**ASSESS AND RECORD ASTHMA SEVERITY**

### Moderate asthma
- SpO₂ ≥92%
- Able to talk
- Heart rate ≤140/min
- Respiratory rate ≤40/min

### Acute severe asthma
- SpO₂ <92%
- Too breathless to talk
- Heart rate >140/min
- Respiratory rate >40/min
- Use of accessory neck muscles

### Life-threatening asthma
- SpO₂ <92% plus any of:
  - Silent chest
  - Poor respiratory effort
  - Agitation
  - Confusion
  - Cyanosis

**Age 2–5 years**

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  - Poor respiratory effort
  - Agitation
  - Confusion
  - Cyanosis

**β₂ bronchodilator:**
- via spacer ± facemask
- Consider oral prednisolone 20 mg

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

**β₂ bronchodilator**
- via nebuliser (preferably oxygen-driven), salbutamol 2.5 mg
- or, if nebuliser not available, via spacer
- Oral prednisolone 20 mg

**Assess response to treatment 15 mins after β₂ bronchodilator**

**IF POOR RESPONSE**
**ARRANGE ADMISSION**

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

**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

**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