

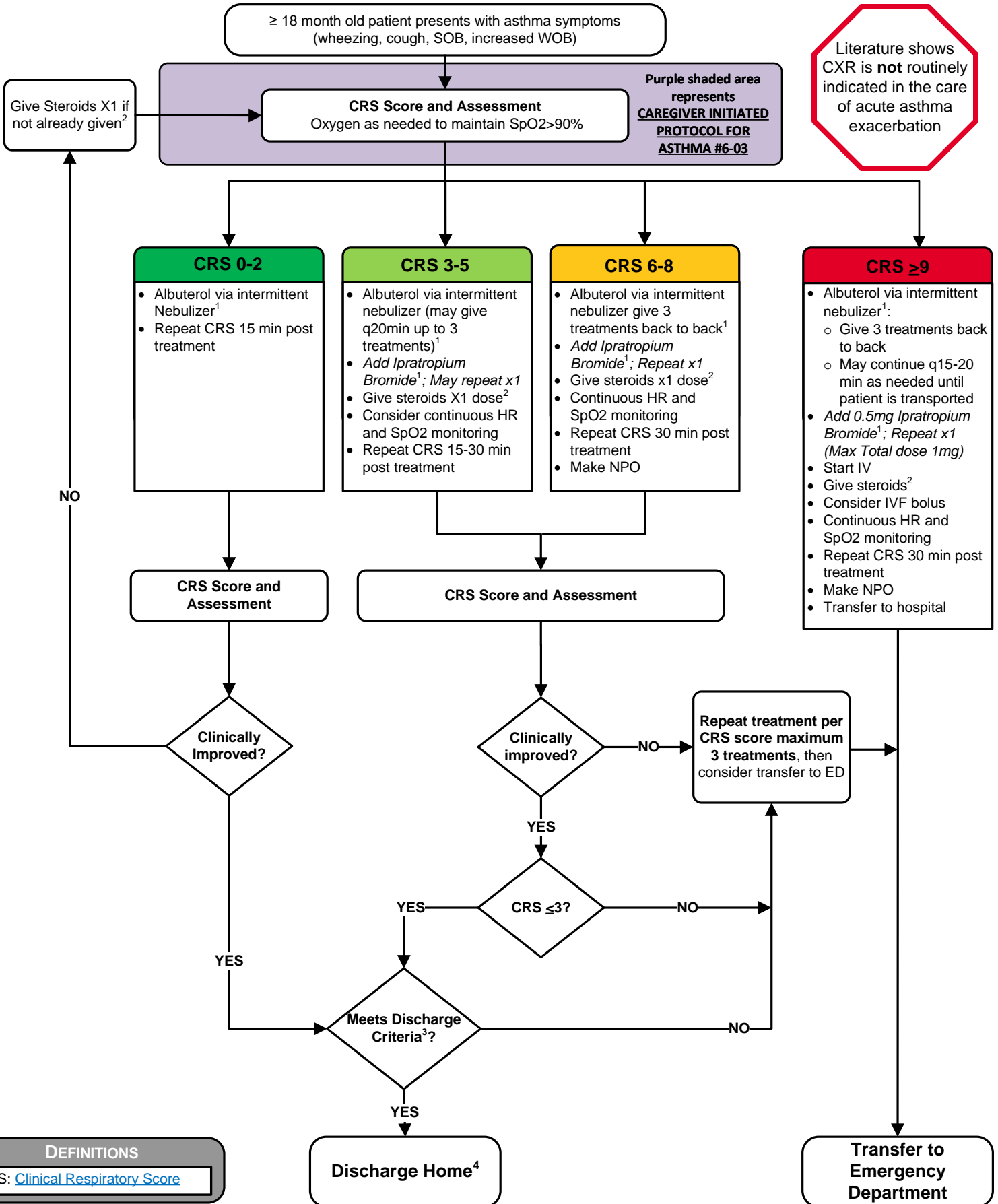
Guideline for Asthma Management: Urgent Care

Inclusion: ≥ 18months Old Presents with Asthma Symptoms, Otherwise Healthy, Patient in Acute Asthma Exacerbation

FINAL 2/4/19
Reviewed 7/2022



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Medication Dosing

¹Respiratory Medications

- Albuterol via intermittent nebulizer:
 - <15 kg use 2.5mg
 - ≥ 15 kg use 5mg
- Ipratropium Bromide 0.5mg via intermittent nebulizer, may repeat x1 (max dose 1mg)

²Steroid Dosing

- **Dexamethasone tablets** PO x1 (based on 0.6mg/kg PO) (Max dose 16mg)
 - <12 kg: 4mg (1 tablet)
 - 12 to <15 kg: 8mg (2 tablets)
 - 15 to <25 kg: 12mg (3 tablets)
 - ≥ 25 kg: 16mg (4 tablets)
 - Do not give if patient had a dose in the last 24 hours
 - Consider Steroid taper if the patient has had 2 courses of steroids in the past 60 days
- **Dexamethasone** 0.6mg/kg IM (Max dose 16 mg) (Give steroids PO unless patient is vomiting)
- **Methylprednisolone** 2mg/kg IV x1 if CRS ≥ 9 or patient not tolerating PO (max dose 60mg)

Additional Medications

- **Epinephrine** (Concentration 1mg/mL) 0.01mg/kg IM (Max dose 0.5mg)

Transfer Criteria

Consider Transfer to Hospital if:

- CRS ≥ 4 after response to 2-3 treatments
- O₂ requirement to keep SpO₂ $> 90\%$
- Clinical Hypoxia
- Unable to manage patient at home

Consider Air Transport if:

- Acute Respiratory Failure
- CRS ≥ 9 after 2-3 treatments
- FiO₂ $\geq 50\%$
- tPEWS =7 or score of 3 in any of categories Airway, Circulation, or Disability
- Use CHOA Air Transport or call 911 as appropriate

Discharge

³Discharge Criteria

- CRS ≤ 3
- Breathing easy with good air exchange
- SpO₂ $> 90\%$ on room air consistently
- Family able to manage patient at home
- Able to maintain SpO₂ $> 90\%$, RR, WOB, through feeding/activity

Discharge Risk Assessment

Risk Screen: (Consider transfer and/or Care Concern Call)

- Hospitalized two or more times in past 6 months, history of ICU/intubation
- > 3 ED visits in past 6 months
- 2 or more canisters of albuterol in past 6 months
- Failure of outpatient therapy (already on q4 hour nebs or oral steroids > 48 hours)
- Direct exposure to tobacco smoke
- Consider Subspecialty Referral if:
 - Hospitalized 2 or more times in the past year
 - > 3 ED/UC visits in the past 12 months
 - 2 or more courses of oral steroids in the past 2 months
 - 2 or more canisters of albuterol in the past 6 months

⁴Discharge Orders

Discharge Orders:

- Follow Up with PCP/ Subspecialist
- Education:
 - Asthma Basics (Asthma Management Plan)
 - MDI Teaching if applicable
 - DPI Instruction

Discharge Medications:

- Albuterol MDI with spacer
 - 4 puffs QID times 2 days and q4 hours prn cough/wheezing/symptoms
- Inhaled steroids
 - Fluticasone propionate (Flovent) 44 mcg/puff - 2 puffs BID x1 canister (no refills) (For patients < 12 years old)
 - Budesonide (Pulmicort respules) 0.5mg/2ml inhalation solution- BID via nebulizer
 - Fluticasone furoate (Arnuity Ellipta) 100 mcg/actuation- 1 puff daily (For patients ≥ 12 years old)
- Oral Steroid: Dexamethasone PO x1 24 hours after first dose
 - < 12 kg: 4mg PO
 - 12 to < 15 kg: 8mg PO
 - 15 to < 25 kg: 12 mg PO
 - ≥ 25 kg: 16mg PO (Max dose 16mg)
 - Consider steroid taper if the patient has had 2 courses of steroids in the past 60 days