

St. Paul's Hospital

Diagnostic and Treatment Unit / Emergency Department GUIDELINES FOR EMERGENCY MANAGEMENT OF PAEDIATRIC ASTHMA

DATE:			
	Patient Triage / Initial Assessment RR, HR, use of accessory muscles, auscultation, Shortness of Breath, PEFR, SpO2 Add Oxygen to maintain SPo2 ≥95%	CTAS Level 1 (Near	
1) Initiation of bronchodilator Rx: Yes No Time initiated:	CTAS Level 2 (Severe) or 3 (Mild/Moderate) Notify EP/RT (if applicable) Salbutamol 5.0mg nebulized Rx Delivered with O2 at 6-8 lpm OR Salbutamol 6-8 puffs MDI with spacer device	Death) Place patient in resuscitation room. Notify the physician and RT. Follow physician orders for CTAS Level 1 Adult Asthma	
2) Steroid given: Yes No No If No, steroid contraindicated because:	Reassess in 10 minutes RR, HR, use of accessory muscles, auscultation, shortness of breath, PEFR, SpO2 Prednisolone 1mg/kg PO unless contraindicated (to a max of 50mg) OR if elixir available Dexamethasone 0.2mg/kg OD	3) PEFR done: Yes No No If no, not done because:	
Good Response - PEFR > 60% of patient's normal/predicted - SpO2 ≥ 95%, colour good - Respirations regular, unlaboured, minimal wheezing - Response sustained 60 minutes post Rx? NO Incomplete Response			
Physician to asserbatient	Good Response Incomplete R - PEFR 40-60% of normal/predicted - SpO2 not improv	patient's See Criteria	
Prescription given + education/pamphlets given	ven to family	→	
Patient discharg Referral and follow up clinic/educator where	ged + with Asthma e available OR Salbutamol 6-8 puf 2H Ipratropium OR Ipratropium Bromi	Continue Salbutamol 5.0mg OR Salbutamol 6-8 puffs MDI with spacer device Q 2H + PRN AND Ipratropium Bromide 250mcg OR Ipratropium Bromide 2 puffs MDI with spacer device Q 4H	
4) Referral to Asthma Clinic/Educator: Yes No If no, because: Page 1 of 1			