

# Asthma (Adults)

therefore can reflect the amount of airway obstruction. Whenever possible, peak flow should be performed before and after nebulised treatment. Many patients now have their own meter at home and know what their normal peak flow is. Clearly, when control is good, their peak flow will be equivalent to a normal patient's measurement, but during an attack it may drop markedly (refer to Figure 3.10).

## KEY POINTS

### Asthma in Adults

- Asthma is a common life-threatening condition.
- Its severity is often not recognised.
- Accurate documentation is essential.
- A silent chest is a pre-terminal sign.

**Table 3.50 – ASSESSMENT and MANAGEMENT**

Asthma	
<p><b>ASSESSMENT</b></p> <ul style="list-style-type: none"> <li>● Assess <b>ABCD</b> Specifically assess for the severity of the asthma attack (refer to Figure 3.11)</li> </ul>	<p><b>MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>● If any of the following <b>TIME CRITICAL</b> features present: <ul style="list-style-type: none"> <li>– major ABCD problems</li> <li>– extreme difficulty in breathing or requirement for assisted ventilations</li> <li>– exhaustion</li> <li>– cyanosis</li> <li>– silent chest</li> <li>– SpO<sub>2</sub> &lt;92%</li> <li>– PEF &lt;33% best or predicted.</li> </ul> </li> <li>● Start correcting A and B problems.</li> <li>● Undertake a <b>TIME CRITICAL</b> transfer to nearest receiving hospital.</li> <li>● Continue patient management en-route.</li> <li>● Provide an alert/information call.</li> </ul>
<ul style="list-style-type: none"> <li>● Mild/moderate asthma Increasing symptoms, PEF &gt;50–75% best or predicted, no features of acute severe asthma</li> </ul>	<ul style="list-style-type: none"> <li>● Move to a calm quiet environment.</li> <li>● Encourage use of own inhaler, using a spacer if available. Ensure correct technique is used (refer to Figure 3.11).</li> <li>● If unresponsive: <ul style="list-style-type: none"> <li>– administer high levels of supplementary oxygen</li> <li>– administer nebulised salbutamol (<a href="#">refer to salbutamol guideline</a>).</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>● Severe asthma Any one of: <ul style="list-style-type: none"> <li>– PEF 33–50% of best or predicted</li> <li>– Respiratory rate &gt;25/minute</li> <li>– Heart rate &gt;110/minute</li> <li>– Inability to complete sentences in one breath</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Administer high levels of supplementary oxygen.</li> <li>● Administer nebulised salbutamol (<a href="#">refer to salbutamol guideline</a>).</li> <li>● If no improvement administer ipratropium bromide (<a href="#">refer to ipratropium bromide guideline</a>).</li> <li>● Administer steroids (<a href="#">refer to relevant steroids guideline</a>).</li> <li>● Continuous salbutamol nebulisation may be administered unless clinically significant side effects occur (<a href="#">refer to salbutamol guideline</a>).</li> </ul>
<ul style="list-style-type: none"> <li>● Life-threatening asthma Any one of: <ul style="list-style-type: none"> <li>– Altered conscious level</li> <li>– Exhaustion</li> <li>– Arrhythmia</li> <li>– Hypotension</li> <li>– Cyanosis</li> <li>– Silent chest</li> <li>– Poor respiratory effort</li> <li>– PEF&lt;33% best or predicted</li> <li>– SpO<sub>2</sub> &lt;92%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Continuous salbutamol nebulisation may be administered unless clinically significant side effects occur (<a href="#">refer to salbutamol guideline</a>).</li> <li>● Administer adrenaline 1 in 1000 IM only (<a href="#">refer to adrenaline guideline</a>).</li> </ul>
<ul style="list-style-type: none"> <li>● Near fatal asthma <ul style="list-style-type: none"> <li>– Requiring bag-valve-mask ventilation with raised inflation pressures</li> <li>– Transfer</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Assess for bilateral tension pneumothorax.</li> <li>● Transfer rapidly to nearest receiving hospital.</li> <li>● Provide an alert/information call.</li> <li>● Continue patient management en-route.</li> <li>● For cases of mild asthma that respond to treatment consider alternative care pathway where appropriate. Note: exercise caution in known severe asthmatics.</li> </ul>

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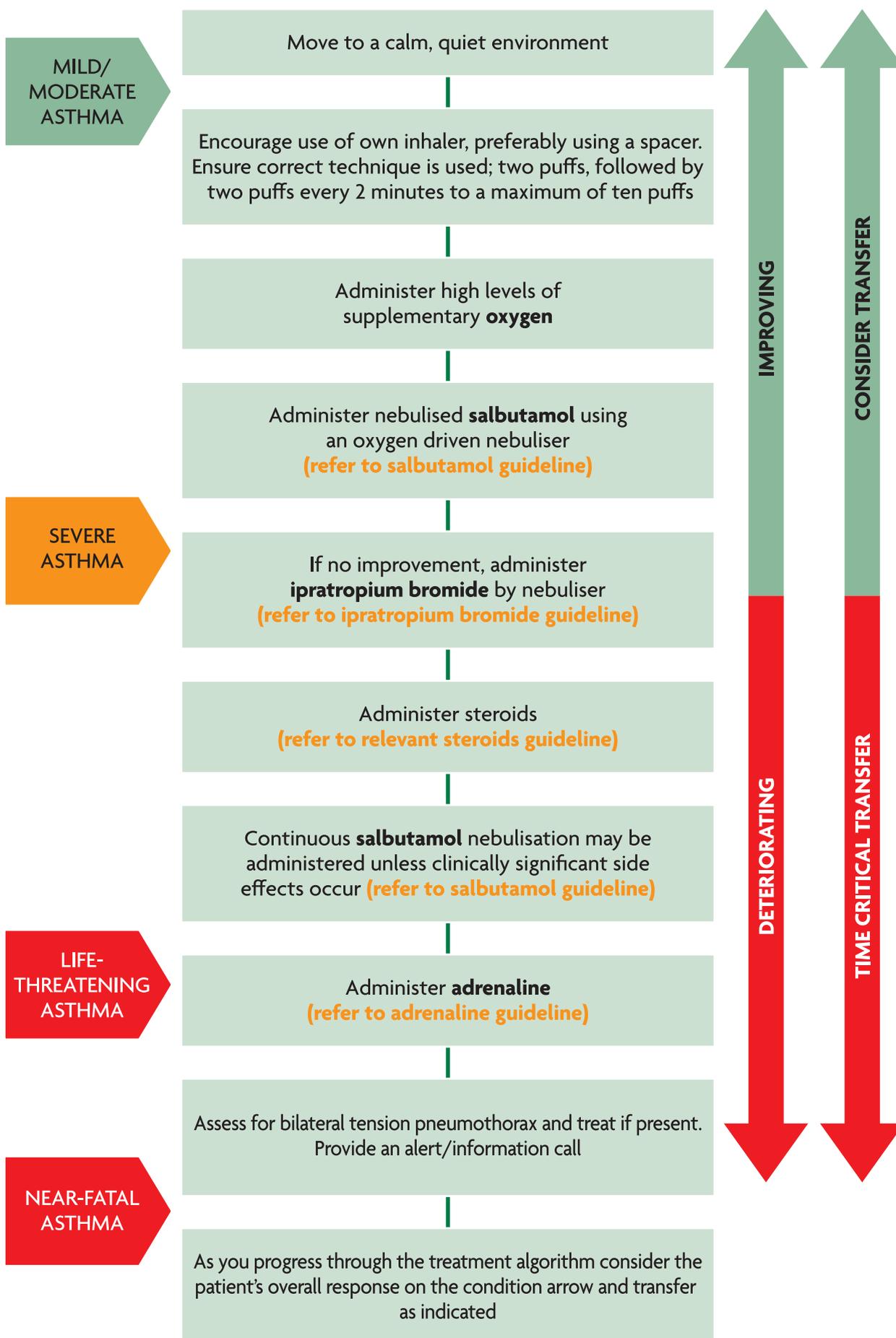


Figure 3.11 – Asthma assessment and management algorithm.