Asthma management flowchart

**Mild**
- Severity score ≤ 4
- SpO₂ ≥ 92%
- Salbutamol inhaled via spacer once
  - < 6 yrs = 6 puffs
  - ≥ 6 yrs = 12 puffs

**Moderate**
- Severity score = 5
- SpO₂ ≥ 92%
- Salbutamol inhaled via spacer every 20 mins
  - < 6 yrs = 6 puffs
  - ≥ 6 yrs = 12 puffs
- Steroids oral

**Severe**
- Severity score ≥ 5
- SpO₂ ≤ 92%
- Oxygen
- Salbutamol inhaled via spacer every 20 mins
  - < 6 yrs = 6 puffs
  - ≥ 6 yrs = 12 puffs
- Ipratropium inhaled via spacer every 20 mins
  - < 6 yrs = 8 puffs
  - ≥ 6 yrs = 12 puffs
- Steroids oral or IV

**Critical**
- Reduced air entry
- "silent chest"
- Exhausted ± cyanosis
- SpO₂ usually < 85%
- Oxygen
- Salbutamol nebulised continuous
- Ipratropium nebulised every 20 mins for 1st hour
- Steroids IV
- Other medications...
  - Aminophylline IV
  - Magnesium sulphate IV
  - Salbutamol IV
- May need intubation
- Discuss with PICU

**Notes for Mild**
- Discharge
- Review asthma treatment plan
- Consider inhaled prophylaxis
- Arrange follow up

**Notes for Moderate**
- Steroids: Prednisolone daily for 3 days or single dose of dexamethasone
- Admit to ED Short Stay Ward
  - For patients who will be admitted for < 24 hours

**Notes for Severe**
- Oxygen
- Via Nasal Prong Oxygen or face mask to maintain SpO₂ ≥ 92%
- Admit to General Paediatric Team: For patients who will be admitted for > 24 hours

**Notes for Critical**
- Oxygen via face mask at 8L/min
- Steroids IV
  - Hydrocortisone 4mg/kg (max 100mg) 6-hourly
- IV Aminophylline 10mg/kg over 1 hour (NOT if already on Theophylline)
- IV Magnesium sulphate 0.2 mmol/kg in 50ml of 0.9% saline over 20 mins
- IV Salbutamol infusion 1 - 5 micrograms/kg/min
- May need intubation
- Discuss with PICU

**Wheezing severity score:**

<table>
<thead>
<tr>
<th>Score (total out of 9)</th>
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| **Respiratory rate**
  - < 6 yrs
    - < 60
      - < 30
        - < 30
          - 31 - 45
            - 46 - 60
              - > 60
        - 21 - 35
          - 36 - 50
              - > 50
    - ≥ 6 yrs
      - ≥ 60

| **Wheezing**
  - None
    - End expiration with stethoscope
      - Entire expiration with stethoscope
        - Inspiration and expiration without stethoscope (or no wheezing due to minimal air exchange)

| **Sternocleidomastoid muscle use**
  - None
    - Mild increase
      - Increased
        - Maximal activity