GOAL:
Recognize asthma exacerbation early, and provide appropriate education and treatment before symptoms worsen and require ED or inpatient care.

OBJECTIVES:
1. Reverse hypoxia
2. Reverse airway obstruction rapidly
3. Reduce short-term relapse

Acute Asthma Treatment

Mild symptoms
- Dysnea with activity only
- End-expiratory wheeze
- No or mild work of breathing (only intercostal/ subcostal retractions)
- No tachycardia
- Equiv to SCH Respiratory Score (R5) 1-5
- PEF >80%

Assess Symptom Severity

Moderate symptoms
- Dysnea at rest
- Interfering with usual activity
- Expiratory wheeze heard throughout
- Mild work of breathing
- Mild tachycardia
- Equiv to SCH Respiratory Score 6-12
- PEF 50-79%

Severe symptoms
- Dysnea at rest
- Interfering with talking
- Loud inspiratory and expiratory wheezes
- Moderate to severe work of breathing
- Moderate tachycardia
- Equiv to SCH Respiratory Score 6-12
- PEF 50-79%

1. Give Albuterol MDI 4 puffs
2. Observe response at 30 minutes

Consider oral steroid based on patient history of asthma severity, control and likelihood to progress to more severe symptoms

Not Improved

1. Place pulse oximeter and provide oxygen PRN to maintain SaO2 > 90%
2. Call 911 for ambulance

Give Albuterol MDI 8 puffs or Continuous nebulized Albuterol with Ipratropium 0.75 mg

Give Dexamethasone 0.6 mg/kg (max 16 mg) PO within 60 minutes

Severity Decrease / Stable

DC to home with Albuterol 2-4 puffs Q 4 hours PRN and follow up PRN

All patients to have Asthma Action Plan and follow up in 1-3 months

Severity Decrease

If safe for DC to home, provide second dose of Dexamethasone 0.6 mg/kg at 24 hours

DC to home with Albuterol 2-4 puffs Q 4 hours x 24 hours, then PRN and follow up in 2 weeks

If still Moderate after 120 minutes, transfer to ED

Assess Symptom Severity

Observe response at 30 and 60 minutes

Severity Decrease

If still Moderate at 60 mins, may repeat Albuterol MDI 8 puffs

Observe response at 30 and 60 minutes

Severity Decrease / Stable