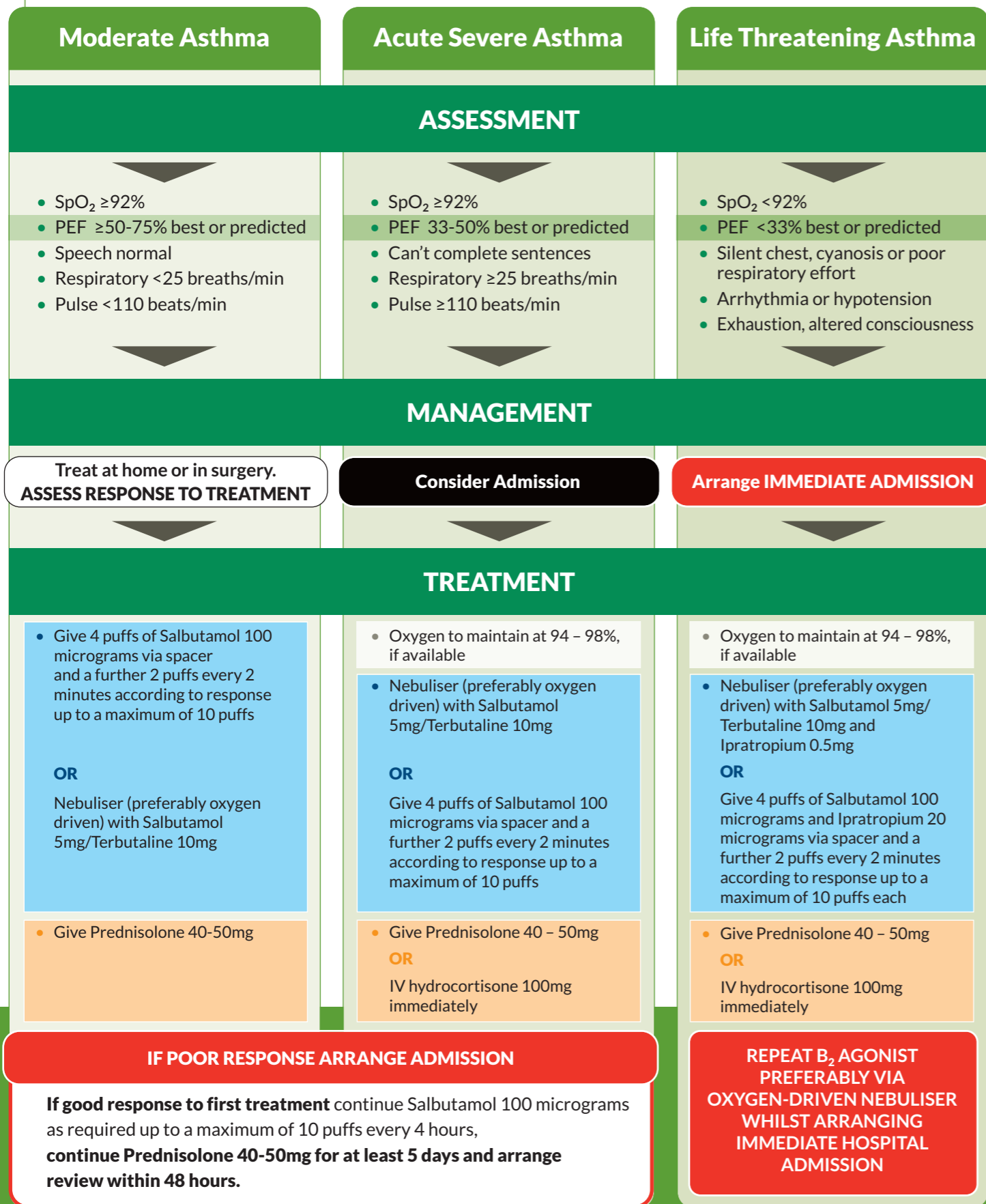


MANAGEMENT OF ACUTE ASTHMA

in general practice

12+ years



MANAGEMENT OF ACUTE ASTHMA

in
General
Practice

Many deaths from asthma are preventable. Delay can be fatal. Factors leading to poor outcome include:

- Clinical staff failing to assess severity by objective measurement
- Patients or relatives failing to appreciate severity
- Under-use of corticosteroids

CAUTION: Patients with severe or life-threatening Asthma attacks may not be distressed and may not have all the abnormalities listed below. The presence of any should alert the Health Care Professional.

ASSESS → **TREAT** → **REASSESS** → **FOLLOW-UP**

ACCESS AND RECORD

- Oxygen saturation by pulse oximetry (SpO₂)
- Peak Expiratory Flow (PEF)% of best or predicted
- Symptoms and response to self-treatment
- Ability to talk/babble
- Heart and respiratory rates
- Blood pressure
- LOOK AT WHOLE PICTURE**

Moderate Asthma Attack:

TREAT AT HOME: SURGERY

Acute Severe Asthma Attack:

CONSIDER ADMISSION

Life Threatening Asthma Attack:

ARRANGE IMMEDIATE ADMISSION

TREAT

as per guidelines attached according to age.

REASSESS

If poor response to treatment - **Arrange admission.**
If good response to first treatment continue as per guidelines attached.

FOLLOW-UP

after treatment or discharge from hospital:

- Arrange a review within 48hrs.
- Monitor symptoms
- Check inhaler technique
- Provide a written Asthma Action Plan
- Modify treatment according to Asthma Treatment Guidelines
- Address potentially preventable contributors to admission

Admit to hospital if:

- Any features of Life Threatening Asthma Attack
- Features of acute Severe Asthma Attack present after initial treatment
- Previous near fatal Asthma Attack

Lower threshold for admission if:

- Afternoon or evening Asthma Attack
- Recent nocturnal symptoms or hospital admission
- Previous Severe Asthma Attacks
- Parent unable to assess child's condition
- Concerns over social circumstances

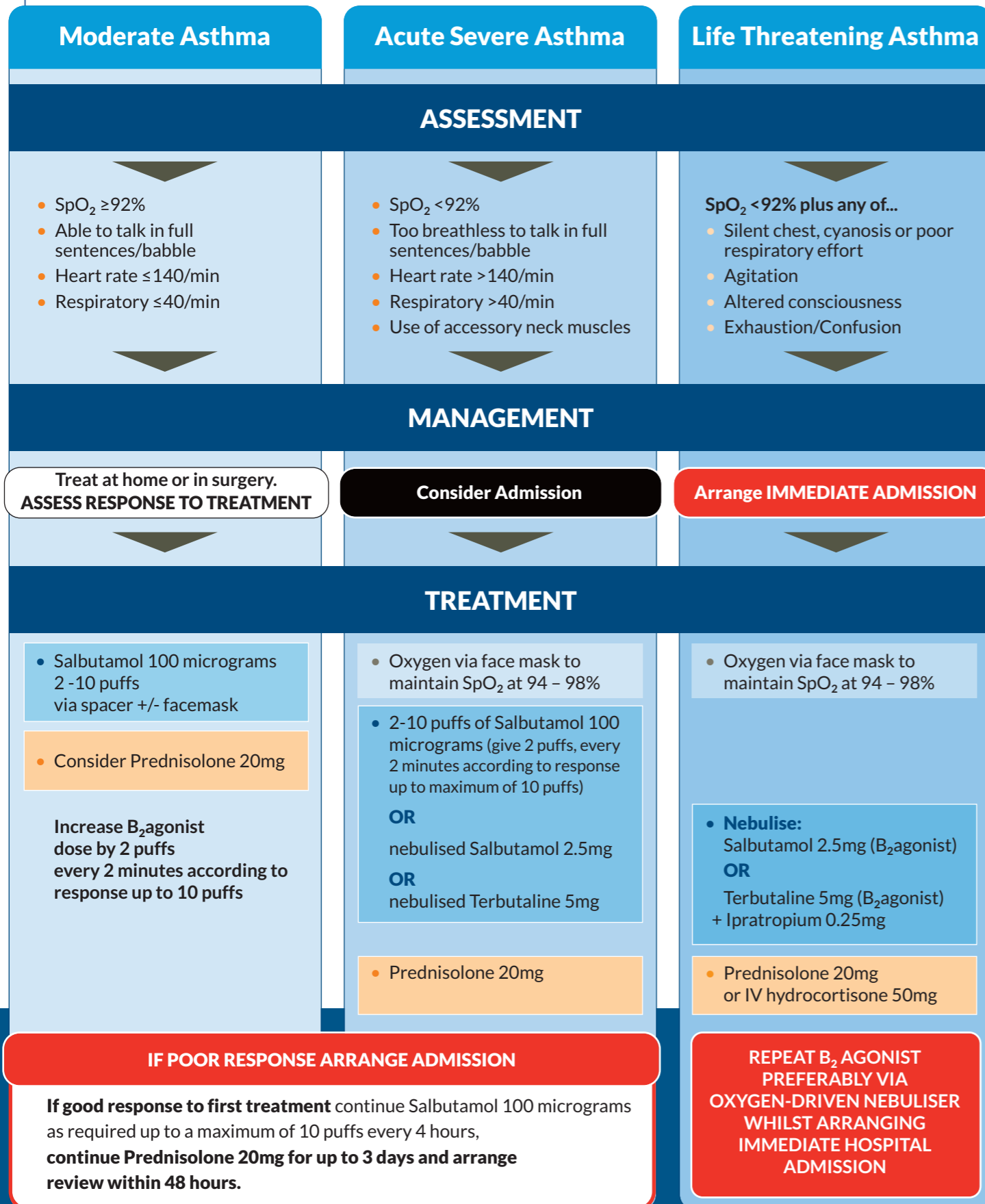
If Admitting the patient to hospital:

- Repeat B₂agonist while waiting for the Ambulance
- Stay with the patient until ambulance arrives
- Send written assessment and referral details to hospital

MANAGEMENT OF ACUTE ASTHMA

in general practice

children
2-5 years



MANAGEMENT OF ACUTE ASTHMA

in general practice

children
6-11 years

