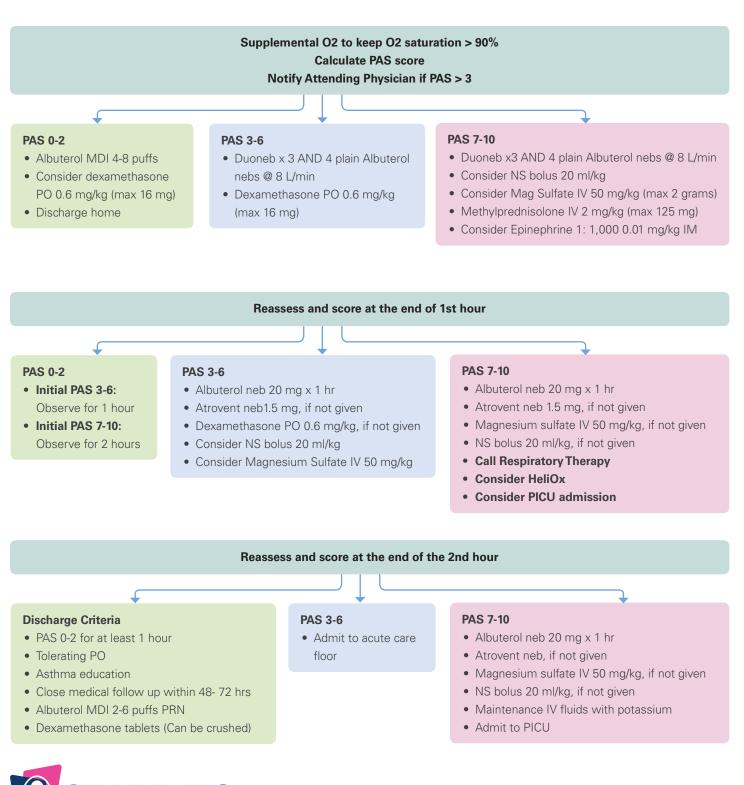
Clinical Guideline **ED Asthma**

Pediatric Emergency Medicine

This guideline serves as a guide and does not replace clinical judgment.

Inclusion criteria:

- Children $\geq 2 \text{ y/o}$
- Known history of asthma
- History consistent with asthma or recurrent wheezing





Clinical Guideline **ED Asthma**

Pediatric Emergency Medicine

Instructions for assessment of PAS

- 1. If applicable, turn oxygen therapy off on entry into patient's room.
- 2. Step-wise assessment (RR, dyspnea, retractions, auscultation).
- 3. Throughout assessment, monitor oxygen saturation. Determine score for oxygen saturation based on overall assessment throughout exam (i.e. an unsustained downward drift to 88% with self-resolution to 94% would be scored as "1." Alternatively, a progressive decline in saturations from 97% to 85% following cessation of O2 should be scored as "2" and oxygen therapy should be resumed immediately).
- 4. Calculate total score

Table 1: (Modified) Pediatric Asthma Score (PAS):

Variable	Score		
	0 points	1 point	2 points
Resp Rate (b/min)			
2-3 years	<35	35-39	>39 >35
4-5 years	<31	31-35	
6-12 years	<27	27-30	>30
>12 years	<24	24-27	>27
Dyspnea	Full sentences and	Partial sentences or poor PO	Single words or unable to PO
	Good PO intake		
Retractions*	1 or less accessory group	2 accessory groups	3 or more accessory groups
Auscultation	Normal breath sounds	Expiratory wheezing only	Inspiratory and expiratory wheezing or diminished breath sounds
Oxygen Sats (%)	>95	90-95	<90
On Room Air			

*Accessory muscle groups considered in evaluation of retractions:

1. Nasal (flaring)

2. Supra-sternal (retractions)

3. Intercostals (retractions)

4. Substernal (retractions)



ED Asthma Guideline **Executive Summary**

Children's Hospital of Richmond at VCU ED Asthma Workgroup

Pediatric Emergency Medicine Owner: Rashida Woods, MD Pediatric Respiratory Committee (consulting): Douglas Willson, MD Pediatric Emergency Medicine Nursing Practice Council (consulting): Celia Hanson, RN, CPEN

Approved (August 2018)

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References

Keeney GE¹, Gray MP, Morrison AK, Levas MN, Kessler EA, Hill GD, Gorelick MH, Jackson JL. Dexamethasone for acute asthma exacerbations in children: a meta-analysis. Pediatrics. 2014 Mar; 133 (3):493-9. Epub 2014 Feb 10. Pubmed PMID: 24515516.

National Asthma Education and Prevention Program: Expert panel report III: Guidelines for the diagnosis and management of asthma. Bethesda, MD: National Heart, Lung, and Blood Institute, 2007. www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm

Rowe BH¹, Bretzlaff JA, Bourdon C, Bota GW, Camargo CA Jr. Magnesium sulfate for treating exacerbations of acute asthma in the emergency department. Cochrane Database Syst Rev. 2000; (2):CD001490. Pubmed PMID:10796650.

Citation

Title: ED Asthma Guideline

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Date: August 2018

Retrieval website: http://www.chrichmond.org/clinicalguideline-EDasthma

Example:

Children's Hospital of Richmond at VCU, Woods R, Willson D, Hanson C. ED Asthma Guideline. Available from: http://www.chrichmond. org/clinicalguideline-EDasthma



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Last updated: August 2018 Next expected update: August 2021