



Respiratory Health
Implementation
Group **Child Health**

South Wales Paediatric Respiratory Network

May 3rd 2019

1-5pm

Venue: PoW MPEC Lecture room A

Meeting Minutes

Present

Julian Forton (JF)

Lena Thia (LT)

Jeff Morgan

Rachel Evans

Huma Mazhar

Vishwa Narayan

Saurabh Patwardhan

Sami Khan

Dan Rigler (DR)

Jeff Morgan

Nicola Jones

Lynfa Day

Janet James

Kelly Davies

Annie Richards

Laura Jones

Bhavee Patel

Kate Morgan

Ross Burrows

Apologies

Martin Edwards

Zoe Roberts

Kate Creese

Nakul Gupta

Jyotsna Vaswani

Marcus Pierrepoint

Review Minutes from last meeting

No comments

1) Sleep studies and oximetry

JF presented new initiative for national paediatric sleep database, developed through RHIG with private data company RIOMED. 2 meetings have already happened.

The structure of the database will enable

- A change in administration for the sleep service centrally to streamline bookings, data management, reports, letters, text and email reminders etc..
- easy access to sleep study data for all practitioners as the database will automatically upload sleep outcomes to the welsh clinical portal (and CV clinical portal)
- local respiratory lead consultants and respiratory nurses will be given access to the database in order to upload local oximetry studies that they require an opinion on - this will then be automatically added to the weekly MDT in Cardiff for opinion and a letter generated by the database for direct feedback by email (and to the welsh portal). This will hopefully enable development locally of a fully functioning and appropriately supported oximetry hub in each hospital and an opportunity to document your work locally (as it grows). The lead consultant will continue to provide support to all local paediatricians who require oximetry (and ENT that refer to them). These oximetry can be uploaded to the database so that activity is documented locally, even if the tertiary service is not involved
- Referrals for cardiorespiratory polygraphy come from many different consultants and will still be in paper form – these will be uploaded onto the sleep database when they arrive in Cardiff, and managed electronically from then on

Bullet points

- Tertiary sleep team to continue to develop sleep database and update network as it develops

2) Asthma

Acute asthma pathway (JF)

- JF presented acute asthma pathway in its final and modified form. This was accepted by all members present, and will be taken forward in its present form.
- The drug monograph developed by Lucy wheeler was discussed by the pharmacy contingent and found to be subtly different from the solutions currently running in some of the hospitals. The general consensus across the table was that this was an opportunity for all hospitals to standardise the drug monograph and approach to infusion preparation across the region, to minimise drug errors and encourage uniformity. The current monograph details have been taken from Bristol and if accepted by South Wales, would mean standardisation across South West England and South Wales.

Bullet points

- Lucy, kate, Bhavvee and Ross to organise consensus for drug monograph for the region in the next 2 weeks
- Pathway is now signed off and will be submitted to WHSCC / AWMSG (JF)

Personalised asthma action plan (JF)

- JF presented new personalised asthma action plan
- Content and design discussed in detail
- A single controversy (yellow box 6-10 puffs salbutamol) discussed in detail and a vote gave a majority to keep at 6-10 puffs
- PAAP will be integrated with asthma app and will need references to the asthma app

Bullet points

- PAAP minor modifications to developer (JF)

- PAAP will need modification to connect with asthma app (JF)

Asthma App (JF)

Development of asthma app presented and discussed for information only at this stage

NACAP (JF)

All centres encouraged to register for the NACAP audit this month in time for June

South Wales Asthma Audit October 2018 (JF)

Regional differences discussed

Bullet point

- PowerPoint to be circulated

3) Bronchiolitis (DR)

- New bronchiolitis pathway discussed
- Specific points considered
- Admission oxygen sats < 92% but discharge oxygen sats > 90%
- HiFlo to be used in children with oxygen requirement < 60% as an alternative to low flow and headbox in moderately unwell children, rather than an alternative to CPAP in severely ill children.
- Maintaining an upper threshold for hiflow use will mean wards will be protected from looking after severely ill patients on hiflow and the same threshold as before will apply for transfer to HDU / PICU for CPAP
- Early HiFlow MAY modulate natural history of bronchiolitis if used early, but there is insufficient evidence to mandate its treatment in mild disease

Bullet point

- DR to modify pathway as discussed (small points, including what to do with patients with comorbidities)

4) Spirometry (LT)

- Overview of spirometry training - on-line interface for paediatrics will be available
- Discussion of who should be performing spirometry - likely to be tertiary service, plus lead general paediatrician and respiratory nurse in DGH.
- GPs encouraged to treat age > 12 years in community as adults but not to attempt spirometry in age under 12 years
- If new technology being bought please liaise with tertiary team to ensure correct kit for nationwide informatics project is purchased

No Bullet point

