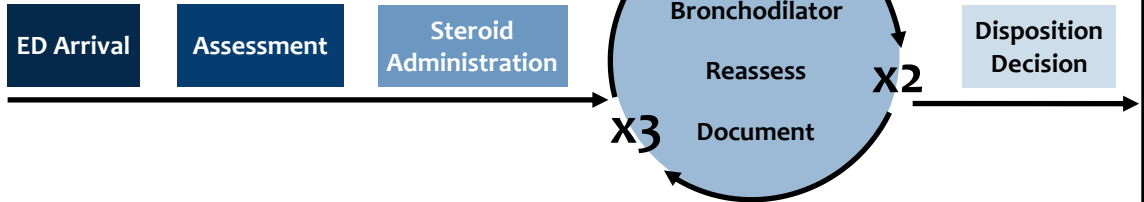


Minimum treatment & assessment guidelines  
**prior to considering admission** for a **child with  
uncomplicated asthma**



1. First physical exam/assessment with a standardized tool\* conducted prior to starting treatment
2. Steroid administered as soon as possible (prefer within 60 min of arrival), dosing equivalent to:
  - 2 mg/kg of prednisolone/prednisone up (max oral dose 60 mg) or solumedrol (max IV dose 125mg)
  - 0.6 mg/kg dexamethasone up to 16 mg
3. Bronchodilator dosing suggestions:
  - If <20kg: Albuterol 2.5 mg/dose or 4 puffs Q20 min x3
  - If ≥20kg: Albuterol 5 mg/dose or 6-8 puffs Q20 min x 3
  - OR equivalent continuous albuterol dosing (0.5 mg/kg/hr) up to 15 or 20 mg/hr
  - Plus Atrovent 0.5 mg/dose Q20 min x3
4. Second & subsequent physical exam/assessment with a standardized tool\* conducted following treatment outlined above

## Children with Uncomplicated Asthma

### Consider this approach in children who:

- Are age 2 to <18 years
- Have prior diagnosis of asthma (ED diagnosis and/or included in the problem list/HPI) with no other chronic lung disease diagnoses

### Other factors & approaches may need to be considered in children:

- Age <2 years
- Cystic fibrosis
- Ciliary dyskinesia
- Sickle Cell Disease
- Congenital heart disease
- Immunocompromised
  - Cancer in active treatment
  - HIV/AIDS
  - Transplantation
- Neuromuscular & neurodegenerative disorders that interfere with breathing
  - Spinal muscular atrophy
  - Muscular dystrophy
- Need for respiratory support
  - Tracheostomy
  - Ventilator dependence
  - Home supplemental oxygen

\*MEDIC-endorsed evidence-based assessment tools:

- PASS
- PRAM
- RAD

