

Pediatric Asthma Pathway - ED

Includes: Patients 1-18 yo with wheezing, respiratory distress, presumed diagnosis of asthma
Excludes: Patients with alternate diagnoses such as clinical bronchiolitis (1-2 yo), or medically complex kids (chronic lung disease, cardiac disease, immunodeficiency, technology dependent)

Focused assessment, respiratory score, start nasal cannula O2 for SpO2 < 90%

MILD (RS 0-2)

- **Prednisone/Prednisolone** 2 mg/kg (max 50 mg)
- **Albuterol** 8 puffs via MDI with spacer
OR 5 mg neb (2.5 mg < 2 y)

Routine CXR is NOT recommended. Obtain if (F's):

- Focal exam
- Failure to improve with therapy
- Concern of Foreign body

MODERATE (RS 3-4) OR SEVERE (RS > 4)

- **Prednisone/Prednisolone** 2 mg/kg (max 50 mg)
- Nebulized continuous therapy over 1 hour:
- **Ipratropium** 1.5 mg neb (0.75 mg for <2 yo) **PLUS**
 - **Albuterol** 10 mg nebulized
- If severe:
- Consider **Methylprednisolone** 2 mg/kg IV (max 60 mg)
 - Consider increasing albuterol to 1 mg/kg/hr (max 40 mg/hr)
 - Consider early pediatric hospitalist or PICU consult

Reevaluation, respiratory score

MILD (RS 0-2)

If initial RS also 0-2: **Discharge** with prednisone 2 mg/kg daily x 5 days

If initial RS >2: **Observe** for 1-2 hours

If worsens: Repeat albuterol 5 mg neb and give ipratropium neb 1.5 mg (0.75 mg for <2 yo), call hospitalist for admission

MODERATE (RS 3-4) OR SEVERE (RS > 4)

Second hour of nebulized continuous therapy:

- **Albuterol** 10-20 mg/hr

Magnesium sulfate IV 50 mg/kg x 1 (max 2 grams) if over 2 years

Call hospitalist for admission

Discharge Instruction/Teaching:

- PCP follow up within 48 hours
- Continue to use albuterol every 4 hours until seen by a provider
- Trigger avoidance / smoking cessation
- MDI administration - observed (RT)
- Asthma action plan
- Med teach-back (RN or MD)

RESPIRATORY SCORING	0	1	2
SaO2 90-100%	On room air	On NC O2 < 2 L/min	On NC O2 > 2 L/min
Inspiratory breath sounds	Normal	Abnormal	Decreased to absent
Accessory Muscle Use	None to mild	Moderate	Severe
Expiratory Wheezes	None	Moderate	Marked
Alertness (LOC)	Normal	Depressed or agitated	Difficult to arouse