Asthma – Outpatient*

Severity Classification				
Variable	**Intermittent**	**Mild**	**Moderate**	**Severe**
Symptom frequency	≤2 d/wk	>2 d/wk	Daily	Throughout day
Nighttime awakenings	0-4 yr: 0 ≥5 yr: ≤2/mo	0-4 yr: 1-2/mo ≥5 yr: 3-4/mo	0-4 yr: 3-4/mo ≥5 yr: ≥1/wk	0-4 yr: >1/wk ≥5 yr: >7/wk
Interference w/ activity	None	Minor	Some	Extreme
SABA use	≤2 d/wk	0-4 yr: >2d/wk ≥5 yr: >2/wk	Daily	Throughout day
FEV1% predicted	>80%	>80%	60-80%	<60%
Treatment	Step 1	Step 2	Step 3	Step 3

Stepwise Approach to Asthma Treatment						
Age	**Step 1**	**Step 2**	**Step 3**	**Step 4**	**Step 5**	**Step 6**
0-4	SABA PRN	Low dose ICS	Medium dose ICS	Medium dose ICS + (LABA OR montelukast)	High dose ICS + (LABA OR montelukast)	High dose ICS + (LABA or montelukast) + PO steroids
5-11	SABA PRN	Low dose ICS	Low dose ICS + LABA or LTRA OR Medium dose ICS	Medium dose ICS + LABA	High dose ICS + LABA	High dose ICS + LABA + PO steroids
>12	SABA PRN	Low dose ICS	Low dose ICS + LABA OR Medium dose ICS	Medium dose ICS + LABA	High dose ICS + LABA	High dose ICS + LABA + PO steroids

Bronchiolitis*

Presentation	URI symptoms → cough, wheezing/rales, increased WOB, peak symptoms 4-7 days of illness **Exam**: rhinorrhea, cough, tachypnea, retractions, nasal flaring, grunting, crackles, wheezing
Differential	Viral URI, asthma exacerbation, PNA, croup **Red Flags:** apnea, respiratory failure, pneumothorax, bacterial PNA superinfection, dehydration
Workup	Assess severity (mental/hydration/respiratory status); no routine indication for labs or CXR but consider if concern for bacterial superinfection
Treatment	**Outpatient**: Supportive w/ bulb suction, hydration, tylenol/motrin **Inpatient** (if <2 mos, supp O2 req, unable to take PO, increased WOB): Wall suction, IVF, chest PT, supp O2 to maintain SpO2 >90%, spot check SpO2 **ICU** (if hypoxia respiratory failure): Wall suction, IVF, chest PT, supp O2 to maintain SpO2 >90%, CPAP/BiPAP, consider albuterol, HTS, rac epi though little evidence to support benefits of therapy