



	Acute	Ast	thma P	athway	
Suspected acute asthmaProgressive worsening of asthma symptoms• Breathlessness• Cough• Wheeze• Chest tightness• Wheeze• Chest tightnessRisk factors for severe disease• Chest tightness• Extremely low birth weight• Representation within 1 month of acute episode• Extremely low birth weight• Representation within 1 month of acute episode• Prolonged NICU stay• Already on steroids or high doses ICS• Previous severe attacks• Food allergy• Attack in late afternoon, at night or early morning• Psychosocial stressors		ode r	• Epiglottitis • GO	entials; eign body	
	Moderate Acute severe Life-threatening				
Activity	Normal responses	• Reduced		 Agitation Confusion 	
Respiratory	 O2 sats ≥ 92% Able to talk 2-5y: RR ≤ 40/min >5y: RR ≤ 30/min 	 O2 sats < 92% Too breathless to talk Use of accessory muscles 2-5y: RR > 40/min >5y: RR > 30/min 		 O2 sats ≤ 92% plus any red features Poor respiratory effort 	
PEFR	 >50% best or predicted 	• 33-50% best or predicted		• <33% best or predicted	
Auscultation	Good air entryMild-moderate wheeze	 Decreased air entry with marked wheeze 		• Silent chest	
Circulation	• 2-5y: $HR \le 140 \text{ bpm}$ • >5y: $HR \le 125 \text{ bpm}$ • >5y: $HR \le 125 \text{ bpm}$		ripheries > 140 bpm > 125 bpm	• Cyanosis • CRT >3 secs	
		• Parenta			
			SEVERE/LIFE THREATENING		
			Oxygen to mainta chodilator via spacer ± sk or nebuliser if SpO2	in SpO2 94-98% if available RED ACTION • Refer immediately to emergency care	
		Oral pre	ednisolone	 B2 bronchodilator via spacer ± facemask 	



- or nebuliser if SpO2 <94%
- Oral prednisolone
- If poor response add nebulised ipratropium bromide
- Repeat treatment every 20 minutes while awaiting transfer

	Acute A	Acute Asthma Drug Dose					
d	Prednisolone (oral) 3 days	2-5y: 20mg 5-7y: 30-40mg	>7y: 40mg (1-2mg/kg per dose)				
ies,	Salbutamol (nebs)	2-5y: 2.5mg >5y: 5mg					
5	Ipratropium Bromide (nebs)	2-11y: 250 micrograms 12-17y: 500 micrograms					

Lower Threshold for admission if:

• Attack in late afternoon or at night

12months

• Recent hospital admission or previous severe attack

care if 2nd attack within

• Concern over social circumstancs or ability to cope at home

NB: If patient has signs and symptoms across categories, always treat according to their most severe features

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