

Priorities of Clinical Assessment

Green - Mild Exacerbation	Exacerbation	Severe Exacerbation	Life Threatening Asthma
<ul style="list-style-type: none"> <li>• SpO<sub>2</sub> ≥ 95%</li> <li>• PEF ≥ 75% best or predicted</li> <li>• No increased work of breathing</li> <li>• No clinical features of severe asthma</li> </ul>	<ul style="list-style-type: none"> <li>• SpO<sub>2</sub> 92 - 95%</li> <li>• PEF &lt; 75% best or predicted</li> <li>• No clinical features of severe asthma</li> </ul>	<ul style="list-style-type: none"> <li>• SpO<sub>2</sub> &lt; 92%</li> <li>• PEF &lt; 50% best or predicted</li> <li>• Heart rate &gt; 125/min</li> <li>• Respiratory rate &gt; 30/min</li> <li>• Use of accessory neck muscles</li> </ul>	<ul style="list-style-type: none"> <li>• SpO<sub>2</sub> &lt; 92%</li> <li>• PEF &lt; 33% best or predicted</li> <li>• Silent chest</li> <li>• Poor respiratory effort</li> <li>• Altered consciousness</li> <li>• Cyanosis</li> </ul>

Management

Green - Mild	Amber - Moderate	Red - Severe	Purple Life Threatening
<ul style="list-style-type: none"> <li>• Salbutamol 2 - 6 puffs via spacer</li> </ul>	<ul style="list-style-type: none"> <li>• Salbutamol 10 puffs via spacer</li> <li>• Consider Prednisolone 30-40mg</li> <li>• Reassess after 20 minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Oxygen via face mask to achieve normal saturations</li> <li>• Nebulised Salbutamol 5mg</li> <li>• Soluble Prednisolone 30-40mg</li> <li>• If poor response add Nebulised Ipratropium Bromide 250micrograms</li> <li>• If poor response, repeat every 20- 30 minutes until ambulance arrives</li> </ul>	<ul style="list-style-type: none"> <li>• Oxygen via face mask to achieve normal saturations</li> <li>• Nebulised Salbutamol 5mg plus Ipratropium Bromide 250micrograms</li> <li>• Soluble Prednisolone 1 mg/kg (max dose 40mg) if able to tolerate oral medication or IV Hydrocortisone 100mg</li> <li>• Repeat every 20-30 mins or until ambulance arrives</li> </ul>

Action

Green Action	Amber Action	Red Action	Purple Action
<p>Response to treatment</p> <ul style="list-style-type: none"> <li>• Continue Salbutamol up to 4 hourly</li> <li>• Continue any pre-prescribed inhaled steroids</li> <li>• Monitor peak expired flow rate (PEF)</li> </ul>	<p>Response to treatment</p> <ul style="list-style-type: none"> <li>• Continue using salbutamol up to 4 hourly</li> <li>• Continue any pre-prescribed inhaled steroids</li> <li>• Monitor PEF and seek advice if drops</li> </ul>	<p>Admit if:</p> <ul style="list-style-type: none"> <li>• Symptoms persist</li> <li>• Symptoms worsen</li> <li>• Risk factors for severe attack:                             <ul style="list-style-type: none"> <li>◆ Poor adherence</li> <li>◆ Previous severe attack</li> <li>◆ Deterioration despite oral steroids</li> <li>◆ Recent hospital admission for asthma</li> <li>◆ Presentation in the evening</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Call 999</li> <li>• Stay with child</li> <li>• Alert local paediatric team</li> </ul>

Follow Up

Review:

- Symptoms, PEF (peak expiratory flow rate), inhaler technique
- Personal Asthma Plan and avoidance of triggers • Long term preventer therapy and assess need to step up treatment • Understanding of recognition of worsening control and signpost to information sheet
- [Beat Asthma](#)

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