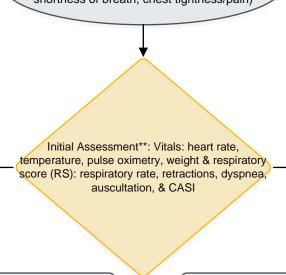
OUTPATIENT ACUTE ASTHMA EXACERBATION PATHWAY



Obtain History:

- Triggers
- Onset
- Comorbidities
- Current medication use
- History of intubations for asthma
- ED visits
- Hospitalizations for asthmas
- Tobacco exposure

Child presents with history of asthma* and respiratory symptoms (cough, wheeze, shortness of breath, chest tightness/pain)



Inclusion: >2 years old with history of asthma* or recurrent wheezing

Exclusion: Chronic conditions

- Chronic lung disease
- Congenital/acquired heart disease
- Upper airway issues
- Neuromuscular disorders
- Immune disorders
- Sickle cell anemia
- Medically complex child

Moderate - Severe RS: 5 or Greater

Notify Provider Immediately

Consider activating transport or 911: If so, transfer to ED

Place on continuous pulse oximetry.

Oxygen: titrate to keep pulse oximetry

≥ 90%

<u>Meds</u>

- Dexamethasone: 0.6mg/kg PO if able; max dose, 16mg/day (If unable to tolerate, may give IM***)
- Duoneb (Albuterol 2.5mg + Ipratropium 500mcg per vial)
 - -Patients <10kg: 1 vial
 - -Patients >10kg: 2 vials

Mild RS: 1 - 4

<u>Meds</u>

- Albuterol
 - -Patients <10kg: 4 puffs
 - -Patients >10kg: 8 Puffs

Consider

 Dexamethasone: 0.6mg/kg PO once; max dose, 16mg/day

OR

Prednisone/Prednisolone 2mg/kg PO once; max dose 60mg/day

<u>Assessment</u>

- Reassign post treatment RS
- Initiate asthma education

*National Guidelines (2007) Definition: Definition of Asthma: Asthma is a common chronic disorder of the airways that is complex and characterized by variable and recurring symptoms, airflow obstruction, bronchial hyperresponsiveness and an underlying

REASSESS (Clinical staff/provider) every 10-20 minutes (RS, heart rate, pulse oximetry)

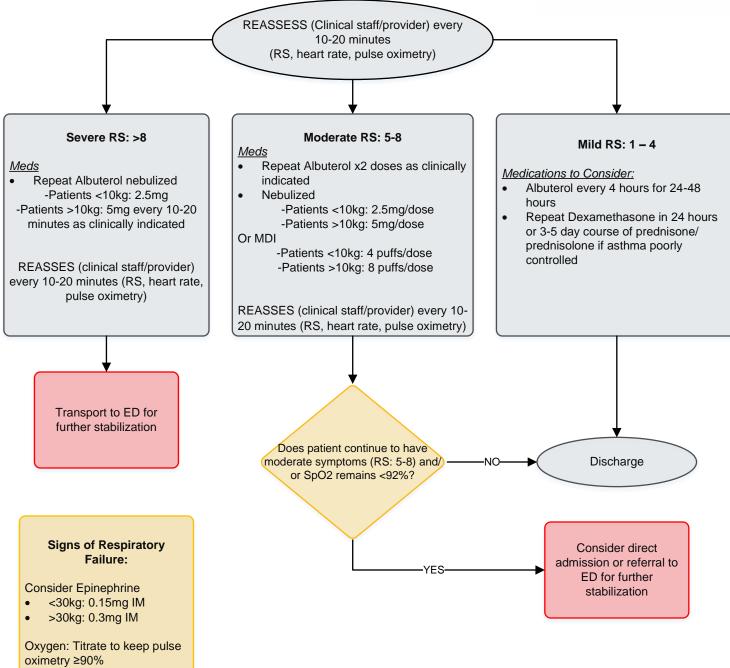


inflammation

Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

OUTPATIENT ACUTE ASTHMA EXACERBATION PATHWAY





(**) Possible Diagnostic Testing:

(Routine testing NOT recommended)

CXR: Consider if asymmetric or for first-time wheezing

Influenza testing: Consider if consistent with influenza-like illness or atypical pneumonia and management will change based on results

CBC

CBG

BMP

(***) May substitute prednisone/ prednisolone loading dose of 2mg/ kg (Max 60mg) PO for dexamethasone

