

Status Asthmaticus	
A-B-C	Epinephrine 0.01 mg/kg IM PRN extremis
Initial Treatment	PowerPlans: ED Asthma Status Plan <ul style="list-style-type: none"> • “Unineb” = Albuterol + ipratropium combination nebs (note: 1x Unineb = 3x Combineb) • Steroids (if no improvement after first neb or patient on home steroids) Dexamethasone = dosed q24-48h 0.6 mg/kg Prednisone/Prednisolone = dosed q12h 2mg/kg Methylprednisolone 2mg/kg
If poor response, add	Magnesium sulfate 40mg/kg (2mg max) → monitor for hypotension, consider NS bolus Continuous nebulized albuterol → titrate to HR
If poor response continues, add	<ul style="list-style-type: none"> • Terbutaline: Loading dose 5-10 mCg/kg IV/SC over 10m. Infusion 0.4 mCg/kg/min IV → EKG, troponin, CK q12h • Consider Heliox 70:30 helium: oxygen mixture
If impending respiratory failure	<ul style="list-style-type: none"> • Rapid sequence intubation • Mechanical ventilation: Minimize PEEP, maximize E time. Permissive hypercapnia. Anticipate air leak, pneumothorax, bronchospasm, PEA.
As patient improves	• “Last on, first off” to peel off therapy

CSF Analysis			
Age-Based Ranges for CSF Studies			
Age	WBC/mm ³ Mean (Range)	Glucose (mg/dL) Mean (Range)	Protein (mg/dL) Mean (Range)
Premature	9	50 (24-63)	115 (65-150)
Term newborn	8.2 (0-22)	52 (34-119)	90 (20-170)
0-4 weeks	11 (0-35)	46 (36-61)	84 (35-189)
4-8 weeks	7.1 (0-25)	46 (29-62)	59 (19-121)
>8 weeks	2.3 (0-5)	61 (45-65)	28 (20-45)

General Heuristics for CSF Interpretation					
Diagnosis	WBC	Glucose	Protein	Opening Pressure	Other
Bacterial Meningitis	↑ mostly PMNs	↓ (<60% serum glucose)	↑↑	↑	+CSF Cx / gram stain, often +BCx
Viral Meningitis	Slightly ↑, mostly lymphocytes	Normal	Normal to slightly ↑	Normal	HSV may have RBCs in CSF
TB Meningitis	↑ (PMNs → lymphocytes)	↓ (<60% serum glucose)	↑	Variable	+AFB