

Wheeze + History of cough or difficulty breathing,
(Likelihood of asthma much higher if age > 12m and recurrent wheeze)

Yes

Severe Asthma
Any one of these;

- Oxygen saturation <90%
- Central cyanosis
- Inability to drink / breast feed
- AVPU= "V", "P" or "U" or
- Inability to talk/complete sentences
- Pulse rate >200 bpm (0-3 yrs) and >180 bpm (4-5yrs)

Yes

Immediate Management

ADMIT

Oxygen
Nebulize 2.5 mg salbutamol or 6 puffs of inhaler with spacer and mask give every 20 minutes for 3 doses if needed
Prednisolone 2mg/kg*
Consider ipratropium bromide 250 mcg if poor response**
Antibiotics as for severe pneumonia

No

Mild or Moderate Asthma

Wheeze PLUS

- Lower chest wall indrawing
- OR**
- RR ≥ 50/min (Age 2 -11 mo)
- RR ≥ 40/min (Age 12- 59 mo)
- RR ≥ 30/min (Age 5 -12 yrs)

Yes

Salbutamol 2 puffs of inhaler (or 2.5 mg nebulized) every 20 minutes for 3 doses if needed
Oxygen

Monitor closely for 1-2 hours

If lack of response to salbutamol, increasing respiratory rate, worsening saturation, any signs of severe asthma. Refer to Immediate Management above.

Recurrence of asthma symptoms consider Inhaled corticosteroid (ICS) therapy or adjust the doses if already on ICS. (Look out for other comorbidities)

Demonstrate MDI and spacer use to the caregiver before discharge from the health facility. Preferably use spacer with face masks for <3 years
Advise on regular follow up.

* Prednisolone administered for 3-5 days. Max dose of 20mg/day for < 2 years and 30mg/day for 2-5 years.

** Repeat every 20 minutes for one hour if needed.

If mild symptoms allow home on salbutamol MDI give 2 puffs every 6 hours.
Counsel caregiver on signs of deterioration and schedule review within 48 hours.