

## WELCOME TO VOKSENTOPPEN CENTER FOR CHILDREN WITH ASTHMA; ALLERGIES AND CHRONIC LUNG DISEASES

The Department of Paediatric allergy and pulmonology includes referrals from the local regional area, with outpatient care at Ullevål and at Rikshospitalet, while acute infections are usually treated at Ullevål. The Voksentoppen unit, within the department, is a referral center aimed at specialists and other paediatric departments, admitting children with chronic and/or complex allergic and pulmonary diseases specialists/paediatric departments in Norway. Patients usually has in-house day-care or are admitted for several days.

Your teaching within paediatric allergy and pulmonology in Module 6 consists of the

- **Asthma seminar**, focusing on understanding the burden of asthma, how to recognize and manage asthma in children, and how to answer parents' questions regarding advice on follow-up and prevention of asthma. *Includes group sessions of practical use of inhalation medication, which is highly relevant also for adult medicine.*
- **A lecture on Allergies in Children**, where we focus on understanding allergy develop in children and how to recognize, diagnose and manage allergies, with an emphasis on food allergies in the developing child.
- **A lecture on chronic lung disease in children**, providing an overview of how to recognize, differential diagnosis and diagnostic and management chronic lung diseases in children.
- **Small group teaching**, where all groups have one session at Voksentoppen, in addition to other small group teaching and clinical wards.
- **Optional ward attendance:** you are welcome to spend time in the ward 1-2 students at a time, on your own initiative. You will follow the doctors and patients through our regular activities, but without formal teaching. Suggested time: around 0900 to lunch. Please contact your class rep, who will be in charge of organizing your attendance, and e-mail head of department dr. Iren Matthews ([imatthew@ous-hf.no](mailto:imatthew@ous-hf.no)) who you are and when you wish attend.

### **At Voksentoppen you should put your theoretical and practical skills at work.**

The MEDICAL HISTORY is the FUNDAMENT of all investigations in paediatric allergy and pulmonology. Try a few minutes free information on the patient/parent opinion of the problem, you then may want to guide the interview. Next page are some questions you may want to keep in mind.

Practice your history taking skills with our patients!!

You should be familiar with examination of a child with airway/pulmonary/allergic diseases, including the assisted forced exhalation technique for auscultating peripheral airway function. Make sure to practice this as part of clinical examination.

Common diagnostic investigations should be familiar to you, including

- Forced flow-volume loops
- Skin prick tests
- s-IgE measures

You may also want to have some knowledge on

- exercise testing
- exhaled fractional nitric oxide
- food challenges

Children with chronic lung- and/or airways disease (often asthma) or skin disease (usually atopic dermatitis) will have been prescribed with treatment prior to referral to Voksentoppen.

1. *How do the symptoms present?*
  - a. The patient may have several complaints, so be systematic and structured.
  - b. Suggestion: first get a brief overview, thereafter discuss one manifestation at a time.
  - c. Guide the interview, starting with open questions, follow up with control questions
2. *In patients with established diagnosis; is the diagnosis certain?*
  - a. Are further investigations needed for differential diagnosis?
  - b. Are there “red flags” suggesting alternative diagnosis?
  - c. Are symptoms periodic or persistent?
  - d. How severe, and do they impede on the child’s daily life?
  - e. What are the common triggers, and can they be avoided?
  - f. How does a typical exacerbation present?
3. *Does the treatment work?*
  - a. What medications are prescribed (type, dose, frequency, duration, administration)?
  - b. Do they take the medication? Correctly? Periodically or continuous?
  - c. Has treatment improved the condition?
  - d. Are there environmental or other factors that may aggravate the condition?
4. *How can management be improved?*
  - a. Education?
  - b. Changing administration form?
  - c. Stepping up or adding medication?
  - d. Other factors
5. *Does the child have one disease, or co-morbidities?*
6. *Family history of allergic or other diseases?*

Children with (possible/likely) food allergy (perceived or documented):

1. *Why does the child (or parents) think he/she is allergic to food?*
  - a. What symptom(s) and how severe?
  - b. Age first time?
  - c. What is/are the likely food in question?
  - d. Symptoms always or sometimes after exposure?
  - e. Time from exposure to symptom appearance?
2. *Has clinical allergy been documented?*
  - a. Was the diagnosis based upon history and/or investigations?
  - b. What test were used?
  - c. What levels of allergic sensitization was documented?
    - i. Wheal size for SPT or s-IgE?
    - ii. Use of component resolved diagnosis?
    - iii. Elimination-provocation trial?
  - d. When were tests performed first and last time?
3. *Has the child eaten the offending food?*
  - a. How much do they tolerate before symptoms appear?
  - b. Changing clinical picture (exposure/symptoms) with increasing age?
4. *Is a food challenge warranted?*
  - a. To diagnose/document food allergy and/or tolerance level?
  - b. To assess tolerance development and re-introduction of food?
  - c. Other?
5. *How to manage and/or prevent food allergy*
  - a. Avoid exposure
  - b. Recognize anaphylaxis
  - c. Manage acute symptoms; do you know how to use adrenaline injectors?
  - d. Potentially new treatments (oral immune therapy) in the future?