Acute Asthma Attack Management Pathway for Known Asthmatic Children 5 Years and Over

1. Assessment by appropriate healthcare professionals (Dr/Nurse)
   - Saturation
   - Use of accessory muscle
   - Breathlessness
   - Auscultation of chest
   - Peak flow
   - Record vital signs

2. Moderate
   - Saturation ≥92% in air
   - Mild – moderate use of accessory muscles
   - Breathless on exertion only
   - Mild wheeze
   - Peak flow ≥50% best/predicted*

3. Severe
   - Saturations <92% in air
   - Marked use of accessory muscles
   - Too Breathless to talk
   - Marked wheeze
   - Peak flow 33-50% best predicted*

4. Life-threatening
   - Saturations < 92% in air
   - Silent chest
   - Agitated/drowsy/exhausted
   - Cyanosis

5. Give 10 puffs of Salbutamol via spacer using mouth piece (Tidal breathing, 1 puff to every 5 breaths)
   - Reassess 30 minutes post intervention
   - Give or prescribe 3 day course of Soluble Prednisolone (1mg/kg)

6. Good response?
   - Subtle or no use of accessory muscles
   - Can complete sentences
   - Saturations >94%
   - Minimal Wheeze

7. GP/Practice nurse to review overall asthma control
   - GP/Practice nurse to review inhaler technique and regular medication
   - Discharge home on 4 puffs, 4 hourly of inhaled bronchodilator
   - Complete a three day course of Prednisolone (dose 1 mg/kg)
   - Advise parents to bring child for review by GP/Practice Nurse within 48-72 hours

Refer to Community Children’s Nursing Team if:
- Management is stepped up according to BTS guideline
- Needs education on inhaler technique
- Asthma Management plan
- Any complex issues and/or any social concerns

8. Give 10 puffs of Salbutamol via spacer using mouth piece (Tidal breathing, 1 puff to every 5 breaths) or 5mg via nebuliser
   - Give high flow oxygen if available
   - Reassess 20 minutes post intervention
   - Repeat treatment if necessary
   - Give or prescribe course of Soluble Prednisolone 40mg
   - Repeat above nebuliser every 20 minutes
   - Reassess 1 hour post starting treatment

9. Good response?
   - Subtle or no use of accessory muscles
   - Can complete sentences
   - Saturations >94%
   - Minimal Wheeze

10. (GP)
    - Dial 999
    - Contact duty paediatric registrar at referring hospital
    - Continue oxygen and salbutamol therapy (see Box 8)
    - Send written assessment with patient

11. Immediate medical assessment by Doctor
    - Give high flow oxygen if available
    - Give Salbutamol 5mg & Ipratropium Bromide 250mcg via oxygen driven nebuliser
    - Dial 999 / 2222 (in hospital)
    - Repeat nebulisers; every 20 minutes
    - Give or prescribe soluble prednisolone 40mg

12. (GP)
    - Contact duty paediatric registrar at referring hospital
    - Send written assessment with patient

12. (A and E)
    - Follow local asthma emergency guidelines

* If a child has not performed a peak flow before, the technique used may be suboptimal. In this instance the result should be treated with caution.