

RETU Asthma Pathway

ED Evaluation

Required testing prior to
RETU admission

None

Not appropriate for RETU

- ventilatory support required
- peak flow < 40% of predicted after ED treatment
- oxygen sat < 92%
- respiratory distress after ED treatment (at least 3 albuterol nebs)

RETU Intake Evaluation

(do not repeat testing if done in ED)

Exam Focus

- Pulmonary
- Cardiac

Initial Testing

- Labs: as clinically indicated
- Imaging: CXR
- ECG: as clinically indicated

Monitoring

- pulse ox as indicated
- peak flow after each neb

Consults

- pulmonary as clinically indicated

RETU Treatment / Evaluation

Phase 1 (RETU hour 1-6)

- nebulized albuterol Q 3 hours
- nebulized ipratropium Q 6 hours
- prednisone (if not given in ED)
- consider magnesium / terbutaline if not improving

Patient improving?

No

repeat
phase 1

Yes

Phase 2 (RETU hour 7-24)

- nebulized albuterol Q 6 hours
- nebulized ipratropium Q 6 hours
- reassess for discharge Q 2hours

Disposition Guidelines

Discharge from RETU

- wheeze absent or at baseline
- treatment response sustained for 1 hour
- resolution of symptoms
- pulse ox > 92% with exertion

Admission to Hospital

- symptoms worsening or failing to improve
- pulse oximetry < 92% with exertion
- persistent tachypnea / respiratory distress