

ASSESS AND RECORD ASTHMA SEVERITY

Moderate asthma

- SpO₂ ≥92%
- Able to talk
- Heart rate ≤125/min
- Respiratory rate ≤30/min
- PEF ≥50% best or predicted

Acute severe asthma

- SpO₂ <92%
- Too breathless to talk
- Heart rate >125/min
- Respiratory rate >30/min
- Use of accessory neck muscles
- PEF 33–50% best or predicted

Life-threatening asthma

- SpO₂ <92% plus any of:
- Silent chest
 - Poor respiratory effort
 - Agitation
 - Confusion
 - Cyanosis
 - PEF <33% best or predicted

- β₂ bronchodilator:
 - via spacer^[A]
- Consider oral prednisolone 30–40 mg

- Oxygen via facemask to maintain SpO₂ 94–98% if available

- β₂ bronchodilator
 - via nebuliser (preferably oxygen-driven), salbutamol 5 mg
 - or, if nebuliser not available, via spacer^[A]
- Oral prednisolone 30–40 mg

- β₂ bronchodilator with ipratropium:
 - via nebuliser (preferably oxygen-driven), salbutamol 5 mg and ipratropium 0.25 mg every 20 minutes
 - or, if nebuliser and ipratropium not available, β₂ bronchodilator via spacer^[A]
- Oral prednisolone 30–40 mg or IV hydrocortisone 100 mg if vomiting

Assess response to treatment
15 mins after β₂ bronchodilatorIF POOR RESPONSE
ARRANGE ADMISSIONIF POOR RESPONSE REPEAT
β₂ BRONCHODILATOR AND
ARRANGE ADMISSIONREPEAT β₂ BRONCHODILATOR
VIA OXYGEN-DRIVEN
NEBULISER WHILST
ARRANGING IMMEDIATE
HOSPITAL ADMISSION

GOOD RESPONSE

- Continue β₂ bronchodilator via spacer or nebuliser, as needed but not exceeding 4 hourly
- **If symptoms are not controlled repeat β₂ bronchodilator and refer to hospital**
- Continue prednisolone until recovery (minimum 3–5 days)
- Arrange follow-up clinic visit within 48 hours
- Consider referral to secondary care asthma clinic if 2nd attack within 12 months.

POOR RESPONSE

- Stay with patient until ambulance arrives
- Send written assessment and referral details
- Repeat β₂ bronchodilator via oxygen-driven nebuliser in ambulance

LOWER THRESHOLD FOR ADMISSION IF:

- Attack in late afternoon or at night
- Recent hospital admission or previous severe attack
- Concern over social circumstances or ability to cope at home

NB: If a patient has signs and symptoms across categories, always treat according to their most severe features

[A] β₂ bronchodilator via spacer given one puff at a time, inhaled separately using tidal breathing; according to response, give another puff every 60 seconds up to a maximum of 10 puffs