

# 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 for <2 yo)

No need for routine CXR. Obtain if:  
 - 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, repeat 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

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