**Pediatric Acute Asthma Algorithm**

**Initial Management for Acute Exacerbation:**
1. \( \text{O}_2 \text{ sat} < 90\% \), start NC oxygen
2. Obtain initial PRAM score
3. Albuterol Neb/INH q 20min for first 3 doses with Atrovent\(^1\) for PRAM scores > 2
4. Load with systemic steroids 2mg/kg (MAX dosing 60mg)\(^2\)

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**Obtain PRAM score**

- **Level A**
  - 5-8 Moderate
    - q2/q1 prn Albuterol (may give up to 3 treatments)
    - Reassess PRAM < 5
      - **No**
        - Proceed to Level B
      - **Yes**
        - Admit to PICU if PRAM > 4 after three q2 treatments or if failing to respond

- **Level B**
  - 2-4 Mild
    - q3/q1 prn Albuterol
    - Reassess PRAM < 5
      - **No**
        - Continue q3 nebs and reassess until PRAM < 2 then proceed to Level C
      - **Yes**

- **Level C**
  - 0-1 Very Mild
    - q4/q2 prn Albuterol
    - Reassess
      - PRAM > 4
      - PRAM 2-4

**Additional Management for Levels A-C:**
1. Steroids 1mg/kg/dose BID (NO preference for IV over PO or BID over QD. Max dosing 60mg per day)
2. Continue home meds
3. Consider initiation of maintenance therapy
4. Peak Flow Measurements when age appropriate
5. Asthma Action Plan
6. Asthma Teaching with promotion of spacer/mask

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\(^1\)Albuterol Dosing: For < 20kg, give 2.5mg Neb or 4 puffs; For >20kg, give 5mg Neb or 8 puffs
\(^2\)Atrovent Nebulizer Dosing: 500mcg (0.5mg)Neb or 8 puffs
\(^3\)Variations in steroid dosing occur from 1-2mg/kg/d

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**Discharge Criteria:**
1. Off oxygen for at least 4hrs
2. Tolerating PO without difficulty
3. Not requiring Albuterol more than every 4hrs
Asthma Algorithm References


