≥ 18 month old patient presents with asthma symptoms (wheezing, cough, SOB, increased WOB)

CRS Score and Assessment
Oxygen as needed to maintain SpO2>90%

CRS 0-2
- Albuterol via intermittent Nebulizer¹
- Repeat CRS 15 min post treatment

CRS 3-5
- Albuterol via intermittent nebulizer (may give q20min up to 3 treatments)¹
- Add Ipratropium Bromide¹; May repeat x1
- Give steroids X1 dose²
- Consider continuous HR and SpO2 monitoring
- Repeat CRS 15-30 min post treatment

CRS 6-8
- Albuterol via intermittent nebulizer give 3 treatments back to back¹
- Add Ipratropium Bromide¹; Repeat x1
- Give steroids x1 dose²
- Continuous HR and SpO2 monitoring
- Repeat CRS 30 min post treatment
- Make NPO

CRS ≥9
- Albuterol via intermittent nebulizer¹:
  - Give 3 treatments back to back
  - May continue q15-20 min as needed until patient is transported
- Add 0.5mg Ipratropium Bromide¹; Repeat x1 (Max Total dose 1mg)
- Start IV
- Give steroids²
- Consider IVF bolus
- Continuous HR and SpO2 monitoring
- Repeat CRS 30 min post treatment
- Make NPO
- Transfer to hospital

Clinically improved?

YES

NO

CRS ≤3?

YES

NO

Meets Discharge Criteria³?

YES

Discharge Home⁴

Transfer to Emergency Department

Repeat treatment per CRS score maximum 3 treatments, then consider transfer to ED

 Cópia: Diferente
# Guideline for Asthma Management: Urgent Care

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

## Medication Dosing

### Respiratory 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)**

### Steroid Dosing
- **Dexamethasone tablets** PO x1 (based on 0.6mg/kg PO) (Max dose 16mg)
  - <12kg: 4mg (1 tablet)
  - 12 to <15kg: 8mg (2 tablets)
  - 15 to <25kg: 12mg (3 tablets)
  - ≥25kg: 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 ≥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 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
  - <12kg: 4mg PO
  - 12 to <15kg: 8mg PO
  - 15 to <25kg: 12 mg PO
  - ≥25kg: 16mg PO
  - (Max dose 16mg)
  - Consider steroid taper if the patient has had 2 courses of steroids in the past 60 days

## Discharge 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

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