



QR code for mobile access

Albuterol Dosing:**
 • Continuous albuterol alone: 0.083% (2.5mg/3mL)
 • If combined with ipratropium 0.5% solution (0.5 mL = 2.5 mg)

Pt > 2 yrs of age admitted to the General Pediatric service for asthma exacerbation

Is the exacerbation severe, moderate, or mild?

Severe

- **Oxygen** to achieve SpO₂ ≥ 90%
- **Methylprednisolone IV**
2 mg/kg/day q24 OR divided q12
Max: 60 mg/day
- Continuous **albuterol**** (nebulized)
< 20 kg: 10 mg/hr
≥ 20 kg: 15 mg/hr

If not already administered:

- **Magnesium sulfate IV**
50 mg/kg (Max: 2 grams)
- **Ipratropium bromide** (nebulized)
1500 mcg x1 with continuous **albuterol****

[Review indications for transfer to intensive care](#)

Moderate

- **Oxygen** to achieve SpO₂ ≥ 90%
- **Dexamethasone**
0.6 mg/kg PO x1 dose (Max: 12 mg)
(2nd dose on day 2 may be considered)
- OR
- **Prednisolone/Prednisone PO**
2 mg/kg/day x3-5 days (Max: 60 mg/day)
- **Albuterol** (MDI with spacer)
[<20 kg: 4 puffs](#)
[≥20 kg: 8 puffs](#)
- OR
- **Continuous albuterol**** (nebulized)
< 20 kg: 10 mg/hr
≥ 20 kg: 15 mg/hr

If not already administered, consider:

- **Magnesium sulfate IV**
50 mg/kg (Max: 2 grams)

Mild

- **Oxygen** to achieve SpO₂ ≥ 90%
- **Dexamethasone**
0.6mg/kg PO x1 dose (Max: 12 mg)
- OR
- **Prednisolone/Prednisone PO**
2 mg/kg/day x3-5 days (Max: 60 mg/day)
- **Albuterol** (MDI with spacer)
[<20 kg: 2 puffs](#)
[≥20 kg: 4 puffs](#)

Providers, nurses, and RT will continue to evaluate and communicate with one another, discussing patient care goals and any deviations from the expected course of illness. In general, RT will space albuterol according to Respiratory Care Plan.

Pts severity/phase will change throughout their hospitalization

Albuterol frequency: Continuous Albuterol dose: See above RT assessment: every 30 min for the first hr and q1 hr after	Albuterol frequency: q2-3 hr Albuterol dose: <20 kg: 4 puffs ≥20 kg: 8 puffs Consider: Incentive Spirometry, PeP RT assessment: every other treatment	Albuterol frequency: q4 hr Albuterol dose: <20 kg: 2 puffs ≥20 kg: 4 puffs Consider: Incentive Spirometry, PeP RT assessment: every other treatment
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Create/Adjust Asthma Action Plan
[Asthma Education](#)
[Consider additional consultations](#)

Does the pt meet discharge criteria?

Yes → [Discharge with home asthma care plan and follow-up with PCP](#)

No → [Back to evaluation box]

Asthma Exacerbation Algorithms:

- [Asthma Care Continuum](#)
- [Ambulatory](#)
- [Urgent Care](#)
- [Emergency Department](#)

This clinical pathway is meant as a guide for physicians and healthcare providers. It does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient. Printing of Clinical Pathways is not recommended as these documents are updated regularly. Copyright © The Children's Mercy Hospital 2023. All rights reserved.