Adult Asthma Care Protocol
- Emergency Department

Asthma Triage / Diagnosis
Physician order to begin asthma protocol

History and assessment (auscultation, use of accessory muscles, heart rate, resp rate, PEF, SpO2 on R/A)

Mild to Moderate Exacerbation
(PEF ≤ 50% predicted/personal best)
- albuterol 4 puffs MDI or 2.5 mg HHH
  X 3 doses in first hour, (Q20 min)
- oxygen to achieve SpO2≥95%
- prednisone 40mg p.o.

Severe Exacerbation
(PEF < 50% predicted/personal best)
(or if pt unable to perform PEF due to SOB)
- albuterol 5mg with ipratropium bromide
  0.5mg HHH X 3 doses in first hour
  (Q20 min)
- oxygen to achieve SpO2 ≥ 95%
- prednisone 40mg p.o.

Impending or actual respiratory arrest
(physician directed care)
(mask, pressure support or intubation and mechanical ventilation, bronchodilator and corticosteroid therapy)

NOTIFY PHYSICIAN

Admit to ICU
(follow up education recommended)

Repeat assessment: (auscultation, use of accessory muscles, heart rate, resp rate, PEF, SpO2)

Moderate Exacerbation (PEF ≥ 50% predicted/personal best, moderate symptoms)
- albuterol 4 puffs MDI every hour
- continue 1-3 hours, provided there is improvement

Severe Exacerbation (PEF < 50% predicted/personal best, severe symptoms at rest, accessory muscle use, retractions)
- albuterol 5mg HHH up to 3 doses in next hour (Q20 min)

NOTIFY PHYSICIAN

Good Response
- PEF ≥ 70% predicted/personal best
- Response sustained 60 minutes after last treatment, no distress, no symptoms
- SpO2 > 90% on room air

Incomplete response
- PEF 50 to 70% predicted/personal best
- mild to moderate symptoms

Poor Response
- PEF < 50% predicted/personal best
- severe symptoms, drowsiness, confusion

NOTIFY PHYSICIAN

Discharge home (physician decision)
- Patient education
  - review medicine use
  - review action plan
  - recommend medical follow up in 2 weeks

Admit to Observation Unit (physician decision)
- ABG
  (follow up education recommended)

Admit to Ward or ICU (physician decision)
- ABG
- if admit is delayed, consult with physician for continued tx
  (follow up education recommended)

NOTE: any patient adverse reaction shall be reported to the physician in accordance with Cardiopulmonary Services PROC 3.3