

# Asthma (Children)

**Table 3.81** – ASSESSMENT and MANAGEMENT

## Asthma

### ASSESSMENT

- Assess **ABCD**
- Specifically assess for the severity of the asthma attack (refer to Figure 3.20)

### MANAGEMENT

- If any of the following **TIME CRITICAL** features present:
  - major ABCD problems
  - extreme difficulty in breathing or requirement for assisted ventilations
  - exhaustion
  - cyanosis
  - silent chest
  - SpO<sub>2</sub> <92%
  - PEF <33% best or predicted.
- Start correcting A and B problems.
- Undertake a **TIME CRITICAL** transfer to nearest receiving hospital.
- Continue patient management en-route.
- Provide an alert/information call.

- Mild/moderate asthma
  - Able to talk in sentences
  - SpO<sub>2</sub> >92%
  - PEF >50% best or predicted
  - Pulse <140 in child ages 2–5, <125 in child >5
  - Respiration <40 in child ages 2–5
  - <30 in child ages >5

- Move to a calm quiet environment.
- Encourage use of own inhaler, using a spacer if available. Ensure correct technique is used (refer to Figure 3.20).
- If unresponsive:
  - administer high levels of supplementary oxygen
  - administer nebulised salbutamol (**refer to salbutamol guideline**).

- Severe asthma
  - Can't complete sentences in one breath or too breathless to talk or feed
  - SpO<sub>2</sub> <92%
  - PEF 33–50% best or predicted
  - Pulse >140 in child aged 2–5 years
  - >125 in child >5 years
  - Respiration >40 in child ages 2–5 years
  - >30 in child aged >5 years.

- Administer high levels of supplementary oxygen.
- Administer nebulised salbutamol (**refer to salbutamol guideline**).
- If no improvement administer ipratropium bromide (**refer to ipratropium bromide guideline**).
- Administer steroids (**refer to relevant steroids guideline**).
- Continuous salbutamol nebulisation may be administered unless clinically significant side effects occur (**refer to salbutamol guideline**).

- Life-threatening asthma
  - Silent chest
  - SpO<sub>2</sub> <92%
  - Cyanosis
  - PEF <33% best or predicted (exercise caution with PEF in this patient group)
  - Poor respiratory effort
  - Hypotension
  - Exhaustion
  - Confusion

- Continuous salbutamol nebulisation may be administered unless clinically significant side effects occur (**refer to salbutamol guideline**).
- Administer adrenaline 1 in 1000 IM only (**refer to adrenaline guideline**).
- Assess for bilateral tension pneumothorax.

- Transfer

- Transfer rapidly to nearest receiving hospital.
- Provide an alert/information call.
- Continue patient management en-route.

- For cases of mild asthma that respond to treatment consider alternative care pathway where appropriate.
- **Note:** exercise caution in known severe asthmatics.

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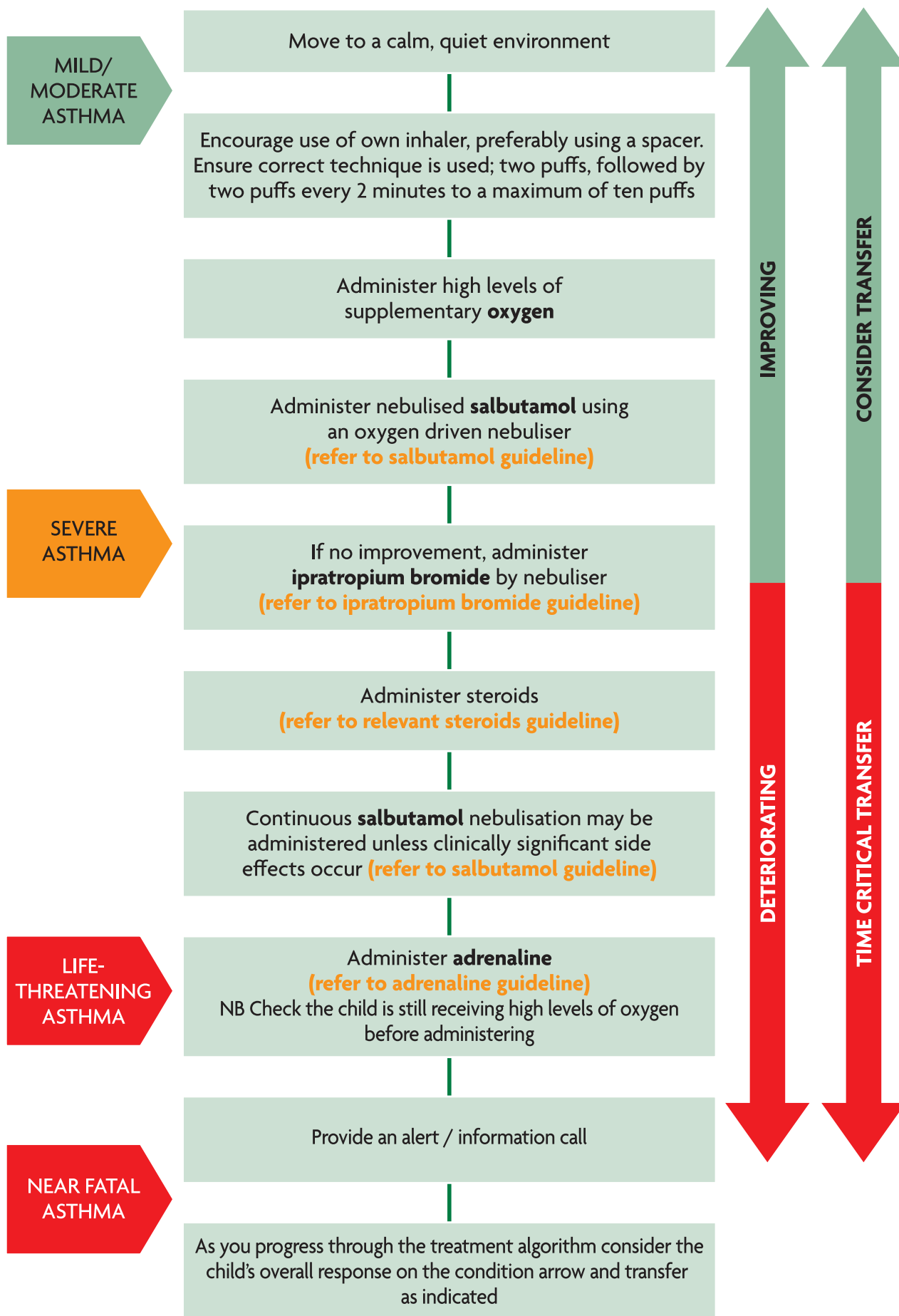


Figure 3.20 – Asthma assessment and management algorithm.