**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 4-8 puffs 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

**Indications for PICU**
- Worsening WOB on continuous albuterol with potential need for PPV or terbutaline
- FiO₂ > 60%
- No response to MgSQ4 (up to two doses)
- History of PICU/Intubation
- Declining mental Status

**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

**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
- 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

**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

**Use with caution:**
- Concurrent bronchiolitis
- Consolidative pneumonia
- < 2yrs of age

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

See dosing guidelines for medications