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NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

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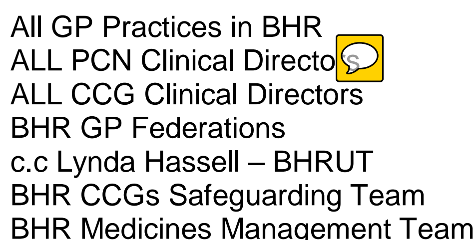

All GP Practices in BHR
ALL PCN Clinical Directors
ALL CCG Clinical Directors
BHR GP Federations
c.c Lynda Hassell – BHRUT
BHR CCGs Safeguarding Team
BHR Medicines Management Team

Dear Primary Care colleagues

Urgent Children & Young Person (CYP) Asthma Update:

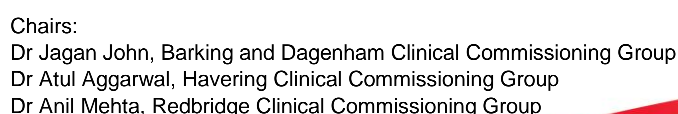
Case study of a "Near Miss" with a Home Nebuliser.

A recent "near miss" case has highlighted the need for continued vigilance and professional curiosity in Primary Care, to help identify the increasing incidence of home nebuliser use by CYP and the associated increased adverse health and safeguarding risks this brings.

CONTEXT:

- In a routine follow up of a child the Asthma Clinical Nurse Specialists (CNS) service at BHRUT it was noted that the parent of a young child had purchased a "home nebuliser" with no clinical input or support into the decision.
- The parent was vague as to who was prescribing or providing nebules and was initially sure that their child's asthma control was "fine".
- Subsequent clinical assessment and investigation (including an Asthma Control Test score of 10/25) identified recurring serious symptoms and poor control.
- The child's health and care records (including the Primary Care record) did not show a clear, consistent and "evidence based prescribing record" for the child.
- The Asthma CNS has in addition to supporting the parent and CYP, contacted the practice, offered support and fed in to both acute and community systems with the concerns identified.
- The Asthma CNS has identified that the use of the nebuliser and rescue inhalers was masking very poor asthma control with potentially high clinical risk or even fatal consequences.
- A further identified complex social care context highlights the very real risk of a significant harm, and potentially risk of death to the child arising from the use of a nebuliser without clinical input and support.

ANALYSIS: The use of a home nebuliser – without Tertiary Care input **-** is in itself very worrying with higher risks of a child developing hypoxia and leading to potentially fatal



consequences. With the ongoing Covid19 pandemic this is an issue that is likely to be recurring across BHR.

- A recent emergency briefing from April noted:
  "Covid 19 can be especially worrying for the parent and carers of Children and young people and reassuring worried parents and carers is central to this. Some parents and carers have been purchasing Nebulisers for use by their children at home in case of emergencies. They may be seeking BHR GPs to provide support and prescriptions for essentially stable children with asthma. It is completely understandable that they will be seeking to support their children and looking to you for guidance and care."

- There has been an increase in parental requests for **Rescue Packs**, to manage anticipated deteriorating respiratory symptoms from COVID or other infections.

- Rescue Packs in this context usually mean antibiotics and / or oral steroids packs - as used in adult asthma. In CYP these are not useful in all but a very limited number of conditions.

- Whilst it is understandable that worried parents or carers may be requesting these, sometimes, as noted by Asthma UK, in response to inaccurate social media posts promoting this practice, it is clear that conceptually a Rescue Pack provided without specialist input has the potential to greatly increase the risk of a parent or carer delaying seeking urgent medical attention for a sick child.

- Rescue Packs are not recommended for CYP without the clinical input and support from Secondary or Tertiary Care.

- It is conceivable that parents who are worried may have purchased their own nebulisers for the same reason and might have obtained nebules from unauthorised, unlicensed and unorthodox pathways.

- Only a very small percentage of CYP, usually with severe and/or labile/brittle asthma or children with other conditions warranting their use who are likely to be well known to specialist / tertiary care services, might be considered suitable for home nebuliser use. In such instances their care, under specialist services, would be well documented in their clinical records including details such as inpatient episodes, discharge summaries, and outpatient activities.

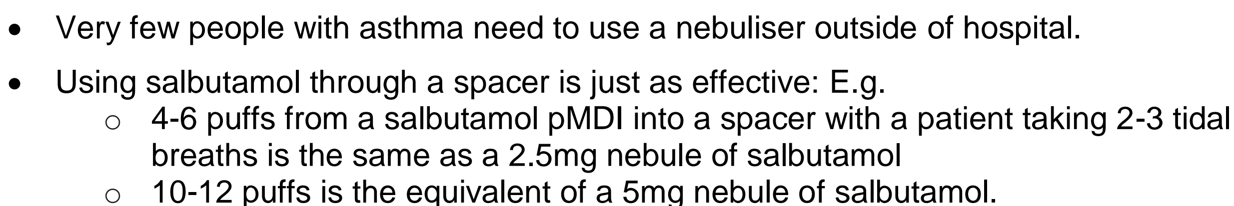
- It is vital for BHR GPs to avoid the temptation of prescribing nebules in any case encountered, from any parent making a request, without getting the child fully clinically assessed. Issuing nebules when not necessary or justified by appropriate specialist input is increasing clinical risk and potentially inflicting significant harm.

- Any clinical assessment should best be done and supported by Secondary or Tertiary Care Children's Asthma Service Providers. If recommended, Primary Care can then consider issuing nebules once they have clear, written instructions from their specialist colleagues that provide the justification and clinical indication for their use within an updated asthma management plan.

SUPPORTIVE EVIDENCE / ALTERNATIVES:

- Very few people with asthma need to use a nebuliser outside of hospital.

- Using salbutamol through a spacer is just as effective: E.g.
  - 4-6 puffs from a salbutamol pMDI into a spacer with a patient taking 2-3 tidal breaths is the same as a 2.5mg nebule of salbutamol
  - 10-12 puffs is the equivalent of a 5mg nebule of salbutamol.



- Hospital nebulisers used by CYP are driven with oxygen. One of the biggest risks for unauthorised, unsupported home nebulisation is that they are air driven, and can result in Hypoxia. **If a CYP is unwell enough to require a nebuliser they need to be in hospital, and on oxygen.**
- Given the ongoing Covid 19 pandemic, Public Health England and the British Thoracic Society have confirmed that **those who have been prescribed a nebuliser should continue to use it as directed.**
- See https://www.brit-thoracic.org.uk/document-library/quality-improvement/covid-19/bts-advice-for-healthcare-professionals-treating-patients-with-asthma/ for further details.

CONCLUSION:

- As we begin to return to something resembling normality and the "new business as usual" of Community delivery continues with a watchful eye on the ongoing pandemic it is vital that practices take this opportunity to reacquaint themselves with the specific issues identified in this "near miss case" and the four key Elements of the recent Asthma LIS.
- Especially important to this is the identification of clinical leadership and ownership of asthma care for children at practice level, a rolling assessment of prescribing practice against the appropriate standards – especially with regards to LABA and SABA prescribing and the review of children and issuing of personal asthma management plans.
- It is wholly appropriate, (within the fulfilment of Element C of the Asthma LIS, in managing Asthma as a chronic disease), that enquiries are made during asthma reviews, as to whether the household has and is / could be using a home nebuliser to support the child's asthma management and this is specifically documented and acted upon if discovered.
- **If you become aware of home nebuliser use with CYP, which has not been provided with appropriate clinical support, it is important that you take definitive action to support a safer and evidence-based management of that child's clinical care as this is a Children's Safeguarding issue**.

Your kind attention and action in this matter could reduce harm and save lives

Please keep safe and alert

Best Wishes

Dr Richard Burack.
BHR Clinical Lead for Children's services
Named GP for Children's Safeguarding for Havering & B&D
Chair of the National Network for Named GP, NHS