

MANAGING PEDIATRIC RESPIRATORY PRESENTATIONS: EMERGENCY DEPARTMENT **ASTHMA

Screen, isolate and treat based off symptoms while waiting for COVID swab results.

Diagnosis	Vital Signs	General Orders	Ongoing Care/Interventions	Other
<p>Asthma</p>	<p>Follow Pediatric Asthma Care Map: Emergency Department Pediatric Asthma Care Map Database Evidence Informed Practice Tools WRHA Insite</p> <p>OR</p> <p>PMH Pediatric Asthma Care Map and Standing Order Sets (available on the PMH intranet)</p> <p>Keep SpO2 > 92% Ensure to obtain baseline BP (when possible)</p> <p>Pre & post-salbutamol treatments (PRAM) <u>MDI</u></p> <ul style="list-style-type: none"> • VS at baseline and 20 mins after the 2nd MDI • VS 20-30 mins after the 3rd MDI • VS Q1H ongoing (post score any additional salbutamol MDI treatment Q20mins post x2) <p><u>WET NEBULIZED</u></p> <ul style="list-style-type: none"> • VS at baseline and 20 mins post 2nd face mask • VS Q1H ongoing (post score any additional salbutamol face mask treatment 20 mins post x2) 	<p>PRAM < 5 – try salbutamol 8 puffs via MDI x1</p> <p><u>MDI CAREMAP</u> (PRAM 5-8)</p> <ul style="list-style-type: none"> • salbutamol [100 mcg/puff] 8 puffs + ipratropium [20mcg/puff] 3 puffs Q20mins x3 • Dexamethasone PO [0.6 mg/kg/dose - max 10 mg] OR • Methylprednisolone IV [2 mg/kg/dose - max 125 mg] OR • Prednisone/Prednisolone PO [1 mg/kg/dose - max 50 mg] <p><u>WET NEBULIZED CAREMAP</u> (PRAM greater than 9)</p> <ul style="list-style-type: none"> • First neb: salbutamol 5 mg + ipratropium 250 mcg nebulized face mask • Second neb: salbutamol 10mg + ipratropium 500 mcg nebulized face mask • Dexamethasone PO OR methylprednisolone IV OR prednisolone PO <p><u>OTHER ORDERS:</u></p> <ul style="list-style-type: none"> • Capillary/venous blood gas if warranted • Serum electrolytes (especially K+) • IV fluids (+ KCL) if requiring frequent face mask or MDIs • Magnesium sulfate IV [50 mg/kg/dose - max 2 g] • If sudden deterioration or failure to improve, consider chest xray • Isolation: Droplet/Contact Precautions – until respiratory illness (viral/bacterial) ruled out, plus Airborne if AGMP occurring 	<p>Post-care map completion, no further ipratropium is to be administered – patient to receive salbutamol 5mg face mask OR salbutamol 8 puffs via MDI with reassessment 20 mins post. Ongoing order frequency of Salbutamol (i.e. Q30mins, Q1H, etc) should be prescribed.</p> <p><u>MONITORING/DIET</u></p> <ul style="list-style-type: none"> • NPO if patient in severe respiratory distress, otherwise diet as tolerated • Encourage foods rich with potassium when possible • Use appropriate flow of oxygen to maintain oxygen saturations • Consider nasopharyngeal swab for COVID, RSV, RV16 or ALLPLEX – dependent on patient symptoms 	<p><u>DISCHARGE CRITERIA</u></p> <ul style="list-style-type: none"> • Patient weaned to Salbutamol Q3-4H • SpO2 > 92% without O2 therapy • No increased work of breathing • Follow up appointment arranged with own MD within 1 week • Caregiver education completed (proper use of MDI with AeroChamber, signs/symptoms of respiratory distress, when to return to UC/ED) • Referral to Children's Asthma & Allergy Education Centre (CAAEC) as outpatient • EXCEPTION: Prairie Mountain Health – consult to Lung Health Nurse per Asthma Care Map