Asthma Protocol

**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
- Prednisone 60mg PO
- Methylprednisolone 50mg IV

**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 Asthma *Criteria**

**Inclusion Criteria (if ALL criteria apply patient is a POTENTIAL RDTC candidate)**
- 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)**
- 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/acute 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 Management (All Patients)**

- **Bronchodilators:**
  - Ipratropium / Albuterol x1 + Albuterol x2

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

**Disposition**

**Reassess**

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

**Moderate / Severe**
- Obtain CXR, Place IV
- Consider Alternate Diagnoses
- Magnesium Sulfate 2g IV
- Repeat Albuterol Treatments

**Mild**
- Ambulate without desaturating or becoming symptomatic?

**Uncomplicated Asthma**
- Obtain CXR, Place IV
- Consider Alternate Diagnoses

**Alternate Diagnosis**
- Impending Respiratory Failure?

**CDU Observation:**
- Asthma Protocol

**ADMIT TO FLOOR**
- Admit to Observation Status

**ADMIT TO ICU**
- Consider DSI w/Ketamine

**ADMIT TO STEPDOWN**
- Consider Epinephrine