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
- Moderate
- Mild

SEVERE
PRAM Score > 8
- Oxygen
- Albuterol (nebulized, continuous)
- Corticosteroid (oral, IV, or IM)
- Ipratropium (nebulized continuous)

Should Consider:
- Magnesium sulfate IV

Assess response to treatment (Time zero + 1 hour)

MILD
PRAM Score < 5
- Oxygen
- Albuterol (MDI with spacer)

Consider
- Oral Corticosteroid if greater than 2 albuterol doses are required

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)

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

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

Yes

No