



Initial Assessment  
In a child > 2 years of age with signs and symptoms  
of an asthma exacerbation

Brief history, physical examination (auscultation, use of  
accessory muscles, heart rate, respiratory rate), oxygen  
saturation, and other tests as indicated

In addition to treatment per the Severe  
PowerPlan, consider:

- Epinephrine
- Continuous Positive Airway Pressure,  
Non-invasive spontaneous timed positive  
airway pressure, or Endotracheal  
intubation

Is there  
Impending/Actual  
Respiratory Arrest?

Yes

No

Is it a Mild, Moderate,  
or Severe Exacerbation?

Severe

Mild

Moderate

**SEVERE**  
**PRAM Score > 8**

- Oxygen
- Albuterol (nebulized, continuous)
- Corticosteroid (oral, IV, or IM)
- Ipratropium (nebulized continuous)

Should Consider:

- Magnesium sulfate IV

**Moderate**  
**PRAM Score 5-7**

- Oxygen
- Albuterol (MDI with spacer)
- Corticosteroid (oral, IV, or IM)

Consider:

- Albuterol (single nebulized, or continuous)
- Ipratropium (single nebulized or continuous)

**MILD**  
**PRAM Score < 5**

- Oxygen
- Albuterol (MDI with spacer)

Consider

- Oral Corticosteroid if greater than  
2 albuterol doses are required

Assess response to treatment  
(Time zero + 1 hour)

**Urgent Care Providers:**  
Consider the need for transfer to higher  
level of care for:

- Non-resolution of symptoms requiring  
escalation in treatment OR
- Patient will require extended time for  
resolution of symptoms

Are symptoms  
resolving?

Yes

No

- Oxygen
- Albuterol

If not already administered:

- Corticosteroid (oral, IV, or IM)
- Ipratropium (nebulized continuous)
- Magnesium sulfate IV

Assess response to treatment  
(Time zero + 2 hours)

Are symptoms  
resolving?

Yes

No

To Inpatient  
algorithm

- Continue care.
- Consider admission if  
patient requires ongoing  
continuous albuterol,  
albuterol more frequent  
than every 4 hours, or  
requires oxygen

To Discharge

Yes

- Symptom resolution,
- SABA requirement ≥ every  
4 hours and
- Able to be cared for at  
home