Possible asthma

Wheeze + History of cough or difficulty breathing,

(Likelihood of asthma much higher if age > 12m and recurrent wheeze) Yes **Severe Asthma** Immediate Management ADMIT Any one of these; Oxygen Oxygen saturation <90% Yes Nebulize 2.5 mg salbutamol or 6 puffs Central cyanosis of inhaler with spacer and mask give Inability to drink / breast feed every 20 minutes for 3 doses if needed AVPU= "V", "P" or "U" or Prednisolone 2mg/kg* Inability to talk/complete sentences Consider ipratropium bromide 250 mcg Pulse rate >200 bpm (0-3 yrs) if poor response** and >180 bpm (4-5yrs) Antibiotics as for severe pneumonia No Salbutamol 2 puffs of inhaler (or 2.5 mg nebulized) every 20 minutes for 3 Mild or Moderate Asthma Yes doses if needed Wheeze PLUS Lower chest wall indrawing Oxygen OR $RR \ge 50/min (Age 2 -11 mo)$ $RR \ge 40/min (Age 12-59 mo)$ Monitor closely for 1-2 hours $RR \ge 30/min (Age 5 - 12 yrs)$ If lack of response to salbutamol, If mild symptoms allow home increasing respiratory rate, worsening on salbutamol MDI give 2 puffs saturation, any signs of severe asthma. every 6 hours. Refer to Immediate Management above.

Counsel caregiver on signs of deterioration and schedule review within 48 hours.

> 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.