



NRAP Good Practice Repository – Children and young people’s asthma



Whittington Hospital  
Whittington Health NHS Trust

**KPI 2:**

*Current smokers (patients) with tobacco dependency  
addressed*

*Whittington Hospital achieved:*

**100% - 2023/24\***

\*% of patients submitted to the audit.



## Overview

Whittington Hospital addressed tobacco dependency and second-hand smoking issues with our asthma/wheezy patients admitted as inpatients. In doing so we have achieved 100% of our 182 patients for this key performance indicator.

## Our processes to achieve good practice in KPI2:

Originally, with each patient that would come through the paediatric inpatient unit, we (the asthma Clinical Nurse Specialists (CNS)) would review these patients on the ward, review their notes from A&E, complete all the relevant teaching, make a care plan, and then upload their information onto the NRAP audit system. Sometimes we faced the issue that we were not always present to be able to complete these reviews (i.e. at the weekends), when this happened it would be a very long process to find out all the relevant and needed information.

These issues were brought up within one of our asthma team meetings (the medical team, CNSs, and secretary). It was decided during one of these meetings to create a new proforma for the Paediatric departments to complete when a wheezy/asthmatic patient enters their department (A&E, CAU and Inpatient Ward). Once this was established, the lead consultant took this to the person at the trust who could create the proformas. Once this was created, the next step was education and promotion of the new checklist in all paediatric departments. This was achieved and completed during study days, when visiting each department for updates, during reviews, and via email.

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The proforma was labelled 'Paediatric Asthma Discharge Checklist'. Within this, there is an option for smoking or second-hand exposure advice, under the triggers heading. At the bottom of the 'triggers' section there is also a 'free text' box for who is filling out the form to add anything specific or extra.

We also have a CNS review proforma which also asks the question, 'do the parents smoke?' which we can go into more detail toward the end of the proforma, if needed. Using these helps to make sure the smoking/vaping and second-hand smoke issues are addressed.

Another safety net we have for all patients admitted onto the paediatric inpatient ward, is an admission checklist which asks the question, 'Do parents smoke? And does the child/ Patient smoke?'. So we have tried to look at all avenues to cover important topics, such as this one where we can.

### CYP asthma - Good Practice Repository – case study

National Respiratory Audit Programme

[asthma@rcp.ac.uk](mailto:asthma@rcp.ac.uk) | 020 3075 1526 | [www.rcp.ac.uk/nrap](http://www.rcp.ac.uk/nrap)



One area that we had which was already set up was a list of every patient who had come in via our A&E with an asthma or wheeze criteria as reason for attendance. Still, with this in place we still requested referrals to be made to the joint team email to review. The main reason for this is because, the A&E list is seen as an added safety net for A&E attendances and admissions. Having this in place is a very handy way for safety netting those that not only need a secondary care review but also making it far easier to go through those who have been seen and to address the issues such as smoking, if not done so already.

We do have smoking cessation advice/ information booklets which are available to give out during clinic or for those admitted on the paediatric ward when completing CNS reviews.

***CNS review proforma:***

Current medications

Current asthma/wheeze control

Allergic rhinitis  
 Yes  No

Eczema  
 Yes  No

Food allergies  
 Yes  No

Family history of atopy

House hold triggers identified

Does parent smoke  
 Yes  No

Known to social services

School/nursery

Assessment

Impression

Plan



**Asthma and Wheeze discharge checklist for IFOR, CAU and A&E:**

**Inhaler technique**

- Inhaler technique observed/corrected: yes/ no
- Inhaler Technique Leaflet provided: Yes/ No
- Spacer age appropriate: Yes/ No

Comments (record what inhaler they have):

**Medication**

- Medication reviewed: yes/ no
- Preventer medication: Not needed / no change / dose increased / New preventor prescribed
- Was importance of adherence discussed with patient/ family: Yes/ No

Comments (please document changes):

**Triggers**

- Triggers for asthma explored (pets, pollen, exercise, pollution etc): Yes/ No
- Smoking and second-hand smoke exposure and cessation advice discussed: Yes/ No
- Hay fever symptoms reviewed (explain to family risk of hay fever causing poor asthma); Yes/ No
- Explore food allergies: No Food allergies / already known to have food allergies / New Food allergy (referral made)
- Comments:

**Asthma plan:**

Already has a plan updated within the last year: Yes/ No

Written plan has been provided: Yes/ No

Comments:

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Follow up:

- 48-hour GP review for serious or life threatening features– **parents informed that they need to book this with GP on discharge: Yes/ No**
- **Follow up**
  - GP only
  - Attending consultant
  - Follow up required with Whittington Asthma Team: (email: [whittpaedasthma@nhs.net](mailto:whittpaedasthma@nhs.net))

Comments: