**Inclusion Criteria:** 2 years old and older with a diagnosis of asthma with wheezing, difficulty breathing, cough or hypoxia

**Exclusion Criteria:** < 2 years of age, diagnosed with viral bronchiolitis or croup. Patient history of Cystic Fibrosis, Chronic Lung Disease (BPD), Cardiac Disease, Airway Anomalies

- Review orders and ensure systemic steroids have been given prior to admission to floor. Contact Licensed Independent Practitioner (LIP) if not given.
- Review orders and ensure medications (albuterol, oxygen to keep saturations >90%, systemic steroids and home medications) have been ordered.
- Identify triggers for asthma exacerbation. (allergies, reflux, infections, medication adherence).
- Advise parents of how to contact nurse if patient's condition worsens.
- Registered nurse (RN) to obtain vital signs and Admission Pediatric Asthma Score (Admission PAS) within 30 minutes of patient's arrival to the floor.
- Review most recent PRE-albuterol Pediatric Asthma Score (PRE-Albuterol PAS).

Use the greater of the most recent PRE-Albuterol PAS and Admission PAS to determine initial standing albuterol orders.

**Mild = PAS 0-2**
- Albuterol MDI 4 puffs Q4 x 12 hours
  - Alternative: Albuterol 2.5mg nebulized Q4 x 12 hours
  - Repeat PAS 15 min. after albuterol (preferably by the same provider)
  - Notify LIP if PAS increases above this level or does not decrease following albuterol
  - LIP to reassess after 12 hours of Q4 treatment

**Mild - Moderate = PAS 3**
- Albuterol MDI 8 puffs Q3 x 12 hours
  - Alternative: Albuterol 5mg nebulized Q3 x 12 hours
  - Repeat PAS 15 min. after albuterol (preferably by the same provider)
  - Notify LIP if PAS increases above this level or does not decrease following albuterol
  - LIP to reassess after 12 hours of Q3 treatment

**Moderate = PAS 4-5**
- Albuterol MDI 8 puffs Q2 x 6 hours
  - Alternative: Albuterol 5mg nebulized Q2 x 6 hours
  - Repeat PAS 15 min. after albuterol (preferably by the same provider)
  - Notify LIP if PAS increases above this level or does not decrease following albuterol
  - Notify LIP after 6 hours of Q2 albuterol

**Severe = PAS 6-10**
- Albuterol MDI 8 puffs
  - Alternative: Albuterol 5mg nebulized
  - Notify LIP immediately
  - Consider Rapid Response
  - Repeat PAS within 15 min. after albuterol. (Preferably by the same provider)
  - Rapid Response if PAS is equal to or greater than 6 after albuterol.

**Reassessment**

**Discharge Criteria**
- Patient on room air
- Albuterol spaced to every 4 hours
- Asthma education completed
- Contact PCP for follow up
- Rx for albuterol Q4 hours for 48 hours
- Rx for oral corticosteroids for 3-10 days
- Ensure patient has inhaled corticosteroids
- Provide asthma action plan
- Consider flu shot when appropriate

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Please contact UNC Pediatric Pulmonology at 919-966-1055 with questions or comments.
# PEDIATRIC ASTHMA SCORE

1. PAS should be done prior to treatment and repeated 15 minutes afterward (preferably by the same provider).
2. Add elements into a single score.
3. Document score in Epic flowsheet

<table>
<thead>
<tr>
<th>Element</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Respiratory Rate</td>
<td>0</td>
</tr>
<tr>
<td>2-3 yrs</td>
<td>≤34</td>
</tr>
<tr>
<td>4-5 yrs</td>
<td>≤30</td>
</tr>
<tr>
<td>6-11 yrs</td>
<td>≤26</td>
</tr>
<tr>
<td>≥ 12 yrs</td>
<td>≤23</td>
</tr>
</tbody>
</table>

2. Auscultation

Auscultate anterior and posterior lung fields.
Assess air entry and presence of wheezing.

3. Work of Breathing

Assess for nasal flaring or retractions. (suprasternal, intercostal, subcostal)

4. Dyspnea*

As developmentally appropriate.

*If sleeping AND not showing physical signs of respiratory distress, score the patient 0 (zero) for this category.

5. O₂ Requirement**

≥ 92% on RA

Supplemental oxygen required to maintain saturations above 92%

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