

## Q&A

- 1. Emergency use of SABA - those prescribed salbutamol that comes as 200mcg per puff - would you say to up 5 puffs (instead of 10)? on PAAP. and repeat if needed. plus A&E etc**

Answer:

- Answered at 1:01:45 (see recording).

- 2. 2 weeks or 3 for pfd please?**

Answer:

- Answered at 1:00:38 (see recording).

- 3. What is the line of treatment for someone who has experienced adverse reactions from ICSs? any alternatives?**

Answer:

- Answered at 57:40 (see recording).

- 4. Can we start under 5y olds with frequent viral wheeze on an ics in primary care, helped with salbutamol. whilst wait for paed referral**

Answer:

- Answered at 58:50 (see recording).

- 5. Please who can apply for the diagnostic training?**

Answer:

- Answered at 53:22 (see recording).

- 6. Is there a risk from inhaled corticosteroids with risk of pneumonia / growth for children?**

Answer:

- Answered at 53:50 (see recording).

- 7. How can we best support children in school? Also patient living between parents/guardians?**

Answer:

- [Resources + projects for schools | Asthma + Lung UK \(asthmaandlung.org.uk\)](#)
- Both parents will need training, asthma plans and medication.

- 8. What is data in terms of MDI vs PMDI lung deposition in children?**

Answer:

- I think you mean DPIs vs MDIs + spacer? If this is the case, I do not have the exact data for the children population. However, I would suggest always checking that inhaler technique is optimal to therefore ensure appropriate lung deposition.

- 9. What is your advice where parents are clearly not using the preventers / decline despite multiple efforts to explain benefits?**

Answer:

- Daily ICs is better than getting large doses of Steroids (oral). Open discussion about risks and benefits.

**10. Are there any interim measures we can recommend for mould/damp whilst we work through housing issues with the council etc?**

**Answer:**

- Try and clean it away, websites I talked about give advice about ventilation etc
- [Damp and mould in council and housing association homes - Shelter England](#)
- Also answered at 55:35 (see recording).

**11. We need 2 methods of diagnosis . . . peak flow diary and spiro/feno. You mentioned high probability of asthma can just use peakflow? EMIS needs 2 methods to diagnose I believe**

**Answer:**

- This is a QOF requirement. There is an exclusion code if this is not available in your area.
- Also answered at 51:00 (see recording).

**12. Will the trial of treatment include salbutamol and a preventer or only salbutamol?**

**Answer:**

- To see improvement you will need to use inhaled steroids for trial of treatment on peak flow diary.
- Also answered at 49:00 (see recording).

**13. Exercise induced asthma for salbutamol?**

**Answer:**

- Exercise induced symptoms are an indication of poor control- needs review/ inhaler technique/ ICS / consider next steps.
- Also answered at 47:38 (see recording).

## **Additional resources**

**Green prescribing:**

- [High Quality and Low Carbon Asthma Care – Greener Practice](#)
- [Greener respiratory prescribing in children & young people - North Central London GP Website \(icb.nhs.uk\)](#)

**Training/guidance:**

- [Asthma \(Children and young people\) - elearning for healthcare \(e-lfh.org.uk\)](#)
- F12 Function guide: [NCL Training Hub](#)

**Research:**

- [Asthma: predicting which pre-school children with wheezing will go on to develop the condition later in childhood | Action Medical Research](#)