MODERATE SEVERITY ASTHMA

Date ________  Time _______  ED admitting consultant _______________

**Inclusion Criteria**

- Bronchospasm / wheeze
- PEFR > 50-75% of predicted or best
- Likely to be discharged within 12 hrs
- CDU transfer form filled out

**Exclusion Criteria**

- NO signs of severe asthma (BTS 2003 guidelines)
- PEFR < 50% predicted or best
- RR ≥ 25 / min
- HR ≥ 110 / min
- Cannot complete sentence in 1 breath
- Oxygen saturation < 92% on room air
- Previous ITU admission for asthma
- GCS < 15
- History of sudden deterioration
- Major co-morbidity requiring in-patient admission

**Investigations** (only if clinically indicated)

- CXR (to be organised before going to CDU)
- ABG
- FBC

**Management:**

- Observations every _______ min / hr
- Nebulisers as prescribed
- Oral steroids as prescribed
- PEFR to be documented and repeated post-neb
- To be reviewed by Dr ____________ at ________ hrs

- Notify Medical Staff if:
  - Worsening vital signs
    - Temp > 38
    - HR < 60 or > 120
    - RR < 10 or > 20
    - Systolic BP < 100 or > 160mmHg
- Oxygen sats < 92% on room air
- GCS drop of 1 point
  - No improvement in symptoms / PEF trend post-nebuliser

**Discharge only if:**
- Normal vital signs
- Clinical improvement / stabilisation
- PEFR > 75% predicted or best
- No need for supplemental oxygen
- Can eat / drink normally
- Normal mobility
- Adequate home supports
- Patient understanding / education adequate
  - Check inhaler technique (consider spacer)
  - Asthma Action Plan
- Discharge medications arranged
  - Prednisolone 40mg for 5 days
- Discharge letter completed

**Referral / Consultation**

In-patient team:

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<thead>
<tr>
<th>Team</th>
<th>Bleep</th>
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<tr>
<td>Time referred</td>
<td>Time seen</td>
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Reason for referral:

Fast Response Team:

- Social Work
- Physiotherapy
- Occupational Therapy

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<tr>
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Dear Dr _____________

Your patient was admitted into the Clinical Decision Unit following a presentation to the Emergency Department with mild / moderate severity asthma.

Tick as appropriate:
Your patient had the following investigations (if any):

Your patient had the following management:
☐ Nebulised salbutamol
☐ Nebulised atrovent
☐ Steroids (Prednisolone / Hydrocortisone)

Your patient was observed in the CDU and discharged with the following:
☐ TTA medications:
  ☐ Prednisolone 40mg/d for total 5 days
  ☐ Ventolin inhaler prn
☐ A review of your patient’s understanding about asthma & its management
☐ Inhaler technique reviewed
☐ To be reviewed by yourself in _________
☐ Out-patient referral to the General Medical / Respiratory team
  (Your patient will be contacted by the Out-Patient Department)
☐ Advice to contact yourself or the Emergency Department should there be any further problems

Thank you

Signed _________________ Name _______________ Grade ____________