

Appendix 1: UCSF BCH Pediatric Emergency Medicine (PEM) Acute Asthma Algorithm

PEDIATRIC EMERGENCY MEDICINE EVIDENCE-BASED PATHWAY

MANAGEMENT OF ACUTE ASTHMA EXACERBATIONS © BCH Emergency Department



Inclusion Criteria
Age: > 24 months of age
H/o asthma, reactive airway disease or wheezing +/- family history of asthma

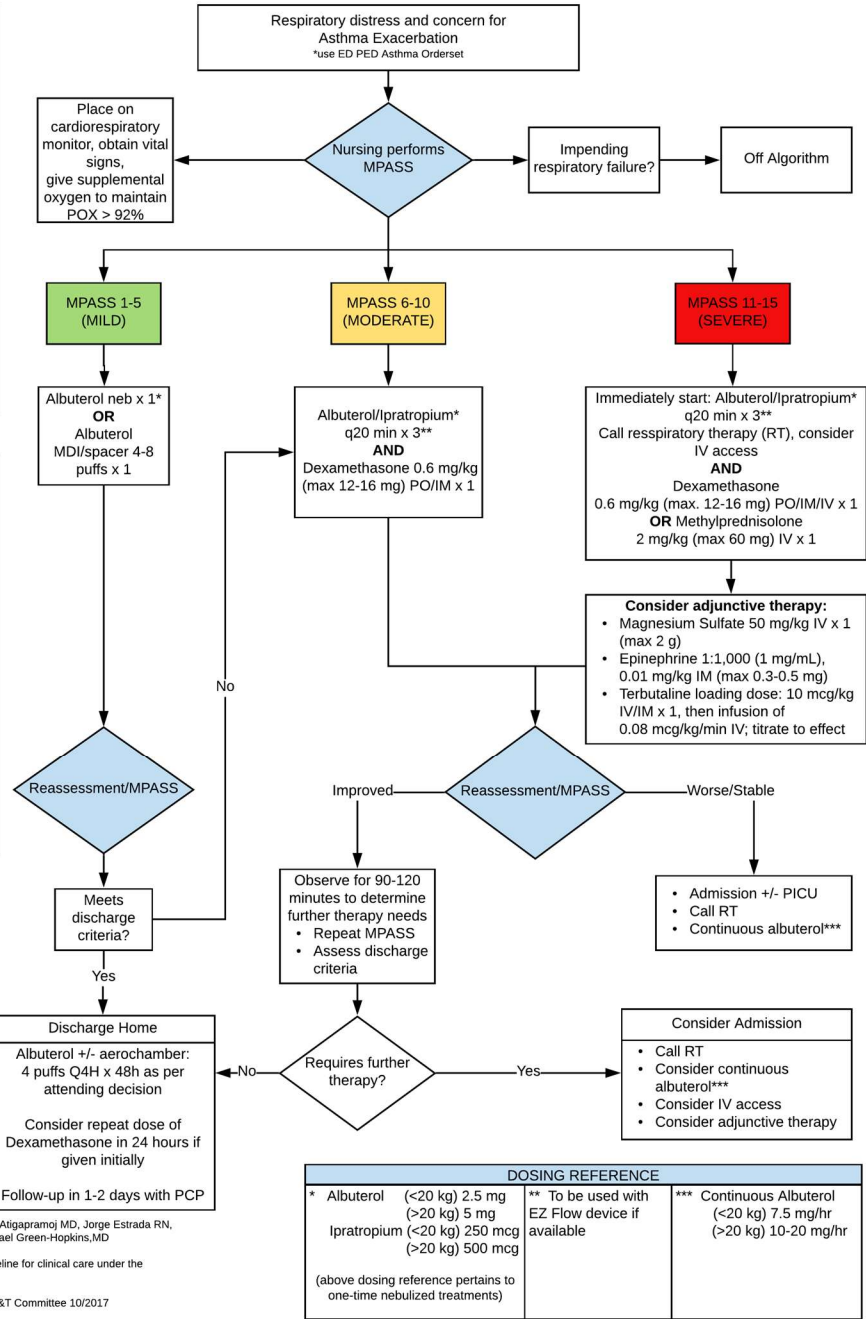
Exclusion Criteria
Contraindication/allergy to medications used within guideline.
Disease of other origin: pneumonia, bronchiolitis, croup
Complicated medical history including congenital/acquired heart disease, chronic lung disease/bronchopulmonary dysplasia/cystic fibrosis, immune mediated disorders, tracheostomy

Criteria for radiographic imaging or labs
No absolute indication.
Consider radiographic imaging in children with fever > 39°C, hypoxia, focal abnormality on pulmonary examination, absence of family history of asthma, or those who respond less favorably than expected to bronchodilator therapy. May also be considered in patients with concern for presence of foreign body, pneumomediastinum or pneumothorax.
Consider blood gas testing if there is a clinical worsening of mental status, neurologic and/or respiratory exam.

Discharge Criteria:

- MPASS ≤ 7
- Able to obtain/tolerate medicine and manage outpatient asthma

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Disclaimer: This algorithm functions as a guideline for clinical care under the direction of attending physicians.
Committee Approval Record: BCH Medication Committee 09/2017 ; UCSF P&T Committee 10/2017



DOSING REFERENCE		
* Albuterol (<20 kg) 2.5 mg (>20 kg) 5 mg	** To be used with EZ Flow device if available	*** Continuous Albuterol (<20 kg) 7.5 mg/hr (>20 kg) 10-20 mg/hr
Ipratropium (<20 kg) 250 mcg (>20 kg) 500 mcg		
(above dosing reference pertains to one-time nebulized treatments)		

For most current pathway please visit:

<https://www.ucsfbenioffchildrens.org/medical-professionals/pediatric-emergency-medicine-clinical-pathways>

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Approved by UCSF QI Executive Committee: ___

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