**Age 2–5 years**

### Assess and Record Asthma Severity

#### Moderate asthma
- $\text{SpO}_2 \geq 92\%$
- Able to talk
- Heart rate $\leq 140/\text{min}$
- Respiratory rate $\leq 40/\text{min}$

#### Acute severe asthma
- $\text{SpO}_2 < 92\%$
- Too breathless to talk
- Heart rate $> 140/\text{min}$
- Respiratory rate $> 40/\text{min}$
- Use of accessory neck muscles

#### Life-threatening asthma
- $\text{SpO}_2 < 92\%$ plus any of:
  - Silent chest
  - Poor respiratory effort
  - Agitation
  - Confusion
  - Cyanosis

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#### Oxygen via facemask to maintain $\text{SpO}_2$ 94–98% if available

- $\beta_2$ bronchodilator
  - via nebuliser (preferably oxygen-driven), salbutamol 2.5 mg
  - or, if nebuliser not available, via spacer\(^{[A]}\)
- Oral prednisolone 20 mg

Assess response to treatment 15 mins after $\beta_2$ bronchodilator

#### If poor response
- Arrange admission

#### Good response
- Continue $\beta_2$ bronchodilator via spacer or nebuliser, as needed but not exceeding 4 hourly
- If symptoms are not controlled repeat $\beta_2$ 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.

#### If poor response
- Repeat $\beta_2$ bronchodilator via oxygen-driven nebuliser whilst arranging immediate hospital admission

#### 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

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\(^{[A]}\) $\beta_2$ 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

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