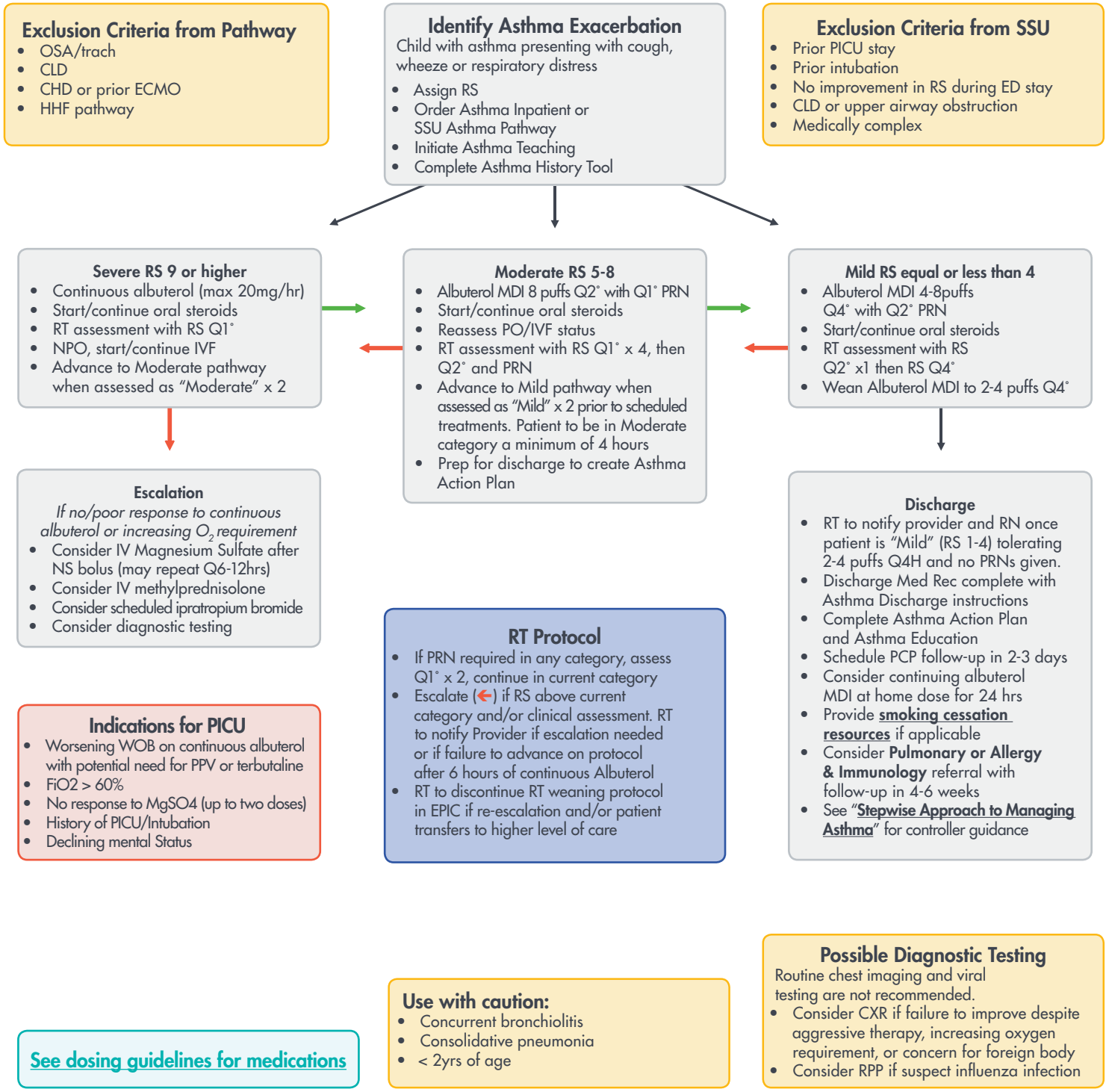


ASTHMA PATHWAY

With RT Weaning Protocol



Exclusion Criteria from Pathway

- OSA/trach
- CLD
- CHD or prior ECMO
- HHF pathway

Identify Asthma Exacerbation
 Child with asthma presenting with cough, wheeze or respiratory distress

- Assign RS
- Order Asthma Inpatient or SSU Asthma Pathway
- Initiate Asthma Teaching
- Complete Asthma History Tool

Exclusion Criteria from SSU

- Prior PICU stay
- Prior intubation
- No improvement in RS during ED stay
- CLD or upper airway obstruction
- Medically complex

Severe RS 9 or higher

- Continuous albuterol (max 20mg/hr)
- Start/continue oral steroids
- RT assessment with RS Q1*
- NPO, start/continue IVF
- Advance to Moderate pathway when assessed as "Moderate" x 2

Moderate RS 5-8

- Albuterol MDI 8 puffs Q2* with Q1* PRN
- Start/continue oral steroids
- Reassess PO/IVF status
- RT assessment with RS Q1* x 4, then Q2* and PRN
- Advance to Mild pathway when assessed as "Mild" x 2 prior to scheduled treatments. Patient to be in Moderate category a minimum of 4 hours
- Prep for discharge to create Asthma Action Plan

Mild RS equal or less than 4

- Albuterol MDI 4-8puffs Q4* with Q2* PRN
- Start/continue oral steroids
- RT assessment with RS Q2* x1 then RS Q4*
- Wean Albuterol MDI to 2-4 puffs Q4*

Escalation
If no/poor response to continuous albuterol or increasing O₂ requirement

- Consider IV Magnesium Sulfate after NS bolus (may repeat Q6-12hrs)
- Consider IV methylprednisolone
- Consider scheduled ipratropium bromide
- Consider diagnostic testing

Discharge

- RT to notify provider and RN once patient is "Mild" (RS 1-4) tolerating 2-4 puffs Q4H and no PRNs given.
- Discharge Med Rec complete with Asthma Discharge instructions
- Complete Asthma Action Plan and Asthma Education
- Schedule PCP follow-up in 2-3 days
- Consider continuing albuterol MDI at home dose for 24 hrs
- Provide **smoking cessation resources** if applicable
- Consider **Pulmonary or Allergy & Immunology** referral with follow-up in 4-6 weeks
- See "**Stepwise Approach to Managing Asthma**" for controller guidance

RT Protocol

- If PRN required in any category, assess Q1* x 2, continue in current category
- Escalate (←) if RS above current category and/or clinical assessment. RT to notify Provider if escalation needed or if failure to advance on protocol after 6 hours of continuous Albuterol
- RT to discontinue RT weaning protocol in EPIC if re-escalation and/or patient transfers to higher level of care

Indications for PICU

- Worsening WOB on continuous albuterol with potential need for PPV or terbutaline
- FiO₂ > 60%
- No response to MgSO₄ (up to two doses)
- History of PICU/Intubation
- Declining mental Status

[See dosing guidelines for medications](#)

Use with caution:

- Concurrent bronchiolitis
- Consolidative pneumonia
- < 2yrs of age

Possible Diagnostic Testing
 Routine chest imaging and viral testing are not recommended.

- Consider CXR if failure to improve despite aggressive therapy, increasing oxygen requirement, or concern for foreign body
- Consider RPP if suspect influenza infection

Disclaimer: Pathways and/or protocols 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 and/or protocols should be adapted by medical providers, when indicated, based on their professional judgment and taking into account individual patient and family circumstances. Updated 8/12/2019