



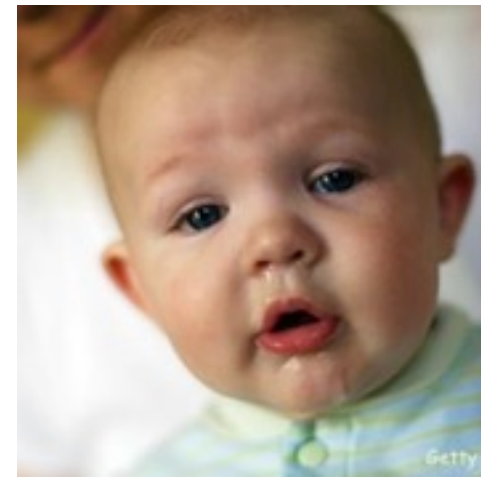
Common Respiratory Conditions in Primary Care

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How sick am I ?

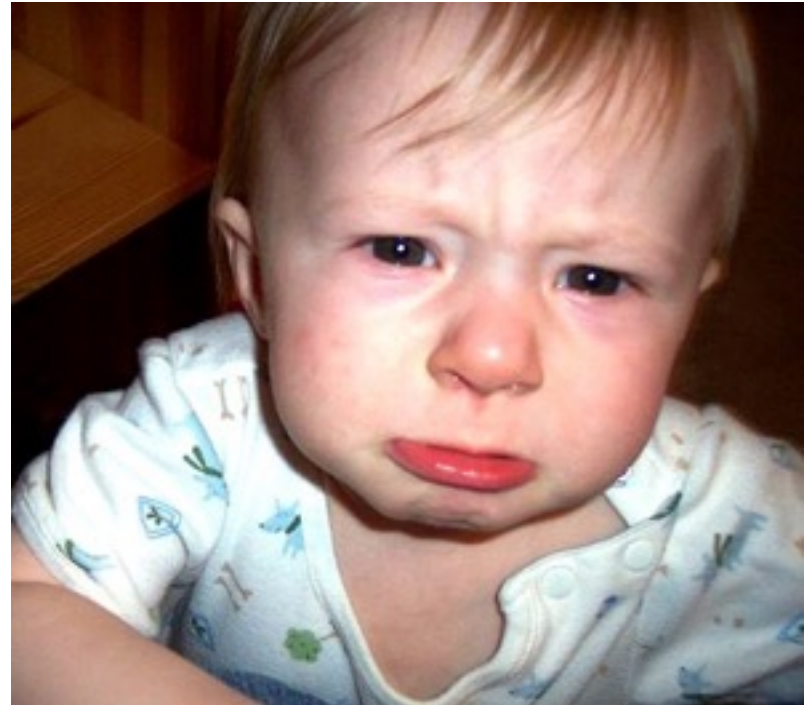
- Triage and when to refer or discuss



Jesse

- 10 months old

Mum reports Jesse has been coughing for 3 days, has a runny nose and is miserable



- What more information do you want from Mum?
- What would you look for when observing Jesse
- What would you measure
- ***What are reassuring signs***
- ***What are worrying signs***



Current illness

how long has it been going on for

Is she getting better or worse...

Is she eating,

Is she drinking

- passing urine

?Fever

Energy, **?lethargic**

?Rash

History

Previously well

Recurrent illnesses

Any other medical history of note

Taking an medications

Social history

Family situation: support, nutrition

Housing – warmth, crowding, stability

Household smokers

A – appearance (airway)

- Mental status, muscle tone, body position

B – breathing

- Visible movement, (chest/abdo), effort – normal/increased
- Accessory muscle /recession
- Count the RR

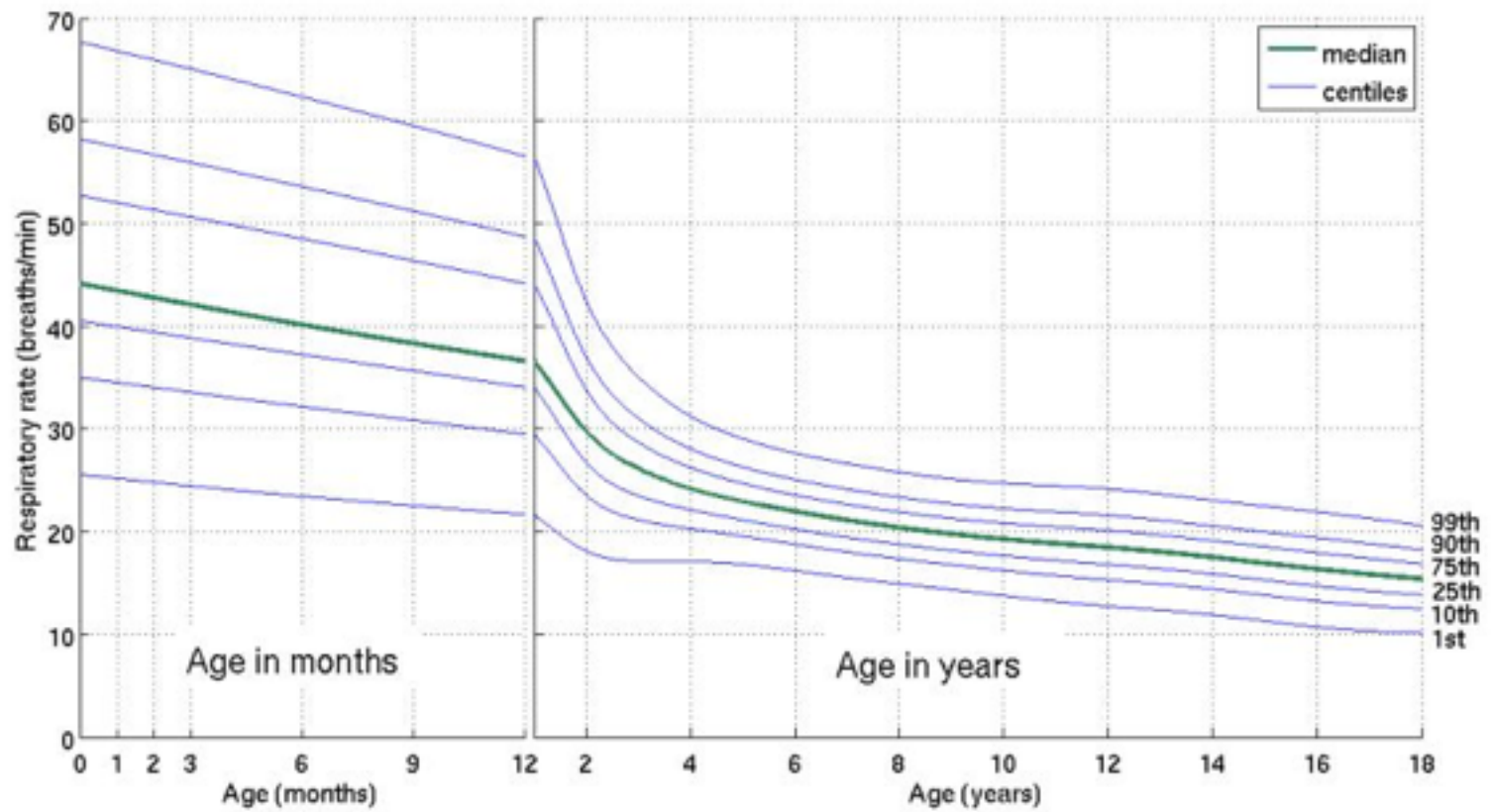
C – colour (circulation)

- ?tachycardia

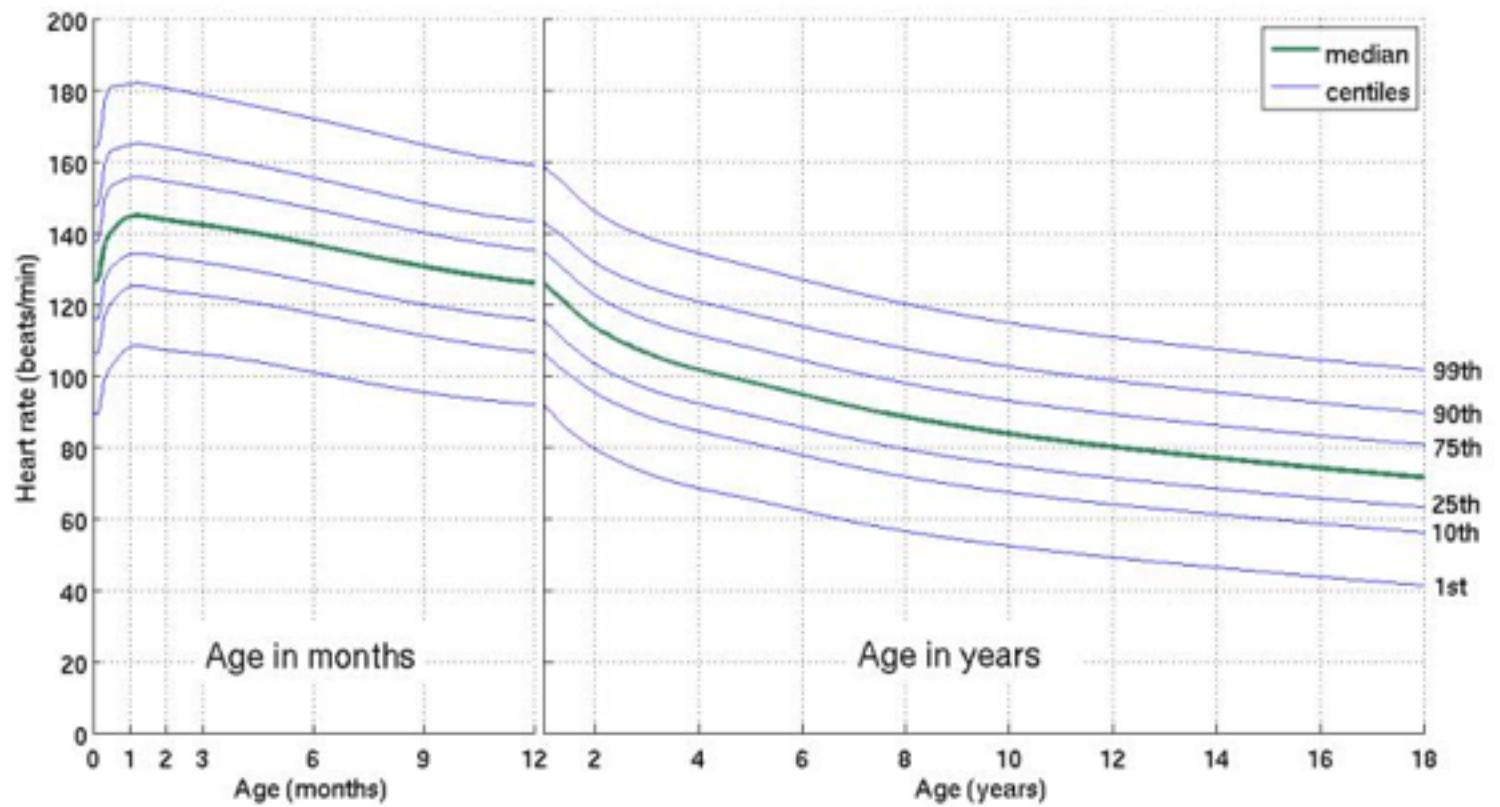


	Age	Normal respiratory rates	Normal pulse rate	Systolic BP
Newborns and infants	Up to 6 m old	30-60 breaths/min	100 - 160	>60
Infants	6 to 12 m old	24-30 breaths/min	100 - 160	>60
Toddlers and children	1 to 5 years old	20-30 breaths/min	90 - 150	>70
Children	6 to 12 years	12-20 breaths/min	70 - 120	>80

Refs: health.msn.com and health.ny.gov/professional.ems.education



Flemming S Lancet 2011,377(9770):1011-1018



Red flags for sick kids



Red Flags

- Fever
- Colour
- **Respiratory distress**
- **Raised RR/HR**
- **O2 saturation**
- **Lethargy**
- **Not drinking**
 - **Reduced urine output**
- Recurrent or prolonged
- Previous history
- On any medication

- Concerns in the social situation

... Use of clinical pathways

NORTHERN REGION CLINICAL PATHWAY FOR THE ASSESSMENT AND MANAGEMENT OF ACUTE RESPIRATORY ILLNESS IN CHILDREN 2 YEARS AND UNDER

Feedback
Useful Clinician Links



Exclusions
Refer all children to hospital for assessment if

- Known co-morbidities e.g. small ex preterm/low neonates
- Resp rate > 70/min
- History of apnoea
- Infants < 4 weeks
- Severe chest wall recession
- Nasal flare + grunting
- Cyanosis – indicates severe disease if O₂ sats < 92% risk of resp. failure

The threshold for referral should be lowered in infants

- < 2 months of age
- Born at < 32 weeks gestation
- With respiratory or cardiac co-morbidity
- Known/suspected social risks

Practice Point:
The majority of acute respiratory illnesses in children < 2 years are caused by viral infections. Differentiation of primary bacterial pneumonia and bronchiolitis is difficult. Preschool children with respiratory distress wheeze rarely have primary bacterial pneumonia. Children with respiratory distress, no wheeze and high fever (> 38.5) may have primary bacterial pneumonia.

Practice Point
Consider pertussis if patient presents with a spasmodic cough

References ✓

What advice would you give this mother?

https://www.spottingthesickchild.com/register

The screenshot shows a web browser window displaying the registration page for 'Spotting the Sick Child'. The browser's address bar shows the URL 'https://www.spottingthesickchild.com/register_complete'. The page features a navigation menu with buttons for 'My Learning', 'BASIC CHILD ASSESSMENT', 'SYMPTOMS', 'MY WAITING ROOM', and 'RESOURCES'. A central 'Registration' box contains a message: 'Thank you for confirming your registration. Please login to continue.' Below this, there is a copyright notice for 2011 and a 'Feedback' link. The bottom of the page is a 'Supported by:' section with logos for various organizations including the Department of Health, NPS National Patient Safety Agency, RCPCH, Royal College of Nursing, The College of Emergency Medicine, University Hospitals of Leicester, University of Leicester, WellChild, ocbmedia, Child Brain Injury Trust, Council for disabled children, Hearings Now, and children's heart.

Spotting the Sick Child

My Learning BASIC CHILD ASSESSMENT SYMPTOMS MY WAITING ROOM RESOURCES

Registration

Thank you for confirming your registration. Please login to continue.

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Supported by:

- Department of Health
- National Patient Safety Agency (NPS) National Reporting and Learning Service
- RCPCH (Royal College of Paediatrics and Child Health)
- Royal College of Nursing
- The College of Emergency Medicine
- University Hospitals of Leicester
- University of Leicester
- WellChild (The national charity for sick children)
- ocbmedia
- Child Brain Injury Trust
- Council for disabled children
- Hearings Now
- children's heart

?Treating a fever



our opinion

- From an immunological point of view pyrexia may be good
- Duration of fever \neq serious bacterial infection
- Need the diagnosis
- Need to review if not improving
- Need to treat dehydration
- Use analgesia for pain /distress, not fever
- Mostly viruses higher fever than bacteria
 - But not always eg bronchiolitis
- No evidence for use of 'antipyrexia'
 - no evidence for 'height of fever' as a threshold red flag

Mrs Jones



The local rest home has rung and is asking for advice.

Mrs Jones lives in her own unit, has been feeling unwell with a cough for 2 days

- What more information do you want to know
- What are the red flags
- What are the reassuring signs
- What advice would you offer

Current illness

how long has it been going on for

Is she getting better or worse...

What sort of cough is it

What other symptoms does she have

- SOB, chest pain

Is she eating, sleeping

Is she drinking

- passing urine

?Fever

Energy, **?lethargic**

History

Previously well

Recurrent illnesses

Medical history of note

Medications

Smoker

Red Flags

- Confusion
- Fever
- Getting worse
- Not drinking
- Socially Isolated
- Falls

High risk of complications

>65 yrs with acute cough and 2 or more of the following criterion

or >80 yrs with one or more of the following criterion

- **Type 1 or 2 diabetes**
- **Hx CHF**
- **Current use of oral steroids**
- **Systemically very unwell**

Nice guideline 69

Identifying those with RTIs who are likely to be at risk of developing complications

- Systemically very unwell
- Sx/signs of serious illness and/or complications (pneumonia, mastoiditis, intraorbital and intracranial complications)
- At high risk of serious complications from pre-existing comorbidities (significant heart, lung, renal, liver, neuromuscular disease, immunosuppression, infants born preterm)
- ≥ 3 episodes of wet cough lasting > 4 weeks during the last 12 months
- Unlikely to promptly return for further consultation in the event of deterioration
- >65 with acute cough and 2 or more of the following criterion
 - Hospitalisation in previous year
 - Type 1 or 2 diabetes
 - Hx CHF
 - Current use of oral glucocorticoids



Flu Vaccination





- Flu Vaccine is ‘moderately’ effective against hospitalisation and general practice influenza

BUT

- Higher effectiveness in healthy adults and children
- **Reduced effectiveness for some important groups**
 - Elderly
 - Chronic conditions
 - Very young children (unless had maternal vaccination)

THERE IS A LOT OF FLU AROUND TO SPREAD
- even when we don't know we have it

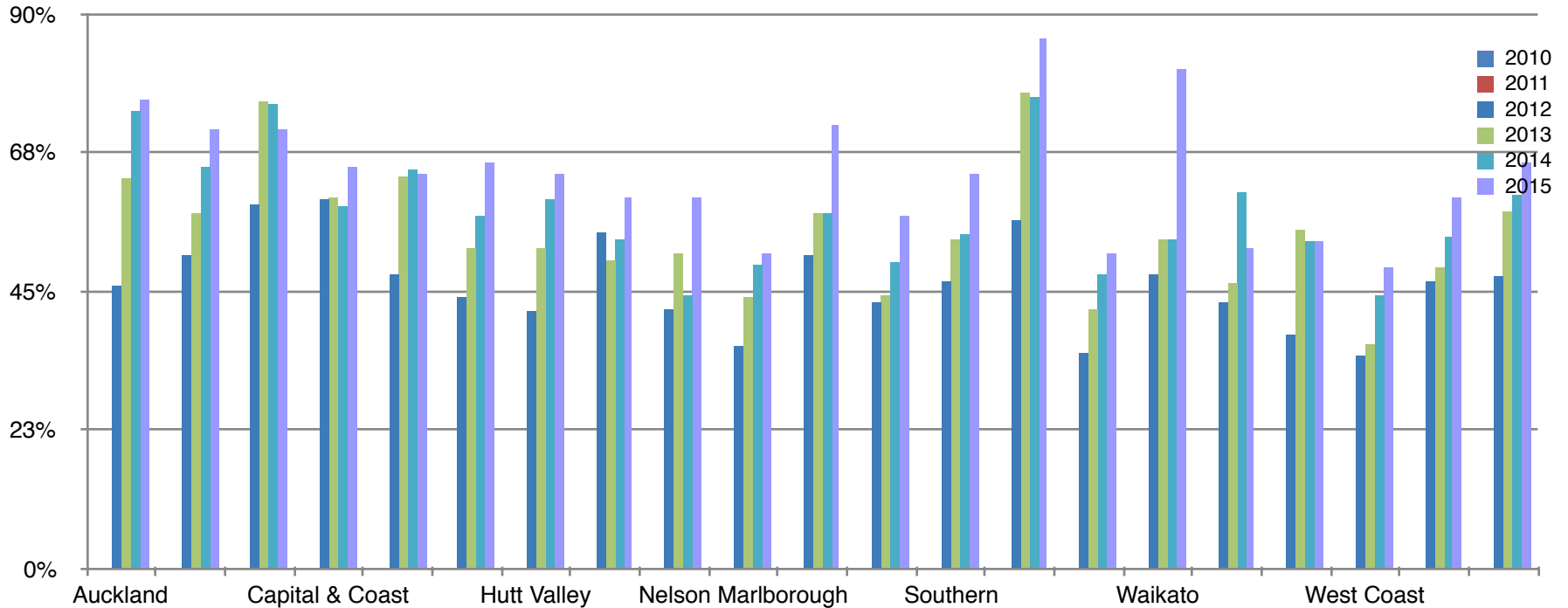
- 1 in 5 people are infected yearly
- **only 30% of these are symptomatic**
 - Of the symptomatic:
 - Only 22% seek General Practice care

Based on data from:

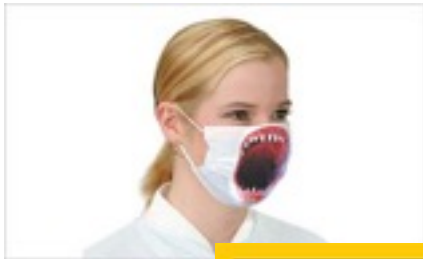
THE SHIVERS PROJECT

SOUTHERN HEMISPHERE INFLUENZA AND VACCINE EFFECTIVENESS RESEARCH & SURVEILLANCE

DHB staff influenza coverage



Evidence base...



And how safe are our waiting rooms?





**0800 IMMUNE
(466 863)**

www.immune.org.nz