



Health



The Sydney children's Hospitals Network
care, advocacy, research, education

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

ED CRITERIA LED DISCHARGE - ASTHMA / WHEEZE

Please consider the following to ensure patient is suitable for criteria led discharge.

To be completed by medical/nurse practitioner

Has the patient received IV bronchodilator during this presentation? Yes No

Is there a history of ICU admission for a respiratory illness? Yes No

Is there any chronic respiratory or cardiac condition (except asthma)? Yes No

Is the child less than 1 year of age? Yes No

If yes to any of the above questions, discuss with ED Consultant/Fellow

Discuss with ED Consultant/Fellow: _____

External discharge prescription written Yes No

Asthma Reducing Medication Plan completed Yes No

Asthma Action Plan (if appropriate) completed Yes No

Discharge Letter completed Yes No

**Authorised for criteria led discharge
Medical / Nurse Practitioner**

Name: _____ Designation: _____ Page/Phone: _____

Signature: _____ Date: _____ Time: _____

The patient must fulfil the following criteria prior to discharge

Criteria for discharge	Date	Time	Signature
Medical/ NP review within last 12 hours			
Salbutamol has been weaned to 3 hourly			
No oxygen requirement in last 4 hours			
Patient observations in white zone on Standard Paediatric Observation Chart			
Education on asthma/wheeze provided			
Patient has access to a spacer at home			
Patient/parents have demonstrated anoroplate spacer technique			
Asthma/Wheeze resource pack provided			
Discharge medications/script provided			
Asthma Reducing Medication Plan and Asthma Action Plan given to parents			
Discharge letter and follow up with GP given to parents			
Asthma Education Service contacted (if required)			

If there are any concerns, call the treating clinician to review the patient prior to discharge.

Discharge Criteria Met? Yes No

Confirmed eligible for discharge

Name: _____ Designation: _____

Signature: _____ Date: _____



SCN010003

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

SCN010003A 230518