Exclusion Criteria:

bronchiolitis, cystic fibrosis, tracheostomy patients, neuromuscular diseases, immunodeficiency & cardiac patients (unless ordered), and other chronic lung disease (unless ordered)

If RESPIRATORY ARREST IMMINENT

Move to Resuscitation Room and Notify ED MD

EMERGENCY DEPARTMENT Entry Assessment for ASTHMA PATHWAY

Inclusion Criteria: Patients 2-18 years of age with acute asthma exacerbation

Goals for Best Practice

Steroids within 60 minutes of arrival Beta-Agonists within 60 minutes of arrival

Ipratropium with 1st ED Albuterol Neb

Standardized Asthma Scoring (PAS)

CXR and Blood Gas are not recommended for Routine Asthma Exacerbation

1st HOUR

- Supplemental Oxygen should be administered to maintain SaO2 >90% -Initial PAS score and VS with BP completed with Triage Assessment

- Albuterol 5 mg Neb
- Repeat per clinician discretion
- Consider Steroids in some cases- consult with physician

PAS 3-5

- Albuterol Neb over 1 hour
- <20 kg: Albuterol 10 mg ≥20 kg: Albuterol 15 mg
- Ipratropium 1 mg via neb- in conjunction with

- Dexamethasone 0.6 mg/kg (max 16 mg) PO/IM OR
- Methylprednisolone 2mg/kg (max 60mg) IV for PO intolerant

PAS 6-10

STRONG CONSIDERATION FOR EARLY TRANSFER TO DCMC

Contact Seton Transfer Center: 324-3515

Consider Early Adjunctive Therapy**

<u>RT</u>

- Albuterol Neb over 1 hour
- <20 kg: Albuterol 10 mg/ ≥20 kg: Albuterol 15 mg
- Ipratropium 1 mg via neb- in conjunction with Albuterol

RN

- Dexamethasone 0.6 mg/kg (max 16 mg) PO/IM
- Methylprednisolone 2mg/kg (max 60mg) IV for PO intolerant

2nd HOUR

*Reassess VS (including BP) & PAS Score

PAS 0-2

Discharge to HOME

- □ Asthma Education
- ☐ Smoking Cessation referral if indicated
- □ ***Script for Albuterol MDI
- ☐ Script for Dexamethasone Dose #2-0.6mg/kg (max 16mg) PO x 1 to be given 24 hours after 1st dose, if applicable

PAS 3-5

- Albuterol Neb over 1 hour <20 kg: Albuterol 10 mg ≥20 kg: Albuterol 15 mg

PAS 6-10 **POOR RESPONDER**

Call Seton Transfer Center for

Immediate Transfer: 324-3515

Consider Early adjunctive therapy**

RT

- Albuterol Neb over 1 hour (continuous) as necessary <20 kg: Albuterol 10 mg/ >20 kg: Albuterol 15 mg

3rd HOUR

intercostal or

(RA for 2min-

RR

Ω2

w

0

D

*Reassess PAS Score- If completing a continuous neb and considering discharge home it is RECOMMENDED that you observe the patient for at least 60 minutes after the completion of the neb, then rescore the patient for discharge readiness.

PAS 3-5

Call Seton Transfer Center: 324-3515

*Reassess VS (including BP)

& PAS Score

RT- Albuterol Neb over 1 hour (<20 kg: Albuterol 10 mg or ≥20 kg: Albuterol 15 mg)

*Pediatric Asthma Score (PAS)			
Assessment	0	1	2
Respiratory Rate (Obtain over 30 seconds and multiply x2)			
2-3 years old	≤34	35-39	<u>≥</u> 40
4-5 years old	≤30	31-35	≥36
6-12 years old	≤26	27-30	≥31
>12 years old	≤23	24-27	≥28
Oxygen Requirement for 2min- return O2 if Sats <90)	>95% RA	90-95% RA	<90% RA
Auscultation	BBS clear to End exp. wheeze	Expiratory Wheezes	Insp. & Exp. wheeze or Diminished BS
Work of Breathing- nasal flaring, suprasternal, ercostal or subcostal muscle use	<_1 accessory muscle	2 accessory muscles	≥3 accessory muscles
Dyspnea	speaks full sentences, playful, babbles	Speaks partial sentences, short cry	Speaks short phrases, single words, grunting

ADJUNCTIVE THERAPY **OPTIONS

IV NS bolus

(20ml/kg, max 1L)

If Giving Therapies Below Contact Seton Transfer Center for Transfer: 324-3515

Magnesium Sulfate

50 mg/kg IV (max 2 g) over 20-30 min. x1 (NOTE: Strongly consider NS bolus if not already given)

Terbutaline

10mcg/kg SQ (Max 50mcg=0.25ml) X1 FOR CHILD IN EXTREMIS

(NOTE: can be given Q20min. x3 doses until transfer)

***Albuterol to MDI w/ Spacer **Puff Conversions**

5mg neb = 8 puffs

10mg neb= 16 puffs Continuous= 5 puffs Q20min. x3 Q2 hours= 4 puffs Q30 minutes x4 Q3 hour= 5 puffs Q1 hour x 3

15mg neb= 24 puffs Continuous= 8 puffs Q20min. x3 Q2 hours= 6 puffs Q30 minutes x4 Q3 hour= 8 puffs Q1 hour x3

