**ASSESS SEVERITY** 

# **IMMEDIATELY**

# 15-60 MINS

## **MILD**

- Able to talk
- SpO<sub>2</sub>  $\geq$  92%
- PEF ≥ 50% best or predicted
- No increase in resp rate
- Mild expir wheeze and/or mild dyspnoea

#### **TREAT**

- Give 2 x 100µg salbutamol via MDI and spacer
- Prednisone not required
- Discharge with advice

# MODERATE

- Able to talk
- SpO<sub>2</sub>  $\geq$  92%
- PEF ≥ 50% best or predicted
- Increased resp rate
- More than mild expir wheeze and/or mild dyspnoea

#### **TREAT**

- Give 6 x 100µg salbutamol via MDI and spacer
- Age ≥ 5y prednisone 1 mg/kg (max 40mg)

#### **SEVERE**

- Too breathless to talk
- Obvious accessory muscle use
- $SpO_2 < 92\%$
- PEF 30 50% best or predicted

#### **TREAT**

- · Oxygen as required
- Give 6 x 100 µg salbutamol via MDI & spacer OR salbutamol 2.5 mg nebulised with oxygen
- Give prednisone 1mg/kg (max 40mg)

### **LIFE-THREATENING**

• SPO2 < 92%

#### Plus ANY of:

- Exhaustion, agitation or altered consciousness
- Cyanosis or silent chest
- PEF < 30% best or predicted

#### **TREAT**

- Oxygen as required
- Give continuous salbutamol 2.5 mg nebulised with oxygen
- Ipratropium bromide 0.25 mg nebulised
- Hydrocortisone IV 4mg/kg (max 100 mg)

## **REASSESS**

# **GOOD RESPONSE**

Consider ICS and oral prednisone if not given above

#### **REMAINS MODERATE**

- Repeat 6 x 100 μg salbutamol via MDI & spacer
- Age ≥ 5y, give prednisone 1mg/kg (max 40 mg) if not given above

### SEVERE

- Oxygen as required
- Give 6 x 100 µg salbutamol via MDI & spacer or salbutamol 2.5 mg nebulised with oxygen up to 3 times per hour over 1st hour
- Ipratropium bromide 4 x 20 μg via MDI & spacer or 250 μg nebulised
- Use life-threatening path if any lifethreatening features

# DISCHARGE

 Once pre-discharge conditions are met. Continue prednisone 3-5 days. Follow up within 1 week\*

## **REASSESS**

#### UNSTABLE

Signs of moderate or severe asthma or PEF < 70%

#### STABLE

• No signs of moderate or severe asthma

#### **DISCHARGE**

• Once pre-discharge conditions are met. Continue prednisone 3-5 days. Follow up in 1 week\*

### **REFER TO HOSPITAL**

Continue management and transfer by ambulance

# ARRANGE URGENT TRANSFER TO HOSPITAL VIA AMBULANCE

• All patients will require hospital admission

# **REFER TO RESUC/HDU/ICU**

- Oxygen as required
- Give salbutamol 2.5mg nebulised with oxygen, frequency determined by response, up to continuously
- Ipratropium bromide 0.25mg nebulisesd 4 hourly till improved
- Consider IV magnesium sulphate, salbutamol, aminophylline as per local protocol

