

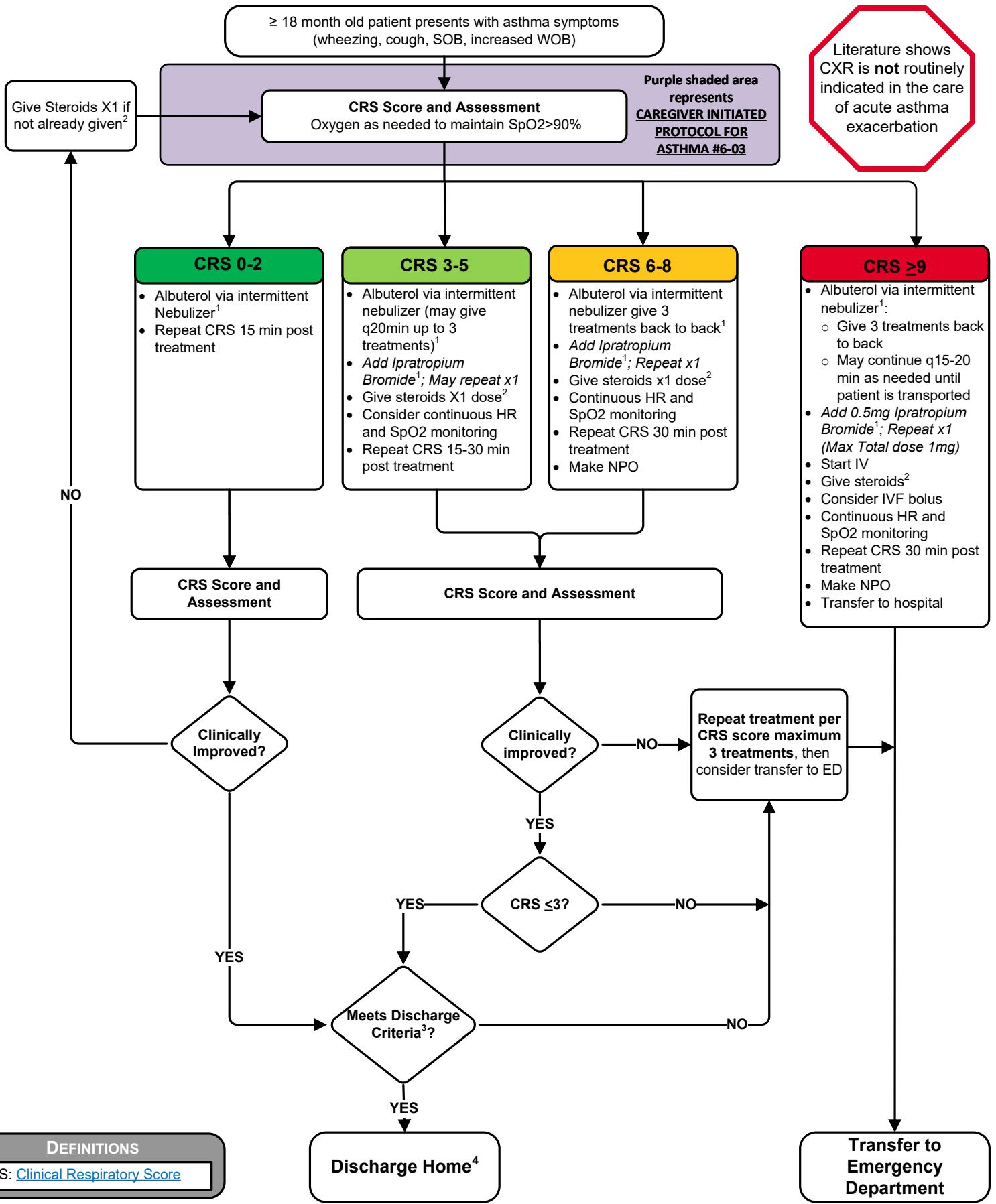
# Guideline for Asthma Management: Urgent Care

June 2024



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

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**DEFINITIONS**  
CRS: [Clinical Respiratory Score](#)

**Discharge Home<sup>4</sup>**

**Transfer to Emergency Department**



## Medication Dosing

### <sup>1</sup>Respiratory Medications

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

### <sup>2</sup>Steroid 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)
  - $\geq 25$ 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  $\geq 9$  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  $\geq 4$  after response to 2-3 treatments
- O<sub>2</sub> requirement to keep SpO<sub>2</sub>  $> 90\%$
- Clinical Hypoxia
- Unable to manage patient at home

### Consider Air Transport if:

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

## Discharge

### <sup>3</sup>Discharge Criteria

- CRS  $\leq 3$
- Breathing easy with good air exchange
- SpO<sub>2</sub>  $> 90\%$  on room air consistently
- Family able to manage patient at home
- Able to maintain SpO<sub>2</sub>  $> 90\%$ , 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

### <sup>4</sup>Discharge 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  $\geq 12$  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
  - $\geq 25$ kg: 16mg PO (Max dose 16mg)
  - Consider steroid taper if the patient has had 2 courses of steroids in the past 60 days