

Nurse Asthma Protocol for Adults and Children > 12 y/o

Asthma Acute Exacerbation

Meet Exclusion Criteria

Exclusion Criteria
Signs of severity: Exhaustion, can't talk, silent chest, bradycardia, looks unwell
Atypical features (chest pain, fever, haemoptysis)
Suspicion of COPD (old, long term smoking, symptoms every day, hyper-expanded chest)
Suspicion of anaphylaxis (rash, suspected allergen)
Admissions to hospital with asthma
Prednisolone courses in last six months
Known or suspected tuberculosis, chicken pox or herpes infection
Frequent presentations to emergency with asthma
Attended ED with asthma in past week

YES

NO

Severity Evaluation

Do not treat patients with this protocol! Seek for doctor's review.

Severe - When patient definitely needs a doctor, or SpO2 < 92 %.

Moderate - You are uncomfortable to send patient home right away.

Mild - Patient is able to go home.

Trivial - Patient with very mild symptoms.

- Call the doctor.
- On pulse oximeter.
- Oxygen to keep SpO2 > 90%.
- Ventolin nebulizer 5 mg.

- Ventolin 12 puff using spacer .
- Prednisolone 40 mg PO STAT.
- Observe for 15 minutes.

- Discharge with prednisolone 40 mg / day for 3 days.
- Ventolin puffer with spacer* 2~4 puffs Q4H.
- Arrange clinic review** within 3 days.
- Avoid antibiotics use.

- Discharge with ventolin 2 puffs Q4H*.
- Arrange clinic review** within 1 week.
- Avoid antibiotics.

Deteriorates

Incomplete response

Good response

- Call doctor to determine the plan.
- Ventolin 4 puff using spacer Q2~Q4H.

- Discharge with prednisolone 40 mg / day for 3 days
- Ventolin puffer with spacer* 2~4 puffs Q4H.
- Arrange clinic review** within 3 days.
- Avoid antibiotics use.

* Always educate patient proper puffer/ spacer skills.
 ** Asthma clinic preferred, otherwise medical OPD.