**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

**AGE >5 YEARS**

**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

[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]