Paediatric Bronchiectasis Checklist

The Thoracic Society of Australia & New Zealand
LEADERS IN LUNG HEALTH

Lung Foundation Australia

AusBREATHE: NHMRC CRE in Bronchiectasis esp for Aboriginal & Torres Strait Islander Children

This checklist is designed to help you to manage your paediatric patient's bronchiectasis . You should be able to answer **YES** ☑ to all of these questions

DIAGNOSIS

☐ The diagnosis of bronchiectasis has been confirmed by a chest CT scan using paediatric criteria.	A chest CT scan, preferably a multidetector with high resolution (HRCT) scan, is needed to confirm the diagnosis of bronchiectasis. Paediatric, rather than adult, criteria should be used (broncho-arterial ratio >0.8) to diagnose bronchiectasis in those with a compatible clinical syndrome.
☐ A panel of tests to investigate for possible underlying causes have been undertaken.	The recommended panel of test for all children with bronchiectasis is: (a) Full blood count; (b) Major immunoglobulin classes G, A, M, E; (c) Sweat test; (d) Culturing lower airway secretions, including specialised cultures for mycobacterial species in sputum-producing patients (consider referring for induced sputum or bronchoscopy in those unable to expectorate sputum); and (e) Spirometry when age appropriate, usually in those aged >6-years Additional investigations for uncommon underlying causes are to be considered on a case-by-case basis in discussion with a specialist (e.g. for primary ciliary dyskinesia, inhaled foreign body, pulmonary aspiration, extended immunological testing, including HIV).

BRONCHIECTASIS-SPECIFIC MANAGEMENT

☐ The child and parent have been taught an airway clearance programme by a Respiratory Physiotherapist.	A personalised daily airway clearance routine is necessary. An airway clearance programme may include breathing exercises, positive expiratory pressure devices (PEP), percussion (chest patting), blowing games, and aerobic exercise. The techniques change with age and should be reviewed at least every 6 months.
☐ The child and parent have been shown how to use their devices and their device use technique has been checked by the healthcare team.	If the child is prescribed any airway clearance device or an inhaled medication delivery device, they should be shown how to use each device correctly, receive written instructions on the technique and the child's technique checked.
☐ A Bronchiectasis Action Management Plan (BAMP) is current.	Each child's day-to-day baseline symptoms are different. For each child, an up-to-date BAMP (link) which provides instructions on routine treatment when they are clinically stable and how this is escalated for an exacerbation should be available.
☐ I review the child regularly with a multidisciplinary team.	Bronchiectasis may change over time and monitoring symptoms is important. A review should be undertaken at least 6-monthly by a multi-disciplinary team led by a specialist respiratory physician. Monitoring includes any changes in baseline status, culturing sputum (when possible), measuring lung function, and seeking and managing the presence of co-morbidities

☐	Medications are regularly reviewed.	Regular reviewing of medications is necessary. Offer anyone with > 1 hospitalisation or ≥3 non-hospitalised exacerbations in the previous 12-months, a 6-month trial of macrolide (azithromycin) antibiotics. Assess their response after 6-months.
☐	I have provided bronchiectasis-specific education.	Being informed about bronchiectasis is important. Parents can call Lung Foundation Australia on 1800 654 301 to access bronchiectasis information, support and resources. See also www.crelungs.org.au and www.improveBE.org
☐	Routine vaccinations are up-to-date.	In addition, annual influenza vaccinations, and from age 4-years, two doses of 23-valent pneumococcal polysaccharide vaccine (Pneumovax 23) given 5-years apart, are recommended to reduce the risk of an exacerbation, particularly during winter. COVID-19 vaccination following public health guidelines will also reduce the risk of severe illness from COVID-19.
☐	I communicate with the child's health team.	Communication between the specialist respiratory physician and the child's family doctor is important. The family doctor should receive a letter from their specialist every time they are reviewed.

GENERAL MANAGEMENT

☐	Regular exercise is encouraged	The aim of daily exercise is to improve fitness, reduce symptoms of breathlessness and fatigue, and improve quality of life. It may also assist in clearing mucus from the lower airways.
☐	Monitor growth, diet and the child's nutritional needs.	The child's growth, appetite, diet and nutrition are regularly monitored.
☐	Child and family wellbeing.	Chronic conditions may affect the child and their family. Enquire about the family's general well being and if necessary, refer for help.
☐	Offer smoke and vaping cessation therapies if relevant.	Enquire about tobacco smoke and/or vaping (e-cigarette) exposure. relevant.

ACCESS SUPPORT TODAY

Lung Foundation Australia offers a range of resources, information, and programs that can help you to better understand your condition and empower you to live your best life.

Our Respiratory Care Nurse program is a free telephone-based service available for people living with bronchiectasis. The nurses will provide guidance and follow up with you on all aspects of your condition according to the management guidelines and can connect you with the information and support to live well.

Contact our Information and Support Centre team today to connect with the nurse, as well as our free information and resources.

Free call 1800 654 301 or email enquiries@lungfoundation.com.au.

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