

Asthma Protocol

CDU Asthma *Criteria

Inclusion Criteria (if ALL criteria apply patient is a POTENTIAL RDTC candidate)

Y N

- Clinical picture consistent with acute asthma exacerbation
- Moderate to severe asthma exacerbation (see Am J Emerg Med 15:8-13, 1997)
- Anticipated RDTC length-of-stay greater than 8 hours and less than 23 hours
- Primary physician and / or consultant contacted (if applicable)
- Order for admission to observation status signed, dated, and timed by attending physician
- Adequate follow-up and social support anticipated at time of discharge

Exclusion Criteria (if ANY criteria apply patient is NOT an RDTC candidate)

Y N

- Unstable vital signs, shock, impending respiratory failure, or severe systemic illness
- Current pulse oximetry reading < 92% on 3 liters O2 via nasal cannula
- Clinical or radiographic pneumonia that:
 - Significantly contributes to hypoxia/dehydration
 - Is the primary clinical diagnosis or concern (see pneumonia protocol)
- Systemic steroid dependence
- Diagnostic Certainty
 - Alternative high morbidity/acuity diagnosis as likely as asthma (i.e. CHF)
 - Criteria for alternative RDTC protocol more specific or appropriate
- Multiple or severe co-morbidities likely to significantly complicate disposition decision
- Likely or diagnosed extensive lung disease consistent with COPD (refer to COPD protocol)
- Emergency Physician, Primary Physician, or Consulting Physician chooses hospitalization

Initial Assessment

- Vital signs
- Work of breathing / Accessory muscle use

Initial Management (All Patients)

Bronchodilators:
Ipratropium / Albuterol x1 + Albuterol x2

Steroids:
Dexamethasone 8-12mg PO
or
Prednisone 60mg PO
or
Methylprednisolone 50mg IV

REASSES

RR > 20, SpO2 < 92%, Accessory Muscle Use

YES

Moderate / Severe

Obtain CXR, Place IV
Consider Alternate Diagnoses

Magnesium Sulfate 2g IV
Repeat Albuterol Treatments

REASSES

RR > 20, SpO2 < 92%, Accessory Muscle Use

YES

Consider:
NIPPV (BiLevel)
Continuous Albuterol
Heliox

Impending Respiratory Failure?

NO

YES

ADMIT TO
STEPDOWN

ADMIT TO ICU

Consider DSI w/Ketamine
Consider Epinephrine

NO

Mild

Ambulate without desaturating
or becoming symptomatic?

YES

NO

Obtain CXR, Place IV
Consider Alternate Diagnoses

Uncomplicated Asthma

Alternate Diagnosis

Discharge

Albuterol MDI + Spacer

Consider Fluticasone Inhaler
(Expensive)

If PO dexamethasone:
One additional dose in +24h

If any other corticosteroid/route:
Prednisone 5 days

CDU Observation:
Asthma Protocol*

ADMIT TO
FLOOR