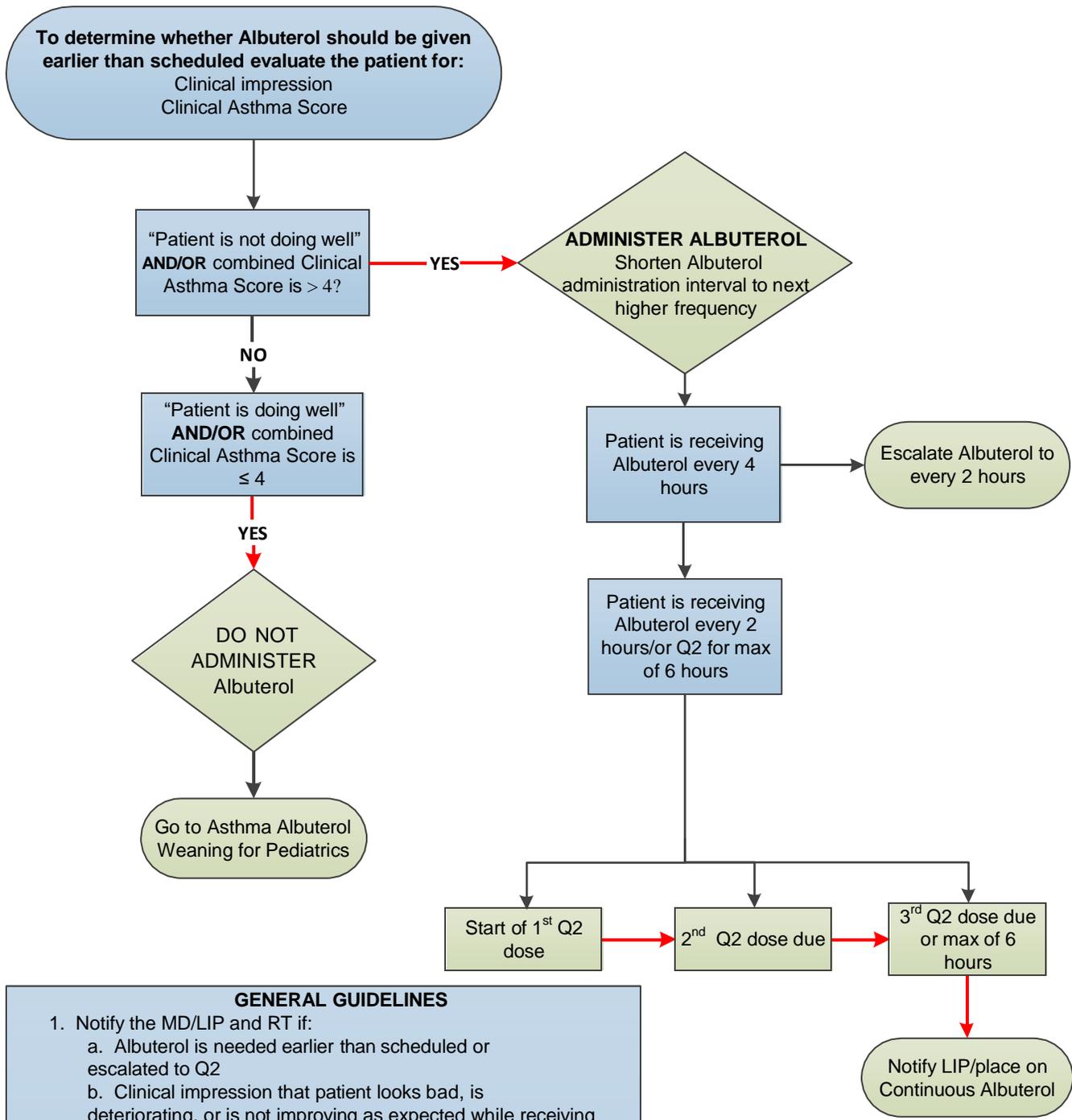


Asthma Albuterol Escalation for Pediatrics



GENERAL GUIDELINES

- Notify the MD/LIP and RT if:
 - Albuterol is needed earlier than scheduled or escalated to Q2
 - Clinical impression that patient looks bad, is deteriorating, or is not improving as expected while receiving Albuterol
- Within initial 24 hours of exacerbation, patient may benefit from the addition of Ipratropium Bromide.
- PICU transfer indications include:
 - Requirements of supplemental oxygen >10 LPM by non-rebreather face mask
 - Progressive pneumomediastinum or pneumothorax.
 - Patients presenting with apneic episodes.
 - CBG with a pCO₂>42 mm Hg or trending towards hypercapnia in serially obtained blood gases.
 - Any change in mental status.
- This algorithm was designed to help facilitate the Albuterol escalation process, but it may not apply to all patients with asthma.
- If the clinical impression does not support the decision recommended by this algorithm notify the MD or RRT. In general the clinical impression overrules the escalation protocol.

Clinical Asthma Score*			
	0	1	2
RR (age 1-5)	<40	40 - 60	> 60
Wheezing	None	Expiratory only	Inspiratory and Expiratory
Retractions	None	Subcostal	Subcostal and Intercostal
Observed Dyspnea	None	Mild	Marked
I:E Ratio	I > E	I = E	I < E

*"Used with permission. Parkin, P. et al., Development of a clinical asthma score for use in hospitalized children between 1 and 5 years of age, J. Clin. Epidemiol., 1996 Aug. 49(8): 821-5."