiratory rate (<20 or > 40)

Work of breathing – use of accessory muscles

SPO2

Chest auscultation – presence of wheeze / lack of b/s eg silent chest

PEFR – if able (likely to be too young)

Cyanosis

Ability to speak – words vs short sentences vs long sentences

b. He does not have an oxygen requirement and is assessed as “mild”. List treatment in ED including doses. (1 mark 0.5 marks each)

Salbutamol 100mcg per puff via MDI and spacer 6 puffs per dose (accept slight variation depending on region)

or Salbutamol via nebuliser 2.5mg – 5mg

Prednisolone 1mg/kg (accept alternative steroid if dose appropriate)

c. The child improves and you wish to educate his Mother in spacer and MDI technique and in spacer care. List 6 points that you will cover. (3 marks 0.5 marks each)

Shake the MDI vigorously

Prime the spacer with 10 puffs of salbutamol (accept 6-12 puffs)

Hold the spacer tightly against the child’s face (may require two operators)

Deliver 1 puff then wait for 6 breaths

Deliver a total of 6 puffs

Wash the spacer in warm soapy water

Do not rinse the spacer

Allow to drip dry

d. List discharge criteria and advice you would give his parents (3 marks 0.5 marks each)

Sustained improvement with no requirement for salbutamol for > 2 hours

No O<sub>2</sub> requirement

Adequate access to transport and phone

Safe distance from hospital

Competent and willing parents or caregiver

No prior hx of ventilation or ICU admissions

No prior hx of precipitous rapid decline

Adequate community follow-up

Action plan for parents – return if requires > 4 hourly salbutamol (accept range 2-4 hourly)

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