



Checking Second Hand Smoke Exposure

Paediatric Asthma Annual Review

PROJECT OVERVIEW

STEP 1

Update Paediatric Asthma Annual Review templates if necessary, to ensure patients are asked about exposure to second-hand smoke.

STEP 2

During reviews, record correct code for every patient asked, and where there is exposure to second-hand smoke offer very brief advice to parents/ carers.

MORE DETAILS

STEP 1 - UPDATE THE ASTHMA REVIEW TEMPLATES

Update the templates that inform a Paediatric Asthma Annual Review, ensuring that the following actions are made for every patient:

The patient is asked about their exposure to second hand smoke

If the parent/ carer of a child with asthma smokes, that caregiver is offered some very brief advice (VBA)

STEP 2 - DURING THE ASTHMA REVIEW

For every paediatric asthma patient who attends a review of their asthma, ask whether they are being exposed to second hand smoke and code accordingly:

Not a passive smoker

• Read Code: 137U

• SNOMED Code: 315213009

Passive smoking risk
• Read Code: 13WF4

• SNOMED Code: 161080002

If the patient is at risk, it is important to offer Very Brief Advice to the parent/ carer, and a referral made to smoking cessation. See below for more information.

Scenario 1 – patient is exposed to second hand smoke

If the child is being exposed to second hand smoke or are at risk of exposure, the caregiver should be offered some very brief advice and/or referred for smoking cessation, and this should also be coded.

Very brief advice (VBA) to reduce the patient's exposure to second hand smoke should include the following three steps:

- 1. ASK and record smoking status—is the patient a smoker, ex-smoker, or non-smoker?
- 2. ADVISE on the best way of quitting—the best way of stopping smoking is with a combination of medication and specialist support
- 3. ACT on patient response—build confidence, give information, refer, and prescribe. Patients are up to four times more likely to quit successfully with NHS support