Initial treatment (if not already done in ED / Urgent Care):
- 3 inhaled bronchodilator treatments q20min or 1 continuous nebulizer for 1 hour (See Ambulatory algorithms for details)
- Obtain PRAM Score, proceed to algorithm below
- Give supplemental O2 if O2sat < 90%

Very Mild
PRAM (1-2)

Q4hr / Q2hr PRN albuterol

PRAM < 3?
Yes
Prep for discharge
Continue q4hr x 24hr, then follow up with PCP

Return to Moderate Phase

No

Return to Mild Category

PRAM 3-4?
No

Continue q3hr albuterol and reassess until PRAM < 3 then proceed to Very Mild phase

Mild
(PRAM 3-4)

Q3hr / Q1hr PRN albuterol
Consider systemic steroids

PRAM < 3?
Yes
Proceed to Very Mild Phase

No

Proceed to Moderate Phase

Moderate
(PRAM 5-8)

Q2hr/Q1hr PRN albuterol
Start and/or continue systemic steroids

PRAM < 5?
Yes
Proceed to Mild Phase

No

Proceed to Severe Phase

Severe
(PRAM 9-12)

Albuterol nebs q20min x 3 or continuous albuterol neb 10-20 mg/hr for 1 hour
Consider SQ/IM epi, IV mag sulfate
Start and/or continue systemic steroids

If PRAM is still 9-12, consider transfer to PICU

Criteria for PICU Consultation / Transfer
- Requiring q2hr albuterol longer than 6-8 hours
- Requiring more than 1 hr of continuous albuterol nebulizer

Discharge Planning

Discharge Criteria
- Must be off oxygen for at least 4 hours
- Tolerating PO without difficulty
- Not requiring albuterol more than every 3-4 hours

Additional Items for Discharge
- Initiation of maintenance therapy if meets criteria
- Completion of asthma action plan
- Asthma teaching with promotion of spacer / mask

Albuterol Dosing
- For <20kg, give 2.5mg neb / 4 puffs
- For ≥ 20kg, give 5mg neb / 8 puffs

Atrovent / Ipratropium Dosing
- 500mcg (0.5mg) neb