

PEDIATRIC ASTHMA PATHWAY

Inclusion Criteria:

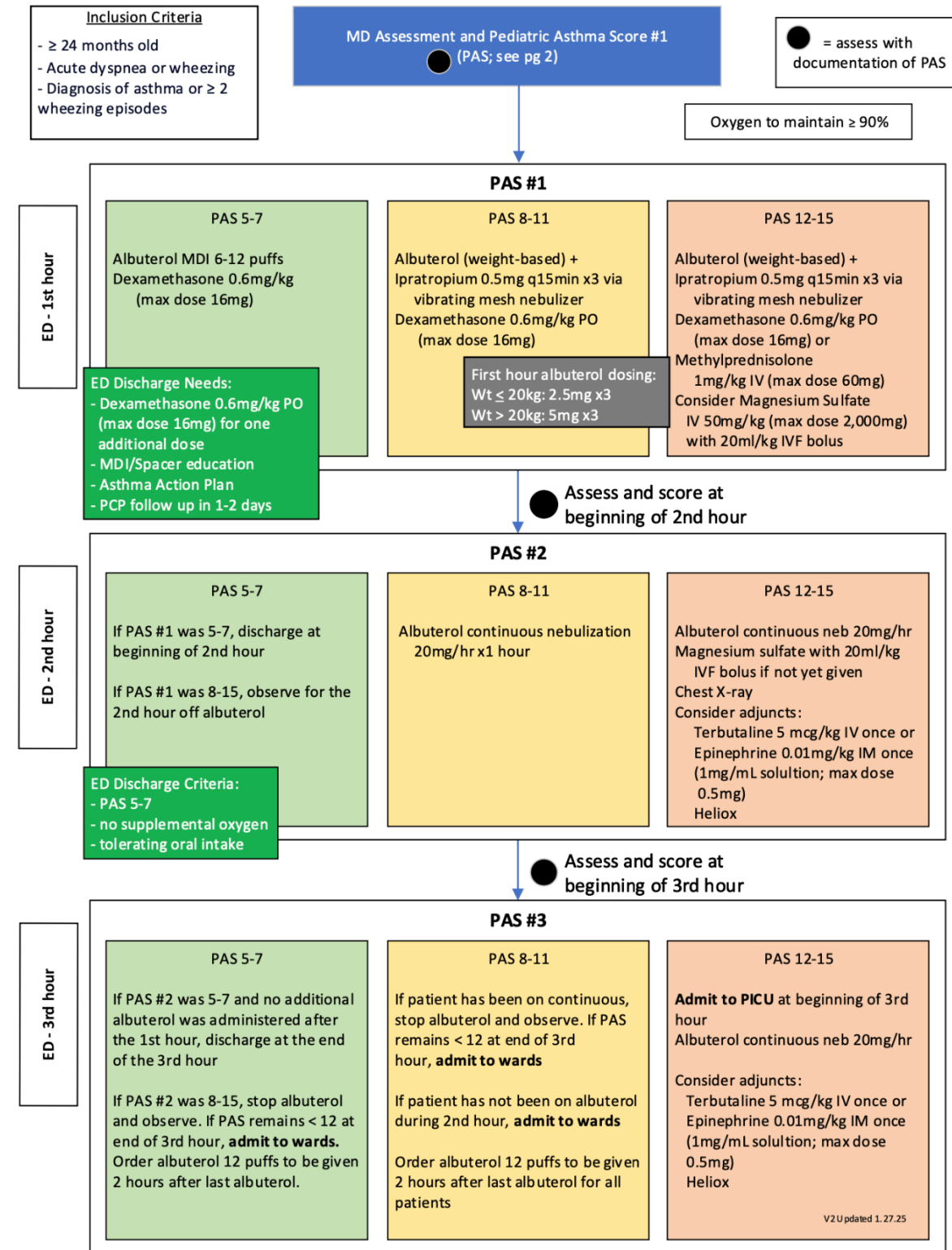
- Patients \geq 24 months old
- Acute dyspnea or wheezing
- Diagnosis of asthma or \geq 2 wheezing episodes

Pediatric Asthma Score

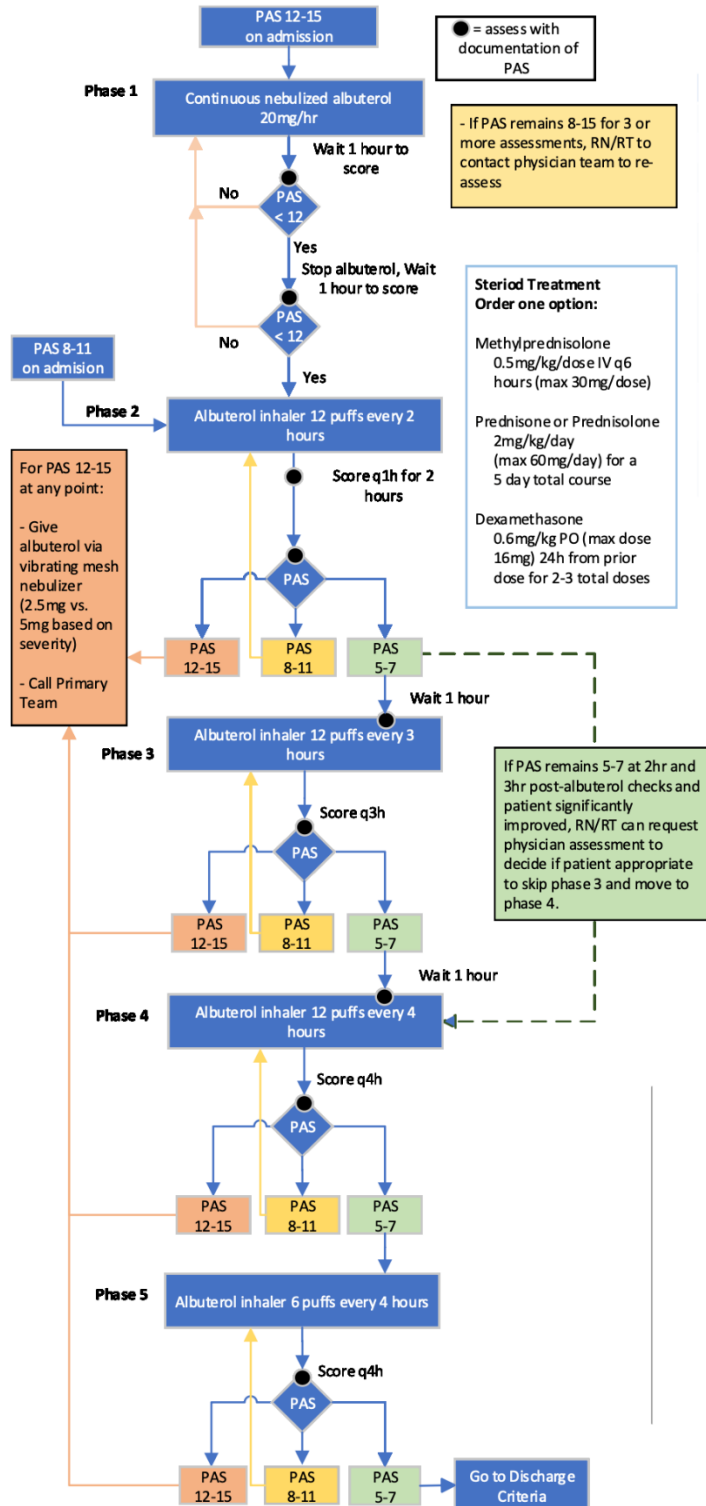
SCORE	1	2	3
Respiratory Rate			
2-3 years	≤ 34	35-39	≥ 40
4-5 years	≤ 30	31-35	≥ 36
6-12 years	≤ 26	27-30	≥ 31
>12 years	≤ 23	24-27	≥ 28
Oxygen Requirement	>95% on room air	90-95% on room air	<90% on room air or on any oxygen
Auscultation	Normal breath sounds to end-expiratory wheeze only	Expiratory wheezing	Inspiratory and expiratory wheezing to diminished breath sounds
Retractions	None or intercostal	Intercostal & substernal	Intercostal, substernal, & supraclavicular
Dyspnea	Speaks in sentences, coos, & babbles	Speaks in partial sentences, short cry	Speaks in single words/short phrases/grunting

Values are added to obtain a total score between 5 and 15. Scores of 5-7 indicate mild asthma exacerbation, 8-11 moderate asthma exacerbation, and 12-15 severe asthma exacerbation.

ED Asthma Pathway:



Inpatient Asthma Pathway



Pediatric Pulmonology Consultation for Pediatric Asthma Patients:

- requiring PICU
- with recurrent hospitalization
- requiring step up in asthma control

Notify pulmonology about patients admitted that follow in their clinic but do not require full consult

Discharge Criteria for Pediatric Asthma Patients:

Discharge Criteria:

- PAS <8 x2 while on Phase 5 (includes initial PAS on Phase 5 and at least 1 additional PAS score <8 4hrs later)
- Oxygen saturation $\geq 90\%$ on room air for ≥ 4 hours
- Adequate oral intake for hydration
- Completion of asthma education

Discharge Needs:

- Albuterol MDI 6 puffs q4hr (1-2 days while on systemic steroids)
- Spacer
- Controller medication (if needed)
- Steroid burst
- Asthma Action Plan
- PCP follow-up in 1-2 days
- Pulmonology appointment within 3 months if not consulted during admission

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