


Affix Patient Label

**?acute asthma**  **RECORD PEAK FLOW 'PEFR' AND COMPARE TO PATIENTS NORMAL or EXPECTED (CALCULATE EXPECTED PEFR USING CHARTS)**

Clinician:

Date:

Time:

**History:**

Previous ITU admissions with asthma? No  Yes  If yes, when?

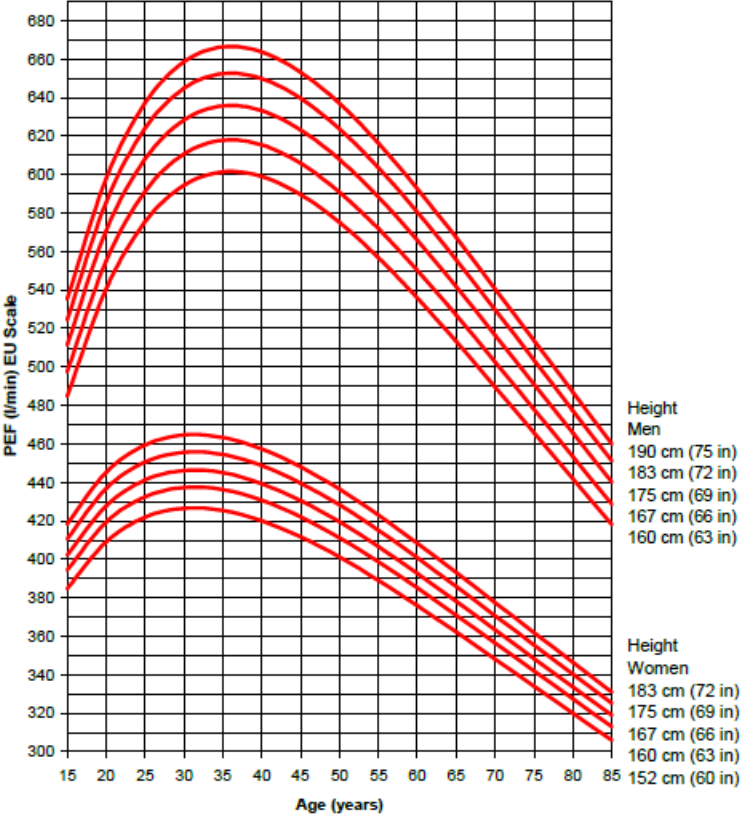
**Past Medical History:**

**Drug History:**

**Allergies:**

**Social History:**

Peak Expiratory Flow Rate - Normal Values



**Examination:**

Peak Flow Values	
Normal/Expected	
At Triage	
At Clinician Clerking	
Post-Treatment	

Are O<sub>2</sub> saturations >94% on air? Yes  No  If no, how much oxygen is patient on? \_\_\_\_\_ %

**Circle severity of asthma:**

PEF >50-75% best or predicted Moderate asthma	PEF 33-50% best or predicted Acute severe asthma	PEF <33% best or predicted Life-threatening asthma
SpO <sub>2</sub> ≥92% PEF >50-75% best or predicted  No features of acute severe asthma	Features of severe asthma <ul style="list-style-type: none"> <li>• PEF &lt;50% best or predicted</li> <li>• Respiration ≥25/min</li> <li>• SpO<sub>2</sub> ≥92%</li> <li>• Pulse ≥110 beats/min</li> <li>• Cannot complete sentence in one breath</li> </ul>	<ul style="list-style-type: none"> <li>• SpO<sub>2</sub> &lt;92%</li> <li>• Silent chest, cyanosis, poor respiratory effort</li> <li>• Arrhythmia, hypotension</li> <li>• Exhaustion, altered consciousness</li> </ul>

**Plan:**

Moderate Asthma	Severe Asthma	Life-Threatening Asthma	Additional Actions:
<input type="checkbox"/> Salbutamol 4 puffs (inhaler) with further 2 puffs every 2 minutes as per response (up to 10 puffs)  If not improving, move to 'severe asthma' column	<input type="checkbox"/> Salbutamol 5mg (oxygen driven nebuliser) <input type="checkbox"/> Prednisolone 40-50mg oral <input type="checkbox"/> If no improvement, add ipratropium 500micrograms (oxygen driven nebuliser) to next salbutamol  <input type="checkbox"/> If no further improvement, consider magnesium 2g IV	<input type="checkbox"/> <b>Resus and early senior input</b> <input type="checkbox"/> Salbutamol 5mg plus ipratropium 500micrograms (oxygen driven nebuliser)  <input type="checkbox"/> Hydrocortisone 100mg IV <input type="checkbox"/> Magnesium 2g IV <input type="checkbox"/> Chest X-ray  <u>Findings:</u>  <input type="checkbox"/> ABG  <u>Findings:</u>	Markers of severity: <ul style="list-style-type: none"> <li>• 'Normal' or raised PaCO<sub>2</sub> (PaCO<sub>2</sub>&gt;4.6 kPa; 35 mmHg)</li> <li>• Severe hypoxia (PaO<sub>2</sub> &lt;8 kPa; 60 mmHg)</li> <li>• Low pH (or high H<sup>+</sup>)</li> </ul>

<b>Observations POST-TREATMENT Time:</b>	Pulse:	Blood Pressure:	O <sub>2</sub> Saturations:	Respiratory Rate:	Temperature:	PEFR:
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**Discharge Plan:**

Is patient appropriate for discharge? Yes  (If yes, see plan below and tick appropriate boxes) No  (Admit as inpatient)

- Verbal and written advice regarding signs of worsening asthma and if/when to re-attend Emergency Department
- GP / respiratory nurse follow up 48 hours advised
- Discharge prednisolone 40-50mg for 5 days **if presenting PEFR <50% expected**
- Inhaler technique checked

**Signed:** \_\_\_\_\_