

St. Paul's Hospital

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

DATE: ____ Patient Triage / Initial Assessment RR, HR, use of accessory muscles, auscultation, Shortness of Breath, PEFR, SpO2 Add Oxygen to maintain SPo2 > 92% CTAS Level 1 (Near 1) Initiation of Death) bronchodilator CTAS Level 2 (Severe) or 3 (Mild/Moderate) Place patient in resuscitation room. Notify EP/RT (if applicable) Rx: Yes O No O Salbutamol 5.0mg (may repeat x 2) + Ipatropium Bromide Notify the physician 500mcg nebulized Rx, delivered with air at 6-8 lpm and RT. Time initiated: Deliver by O2 at 6-8 lpm, if SpO2 < 92% Follow physician **OR** Salbutamol 6-8 puffs (may repeat x 2) + Ipratropium orders for CTAS Level Bromide 4 puffs MDI with spacer device 1 Adult Asthma 2) Steroid given: Prednisone 50 mg PO (provide info sheet) Yes O No O 3) PEFR done: Yes O No O If No. steroid contraindicated Reassess in 20 minutes because: If no, not done because: RR, HR, use of accessory muscles, auscultation, shortness of breath, PEFR, SpO2 **Incomplete Response Good Response** PEFR 40-60% of patient's normal/predicted PEFR > 60% of patient's normal/predicted NO SpO2 not improving SpO2 > 92% Salbutamol 5.0mg OR Salbutamol 6-8 puffs MDI with Response sustained 60 minutes post Rx? spacer device Q 20 minutes PRN Up to 3 additional Rx's Reassess after last required Rx YES RR, HR. use of accessory muscle, auscultation, shortness of breath, PEFR, SpO2 Physician to assess patient Consider Good **Incomplete Response** DTI Prescription given + Response PEFR 40-60% of patient's admission. education/pamphlets given to patient. normal/predicted See Consult RT for bedside teaching if SpO2 not improving Criteria^A available Continue Salbutamol 5.0mg OR Salbutamol 6-8 puffs MDI with spacer device Q 2H Patient discharged + + PRN Referral and follow up with Asthma AND clinic/educator completed in ED Discharge Ipratropium Bromide 500mcg **Summary Outpatient Clinic** OR Ipratropium Bromide 4 puffs MDI with spacer device Q 4H 4) Referral to Asthma Clinic or RT YES (educator): Yes O No O Assess after 4-6 hours Patient Improved? If no, because: NO Admit Form No. PHC-ER105 (May-06) Page 1 of 1