

MODERATE

- PEFR > 50-75%
- SaO₂ ≥ 92%
- No Features of Severe

ACUTE SEVERE

- PEFR 33-50%
- SaO₂ ≥ 92%
- RR ≥ 25
- HR ≥ 110
- Cannot complete sentences

LIFE THREATENING

- PEFR < 33%
- SaO₂ < 92%
- PaO₂ < 8kPa
- Normal / Raised PaCO₂
- Silent Chest
- Poor Respiratory Effort / Exhaustion
- Arrhythmia
- Hypotension

NEAR FATAL

- Raised PaCO₂
- Requiring ventilation

CALL SENIOR**ABG****INITIAL MANAGEMENT****OXYGEN**SaO₂ Target 94-98%**SALBUTAMOL 5mg**
NEBULISER OXYGEN DRIVEN**IPRATROPIUM BROMIDE 500mcg**
NEBULISER OXYGEN DRIVEN**PREDNISOLONE 40-50mg PO**

-or-

HYDROCORTISONE 100mg IV**CONSIDER ANTIBIOTICS**

-However note most precipitating infections are Viral-

IF POOR RESPONSE TO NEBS

MAGNESIUM SULPHATE

1.2-2g IV over 20 minutes

SENIOR ESCALATION

Discuss with ITU for Ventilatory support

CXR NOT ROUTINELY REQUIRED UNLESS

- Suspected pneumomediastinum or pneumothorax
- Suspected consolidation
- Life-threatening asthma
- Failure to respond to treatment satisfactorily
- Requirement for ventilation

CONTINUING MANAGEMENT**MODERATE****SEVERE****LIFE THREATENING****CONTINUE OXYGEN**SaO₂ Target 94-98%**SALBUTAMOL 5mg**
NEBULISER OXYGEN DRIVEN
2-6 Hourly depending on severity**SALBUTAMOL 5mg**
NEBULISER OXYGEN DRIVEN
15-30 Minutes -or-
Back-to-Back**IPRATROPIUM BROMIDE 500mcg**
NEBULISER OXYGEN DRIVEN
6 hourly**PREDNISOLONE 40-50mg PO** Daily 5 days
-or-
HYDROCORTISONE 100mg IV 6 hourly**ITU / SENIOR REVIEW****IV AMINOPHYLLINE**5mg/kg over 20 minutes loading dose
-or-

0.5-0.7 mg/kg/hr if already on Oral therapy

REASSESSMENT**MODERATE****SEVERE****REASSESS PATIENT REGULARLY**

- PEFR
- RR / HR / SaO₂
- Auscultation

ABG if SaO₂ < 92%**YES****IMPROVING****NO****CALL SENIOR****CONTINUE****SALBUTAMOL 5mg**
NEBULISER OXYGEN DRIVEN
15-30 Minutes -or- Back-to-Back