Acute Asthma / Wheeze Pathway (not for Bronchiolitis)

Clinical Assessment / Management Tool for Children & Young People Older than 1 year old with Acute Wheeze



Management - Primary care and Community Setting

Treat according to whether your patient is following a MART or an as required (prn) salbutamol action plan for acute wheeze. If this is their first presentation with wheeze, follow prn salbutamol pathway.

Mild to Moderate		Severe	Life threatening	
SaO ₂ ≥ 92% in air No clinical features of Severe Wheeze/Asthr May have some increased work of breathing		Wheeze plus any one of: - SaO ₂ < 92% in air - Too breathless to talk or eat - Heart rate > 140 (1-4y) or > 125 (>5y)* - Resp rate > 40 (1-4y) or >30 (>5y) - Use of accessory neck muscles	SaO ₂ < 92% plus any one of: - Silent chest - Poor respiratory effort - Agitation - Altered consciousness - Cyanosis	
	Provide calm reassurance and encourage of	hildren to sit as upright as possible		
MART	prn Salbutamol			
Give 1 puff of the MART inhaler. Wait a few minutes. If symptoms are continuing give 1 more puff. Wait a few minutes. If there is no other obvious reason for symptoms, give up to 6 puffs as needed for symptoms.	Give 2 puffs of blue inhaler one at a time using a spacer. Review the response after a few minutes. Give 2 more puffs if still concerned about breathing. If there is no other obvious reason for symptoms, give 2 more puffs. Reassess and repeat up to a maximum of 1 puffs if needed	Arrange urgent hospital as On Give inhaled Salbutamol via MDI and spacer, one puff at a	acer, one puff at a ffs >5y, 5 puffs 1-4y). oving, proceed to life pathway via oxygen (5mg >5y, 2.5mg 1-4y). ➤ If not improving, repeat nebulised Salbutamol and if	
Provide ongoing care according to the response to treatment Good Poor			available add nebulised Ipratropium Bromide (500mcg >5y, 250mcg 1-4y)	
 Children who respond well to treatment be managed at home as per their pers action plan. 	-			
 Check they have a good inhaler technic. Check they have enough inhaler medic. Consider Prednisolone 30-40mg od for days in children > 5yrs with asthma. Arrange an asthma review in 2-3 days children with interval symptoms should regular inhaled steroids or MART/AIR 	More information on inhaler technique here:	here.	g cessation advice for families click revention of asthma attacks and ick here	

^{*} Anxiety and prior bronchodilator use can increase heart rate.

>12 yrs