

## Annex 1

## Management of acute asthma in children in general practice

ASSESS ASTHMA SEVERITY*			
Mild	Moderate	Severe	Life threatening
<input type="checkbox"/> Normal mental state <input type="checkbox"/> Subtle or no accessory muscle use <input type="checkbox"/> Able to talk and/or feed	<input type="checkbox"/> Normal mental state <input type="checkbox"/> Minor accessory muscle use <input type="checkbox"/> Some limitation of ability to talk and/or feed	<input type="checkbox"/> Agitated <input type="checkbox"/> Moderate/marked accessory muscle use <input type="checkbox"/> Too breathless to talk and/or feed <input type="checkbox"/> Tachycardia <sup>#</sup> <input type="checkbox"/> Increased respiratory rate <sup>#</sup>	<input type="checkbox"/> Confused/drowsy <input type="checkbox"/> Maximal accessory muscle use/ exhaustion <input type="checkbox"/> Silent chest <input type="checkbox"/> Poor respiratory effort <input type="checkbox"/> Altered consciousness <input type="checkbox"/> Cyanosis

**NB. If a patient has signs and symptoms across categories always treat according to their most severe features**

<input type="checkbox"/> $\beta_2$ agonist via MDI & spacer <ul style="list-style-type: none"> <li>o 6 puffs &lt;6 years</li> <li>o 12 puffs <math>\geq</math>6 years</li> </ul> <input type="checkbox"/> Consider oral prednisolone 1 mg/kg/day if episode has persisted over several days <b>Assess response to treatment 15 mins after <math>\beta_2</math> agonist</b>	<input type="checkbox"/> $\beta_2$ agonist via MDI & spacer <ul style="list-style-type: none"> <li>o 6 puffs &lt;6 years</li> <li>o 12 puffs <math>\geq</math>6 years</li> </ul> <input type="checkbox"/> Consider oral prednisolone 1 mg/kg/day <b>Assess response to treatment 15 mins after <math>\beta_2</math> agonist</b>	<input type="checkbox"/> Oxygen via face mask <input type="checkbox"/> $\beta_2$ agonist via MDI & spacer <ul style="list-style-type: none"> <li>o 6 puffs &lt;6 years</li> <li>o 12 puffs <math>\geq</math>6 years</li> </ul> <i>or</i> nebulised salbutamol 2.5-5 mg <b>and</b> <input type="checkbox"/> Ipratropium bromide <ul style="list-style-type: none"> <li>o 2 puffs &lt;6 years</li> <li>o 4 puffs <math>\geq</math>6 years</li> </ul> <i>or</i> nebulised 0.25mg <input type="checkbox"/> Oral prednisolone 1 mg/kg/day <b>Assess response to treatment 15 mins after <math>\beta_2</math> agonist</b>	<input type="checkbox"/> Oxygen via face mask <input type="checkbox"/> Nebulise: <ul style="list-style-type: none"> <li>o salbutamol 5 mg <b>and</b></li> <li>o ipratropium bromide 0.25 mg</li> </ul> <input type="checkbox"/> IV methylprednisolone 1 mg/kg/day <b>REPEAT <math>\beta_2</math> AGONIST VIA OXYGEN DRIVEN NEBULISER AND ARRANGE IMMEDIATE ADMISSION</b>
<b>GOOD RESPONSE</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Continue up to 12 puffs of <math>\beta_2</math> agonist as needed, not exceeding 4 hourly</li> <li><input type="checkbox"/> Continue oral prednisolone 1 mg/kg for up to 3 days</li> <li><input type="checkbox"/> Arrange appropriate review</li> </ul> <b>POOR RESPONSE</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Repeat <math>\beta_2</math> agonist up to every 20 minutes according to response</li> <li><input type="checkbox"/> <b>If symptoms are not controlled repeat <math>\beta_2</math> agonist and arrange admission</b></li> <li><input type="checkbox"/> Send written assessment and referral details</li> </ul>			<input type="checkbox"/> Call an ambulance (000) <input type="checkbox"/> Stay with the patient until the ambulance arrives <input type="checkbox"/> Send written assessment and referral details

**LOWER THRESHOLD FOR ADMISSION IF:**

- Attack in late afternoon or at night
- Recent hospital admission or previous severe attack
- Concern over social circumstances or ability to cope at home

\*SpO<sub>2</sub> <92% is also an indicator of increased severity however it is recognised that this form of assessment will not be available to most GPs.

\*PEF measurements in children with acute asthma are often unreliable, and their clinical usefulness is unclear.

<sup>#</sup>Normal parameters for Paediatric Vital Signs are given in Annex 6 in the Guidelines.