

## Addressograph

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

CHI: \_\_\_\_\_

# Adult Acute Asthma Management

ED arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

### Initial Assessment

SaO<sub>2</sub>: \_\_\_\_\_% on air / \_\_\_\_\_ L O<sub>2</sub>

RR: \_\_\_\_\_/min

HR: \_\_\_\_\_

BP: \_\_\_\_\_

PEFR: \_\_\_\_\_ L/min

Best or Predicted PEFR: \_\_\_\_\_ L/min

%PEFR/Best or Predicted: \_\_\_\_\_ L/min

### Initial Management

Administer to all:

**OXYGEN:** Titrated to maintain SpO<sub>2</sub> 94-98% for all hypoxaemic patients ☐

**SALBUTAMOL 5MG:** High-dose inhaled  $\beta$ 2 agonist via oxygen-driven nebuliser ☐

**STEROID:** Prednisolone 40mg PO or Hydrocortisone 100mg IV if oral route not appropriate ☐



### Life-Threatening Asthma

#### MOVE TO RESUS

Any one of:

PEF < 33% best or predicted ☐

SpO<sub>2</sub> < 92% ☐

PaO<sub>2</sub> < 8kPa ☐

Normal PaCO<sub>2</sub> (4.6 – 6.0 kPa) ☐

Silent chest ☐

Cyanosis ☐

Poor respiratory effort ☐

Arrhythmia ☐

Exhaustion, altered GCS ☐

Hypotension ☐

### Acute Severe Asthma

Any one of:

PEF 33-50% best or predicted ☐

RR > 25/min ☐

HR > 110/min ☐

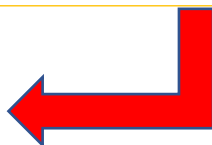
Inability to complete sentences in one breath ☐



Add nebulised ipratropium bromide 500mcg  
Repeat doses of  $\beta$ 2 agonists at 15-30 minute intervals

If patient continues to deteriorate or inadequate response treat as Life-Threatening

Dehydration is common: low threshold for IV fluids



### Near-Fatal Asthma

Raised PaCO<sub>2</sub> ☐

Involve senior medical staff and **refer to ITU**

Consider **IV MgSO<sub>4</sub>** if inadequate response to inhaled bronchodilators (1.2-2g IV infusion over 20 mins)  
Consider **IV Aminophylline** only with senior input

If LIFE THREATENING features or SpO<sub>2</sub> < 92%, perform **ABG**:

PaO<sub>2</sub> = \_\_\_\_\_

PaCO<sub>2</sub> = \_\_\_\_\_

### Moderate acute asthma:

PEFR > 50-75% best or predicted  
**And** absence of acute severe/life threatening features

**Management:** Following initial steps, can repeat  $\beta$ 2 agonist by inhaler via spacer, or oxygen-driven nebuliser  
Add nebulised ipratropium bromide if poor response to above

- Repeat ABG within 1 hour if: PaO<sub>2</sub> < 8kPa OR hypercapnic OR deteriorating ☐ **Yes** ☐ **Not required**
- Perform portable CXR if: life-threatening asthma, suspected pneumomediastinum/pneumothorax /consolidation, failure to respond to treatment satisfactorily, requirement for ventilation ☐ **Yes** ☐ **Not required**

### Discharge Criteria:

PEFR > 75% best or predicted one hour after initial treatment (unless other reasons present requiring admission) ☐

Continue minimum 5 days Prednisolone (40-50mg) ☐

Routine antibiotic prescriptions are not indicated without evidence of acute infection ☐

Patient should be asked to see their GP for follow up within 2 working days, and written advice provided ☐

Check inhaler technique prior to discharge ☐