

OUTPATIENT ACUTE ASTHMA EXACERBATION PATHWAY

Obtain History: Triggers, onset, comorbidities, current medication use, history of intubations for asthma, ED visits and hospitalizations for asthma, tobacco exposure

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

Inclusion: ≥ 2 year old with history of asthma* or recurrent wheezing
Exclusion: Chronic conditions (Chronic lung disease, congenital/acquired heart disease, upper airway issues, neuromuscular disorder, medically complex child, immune disorders, sickle cell anemia)

Initial assessment:** Vitals: heart rate, temperature, pulse oximetry, weight + respiratory score (RS): respiratory rate, retractions, dyspnea, auscultation

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 $\geq 91\%$

Meds

Dexamethasone 0.6 mg/kg PO if able to max dose 16 mg/day, if unable to tolerate, may give IM***

Duoneb (albuterol 2.5 mg + Ipratropium 500 mcg per vial)

Patients <10 kg: 1 vial

Patients >10 kg: 2 vials

OR

Albuterol nebulized

Patients <10 kg: 2.5 mg

Patients >10 kg: 5 mg

+

Ipratropium Bromide once

Patients <10 kg: 500 mcg

Patients >10 kg: 1000 mcg

Mild RS: 1-4

Meds

Albuterol

4 puffs (for patients <10 kg)

8 puffs (for patients >10kg)

Consider

Dexamethasone 0.6 mg/kg PO once (max 16 mg/day)

OR

Prednisone/prednisolone 2 mg/kg PO once (max 60 mg/day)

Assessment

Reassign post treatment RS

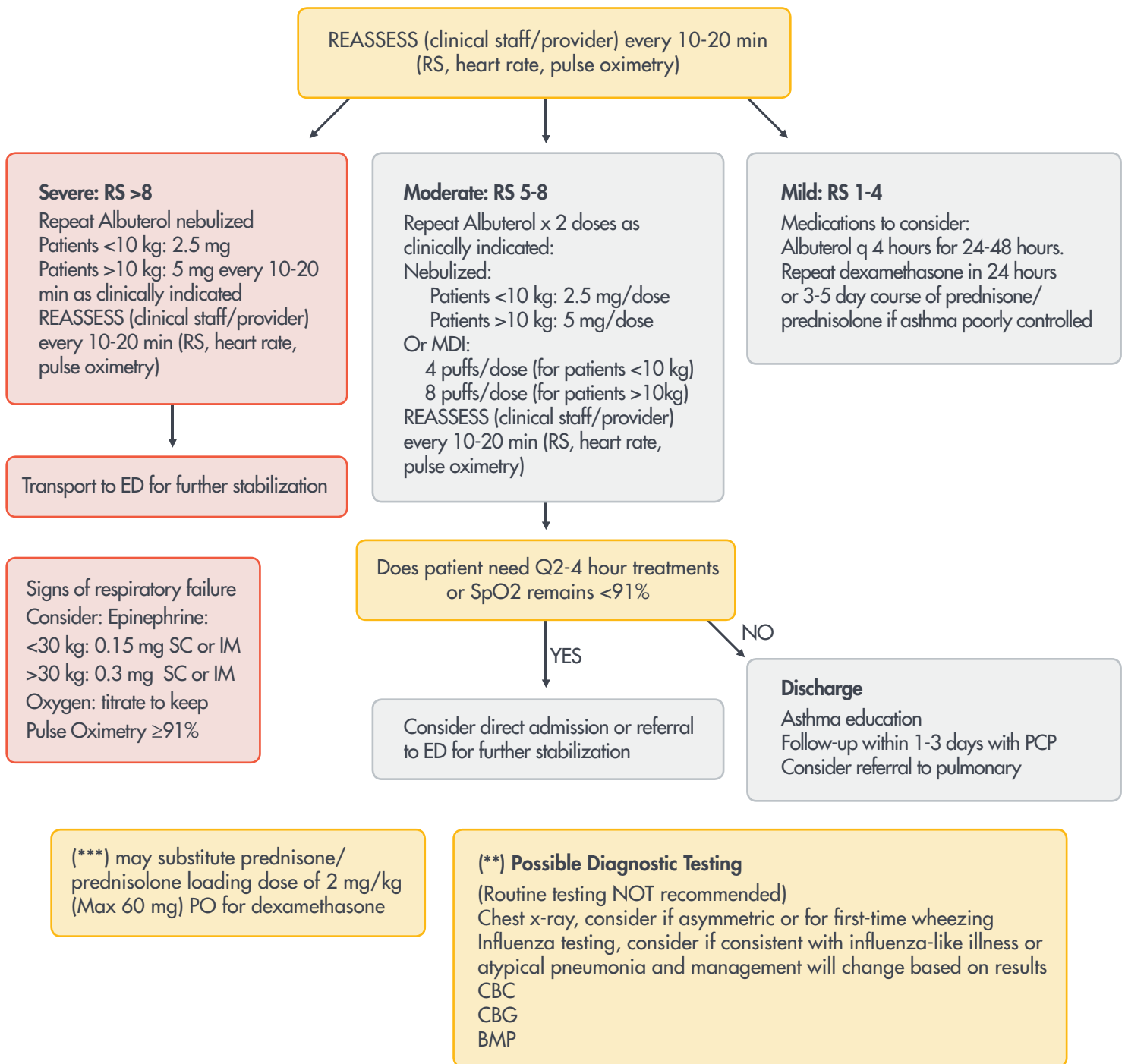
Initiate asthma education

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

Regular Information
 Important Information
 Escalating Care

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.

DRAFT OUTPATIENT ACUTE ASTHMA EXACERBATION PATHWAY (CONT.)



***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 inflammation.

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