What can be learnt from a near miss asthma deaths?

A near miss case study

Evelina London

Name of presenter: Ashira Simmons

Job title: Paediatric Asthma Clinical Nurse Specialist

Date: 9th September 2025

#AskAboutAsthma2025

NHS
Guy's and St Thomas'
NHS Foundation Trust

The Unseen Side of Asthma

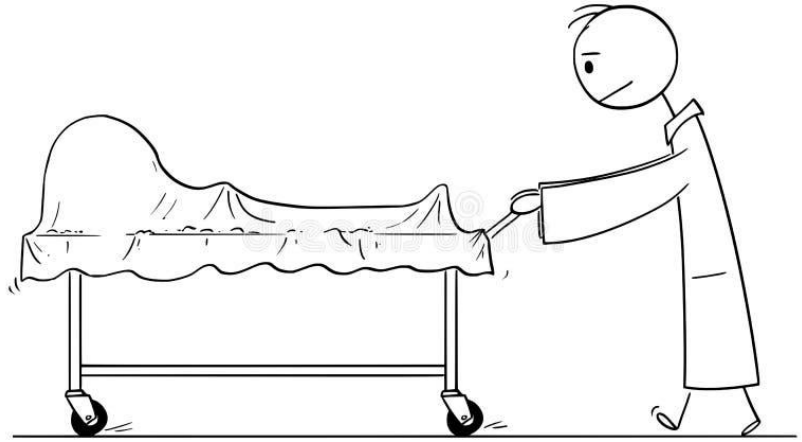
Were they given the tools to manage their asthma effectively?

Did they receive the education needed to truly understand their condition?

Were they offered / attended regular asthma reviews & have a up-to-date asthma plan?

Did they understand their triggers, symptoms and medication?

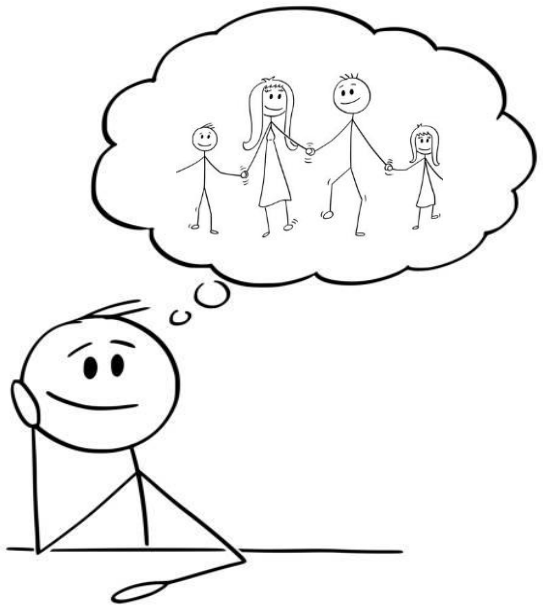
Has anyone ensured they have a full understanding of asthma?



Evelina London

NHS
Guy's and St Thomas'
NHS Foundation Trust

Key themes heard from families in PICU / HDU



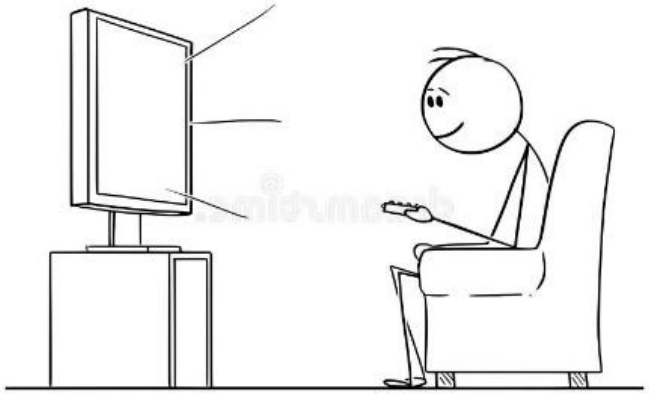
- We didn’t know asthma was serious
- Why has this happened, they only have mild asthma?
- There were no warning signs, we would have done something
- Isn’t it normal to cough and wheeze, they have asthma?
- Do children really die from asthma?
- They use their Salbutamol all the time, isn’t that normal?

What do we already know?

Asthma is manageable, symptoms are preventable yet it remains a fatal disease

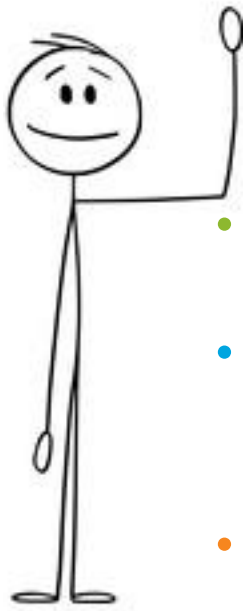
On TV and social media, asthma attacks are dramatic events where the person clutches their chest, struggling to breath and often collapses to the floor. One puff of their Salbutamol straight into their mouth and the person wakes up completely well, thankful they survived.

Is this an accurate representation of an asthma attack?



Near Miss Case Summary

10 year old girl (JM) with a diagnosis of asthma, presented to A&E by LAS with 1/7 history of worsening chest tightness, increased work of breathing, productive cough, wheeze and shortness of breath

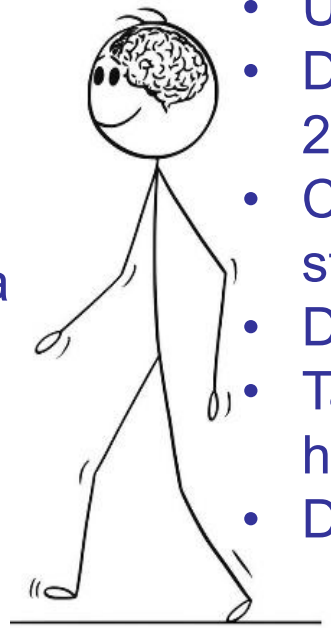


- **PMH:** Asthma, hay fever, eczema, allergic rhinitis, obesity
- **Social:** Lives with mum & brother. On a Child In Need Plan & has allocated social worker, no pets, no mould, mum stopped smoking 1 year ago. Mainstream school 3/7 & behavioural specialist school 2/7. Poor attendance – school referred to CAMHS & social care
- **Teams Involved:** General Paediatric clinic, 2 x referrals to PATCH CCN – not engaged/DNA
- **GP Prescriptions over the last 5 years:** 140 x SABA (28 per year), 112 x ICS (22 per year), 39 x boxes of Montelukast (7 per year).
- **Prescription uptake in the last 12 months:** ICS - 65%, Montelukast - 23%, SABA – 30

What was the family's understanding?

Mother

- JM's asthma is well controlled
- Diagnosed at 6 years old & thinks its almost gone now
- JM is fine & its been a long time since her last asthma attack
- She takes her preventer and Montelukast daily but 2-3 days ago she ran out
- JM coughs every night but that's been for more than a year – that's normal for asthma
- She only gets wheezy with viral illness and chest infections
- JM has a blue inhaler but only takes it with illness a couple times a year



JM – 10 year old

- Doesn't think it's a problem
- Can't remember when she last had an asthma attack
- Doesn't take any medication regularly
- Unsure what asthma is or what it means
- Doesn't know why the doctor has given her 2 different coloured inhalers
- Can't do PE or any physical activity without struggling to breathe
- Doesn't know what a wheeze is
- Takes her blue inhaler most days as it gives her energy
- Doesn't know what a preventer or reliever is

Initial Respiratory Consultant & CNS Findings

- JM's had multiple A&E / hospital admissions with asthma
- PICU admission at 7 year old (3 years ago) for asthma (not intubated)
- Last admission - June 2023, requiring IV therapy ($MgSO_4$)
- Last course of oral steroids - January 2024 (8 months before)
- Not used ICS for last 6 weeks (summer holiday)

- Less symptomatic when taking ICS consistently
- Using SABA 4 times a week (usually 2-3 puffs each time)
- Very poor understanding of asthma, medication & escalation plan
- Stopped using a spacer with her evohalers
- Mother frequently calls GP & 111 when Salbutamol runs out requesting emergency prescription
- Multiple inhalers at home but JM unsure which she is suppose to be using
- JM hasn't been taken to any annual GP asthma reviews in the last 3 years
- Has received multiple asthma plans but have been lost

Red Flags – NRAD & NCMD

2 x previous severe asthma attacks (IV / Optiflow)

2-3 x A&E across 3 hospitals – not communicated

Inappropriate use of services – 41 urgent appt's for prescription requests (5 yrs)

No monitoring of JM's prescription uptake in the last 5 years

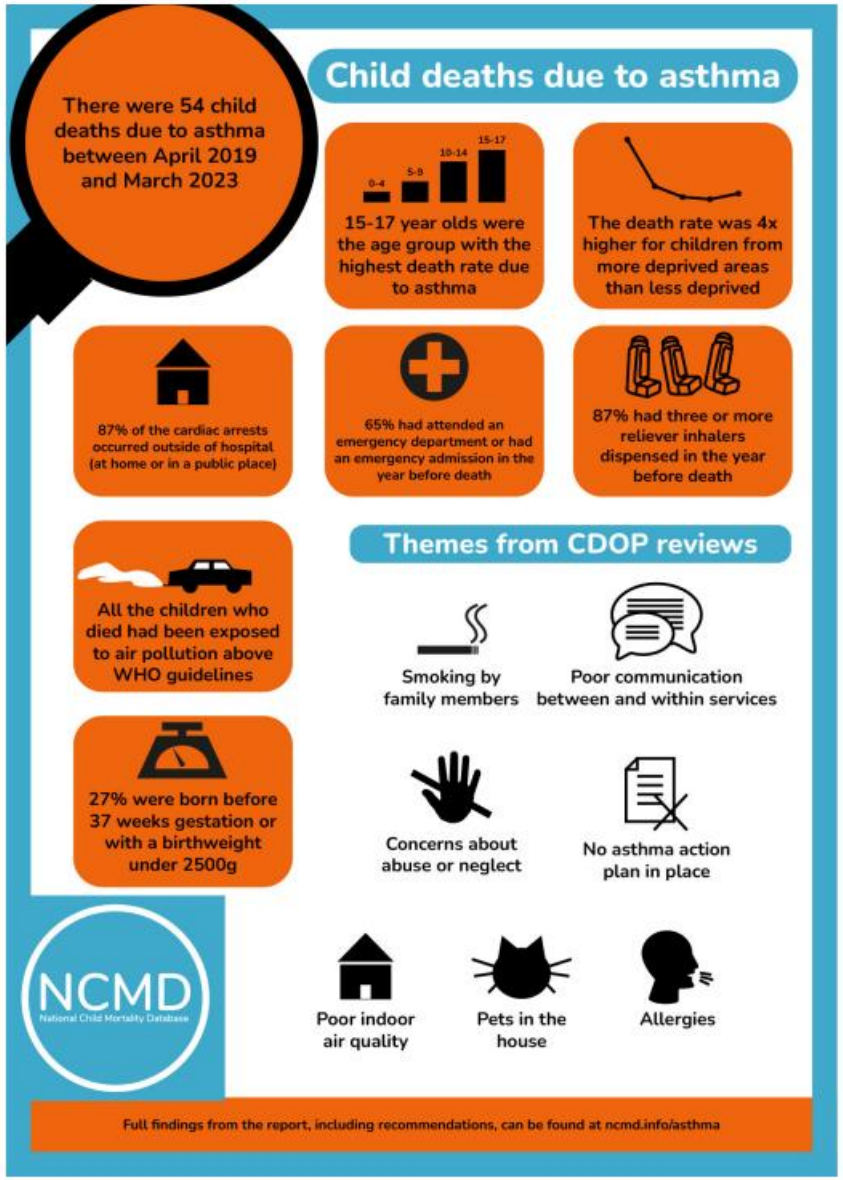
Poor engagement with health services

Most appointments were virtual, JM not present

Very poor perception of asthma, symptoms, medication

Never met an asthma nurse specialist or respiratory doctor

OUTCOME: POORLY CONTROLLED ASTHMA - AT RISK OF A FATAL ATTACK



Does the NCMD report reflect JM's red flags?

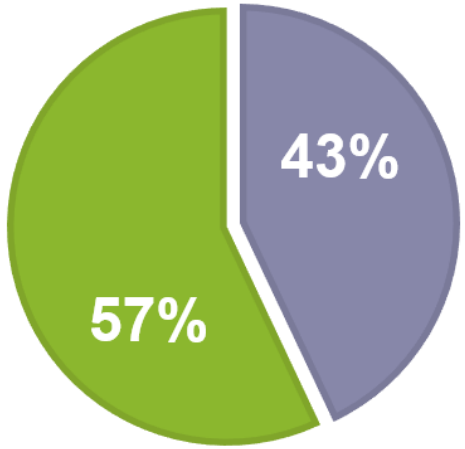
- ✓ Lives in a deprived area in London
- ✓ Last attack / admission within the last year
- ✓ Very high prescription uptake of reliever
- ✓ Address is above WHO guidance for air quality / pollution
- ✓ Mother is ex-smoker (approx 1 year prior to admission)
- ✓ No communication between multiple hospitals / primary care
- ✓ Safeguarding concerns, CIN plan - now on CPP for neglect
- ✓ No asthma plan
- ✓ No food allergies but pollen and house dust mite allergy

YES – High risk of a fatal asthma attack if action not taken immediately

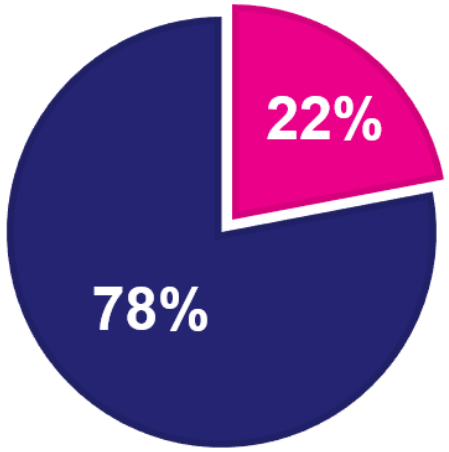
Does the NRAD report reflect JM's red flags?

- ✓ Didn't have an asthma plan
- ✓ No annual asthma review / multiple rescheduling
- ✓ Managed by GP
- ✓ Prescribed more than 12 x SABA in 12 months

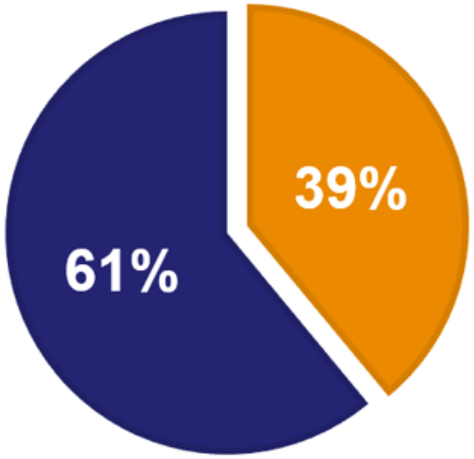
57% DID NOT HAVE AN ANNUAL ASTHMA REVIEW



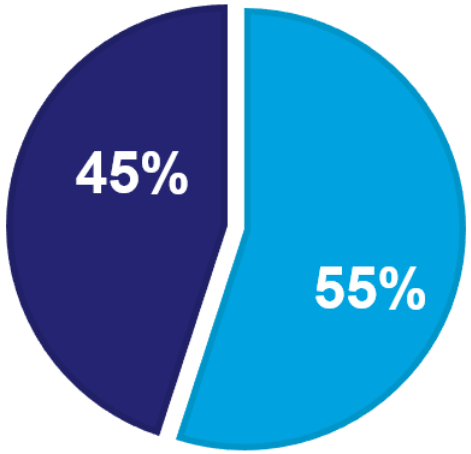
22% MISSED/CANCELLED/RESCHEDULED/ REFUSED AN ANNUAL ASTHMA REVIEW



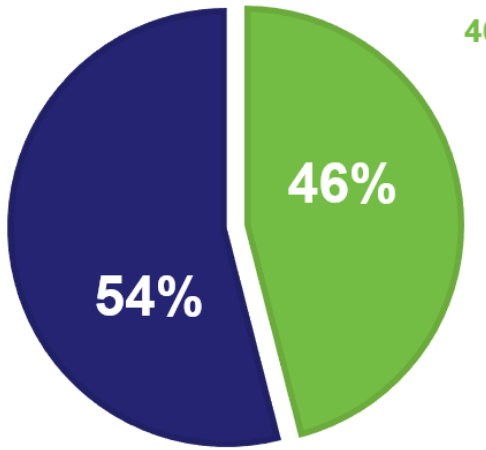
39% WERE PRESCRIBED >12 RELIEVER INHALERS IN THE LAST 12 MONTHS



55% WERE UNDER THE CARE OF THEIR GP



46% DID NOT HAVE A PERSONALISED ASTHMA ACTION PLAN (PAAP)



YES

Evelina London

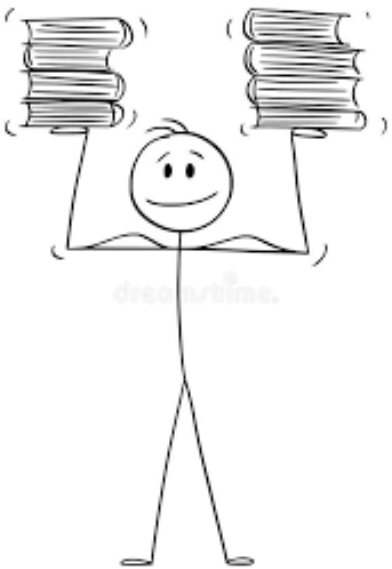
NHS Guy's and St Thomas' NHS Foundation Trust

Learning Points

- Asthma kills – including those with ‘mild asthma’ – take it seriously
- Reported adherence is not always accurate – check it
- Get your coding right
- Missed appointments, frequent rescheduling or cancelling – red flag
- Always ask about pre-hospital treatment
- Even if the CYP is local – ask about other A&E attendances / ward admissions
- Identifying previous PICU & HDU episodes is vital
- At every attendance - check local care record (medication, visits to health services)
- Ask about atopy, smoking status, home environment – it matters
- Oral steroids prescribed by GP or 111 / rescue packs – huge red flag

- Communicate with health professionals involved in CYP's care – don't assume they know
- Consider accessing respiratory assessments if available
- Would alternative therapies / devices improve adherence
- Check inhaler technique at every encounter
    - Use the lingo – preventer / reliever / combination inhaler
    - Ask about reliever use at school – parents often unaware
    - Plans for follow up is in place before discharge / end of consultation
    - Teach families about good & poor asthma control
    - Asthma plans are essential not optional – contain vital information
    - Consider using scenario's to aid understanding of reliever escalation plan

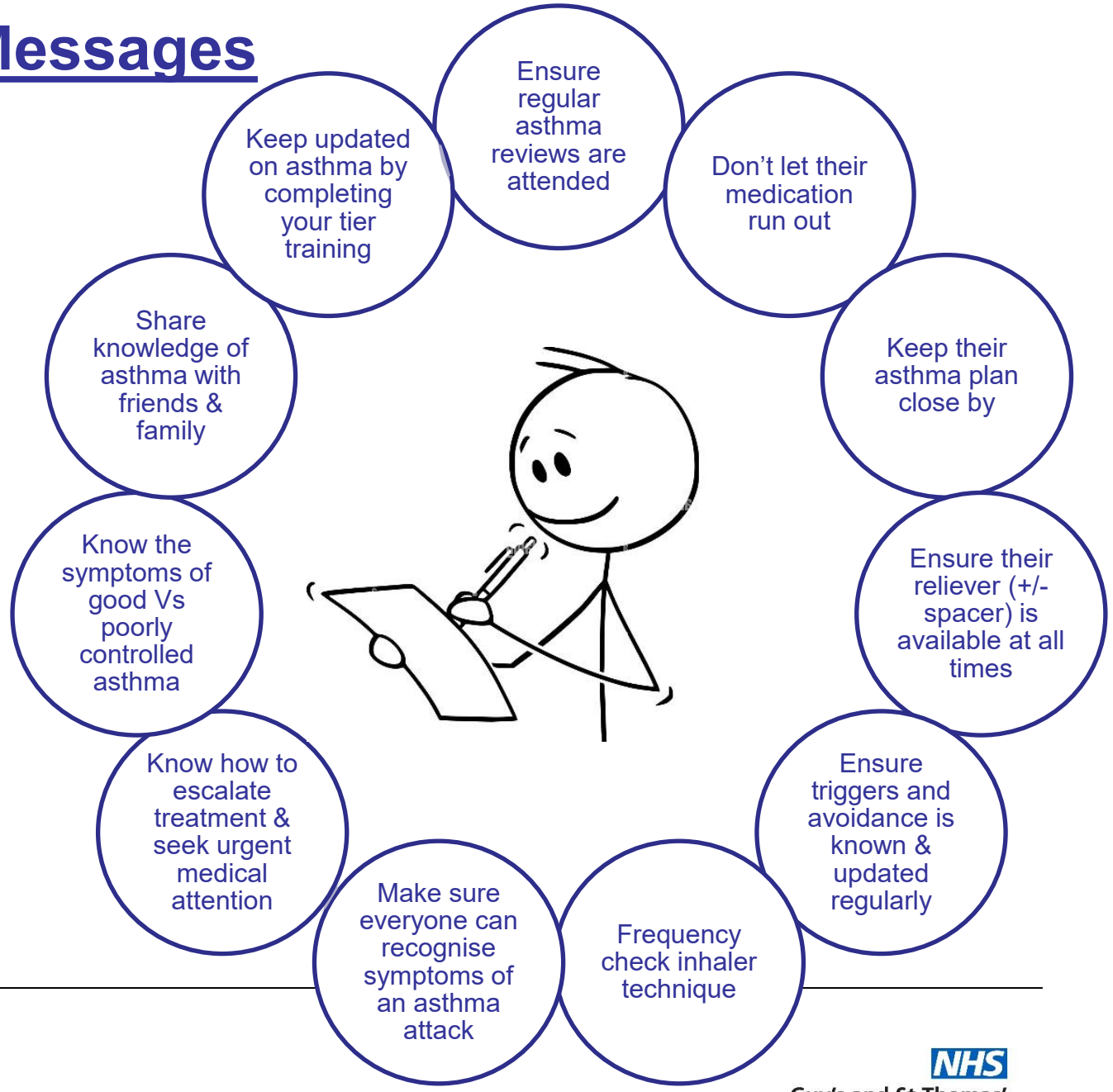
- Offer varied teaching techniques to maximise understanding and education
- Get young people to complete the health app on their phone – safety feature
- Utilise data from the asthma dashboard – helps identify risk
- Don’t be afraid to write risk factors on clinic letters & discharge summaries (i.e problem list)
- Explain that asthma kills – information is power



- Ensure the WNB / DNA pathways are used in clinical practice - consider social care referral
- Good communication across services & hospitals is essential – consider hospital passport or flags on system
- Share learning points amongst colleagues & other teams – near misses
- Encourage multi-professional learning across primary / secondary and tertiary care

Take Home Messages

- ✓ **Asthma can be fatal if not properly understood & managed**
- ✓ **Everyone plays a role in helping a CYP manage their asthma & reduce the likelihood of a severe / fatal asthma attack**
- ✓ **Don't ignore red flags they can help identify risk**
- ✓ **What can you do to stop the next asthmatic being part of a future mortality report?**



Evelina London

NHS
Guy's and St Thomas'
NHS Foundation Trust

Questions?

gstt.evelinaasthmanurses@nhs.net