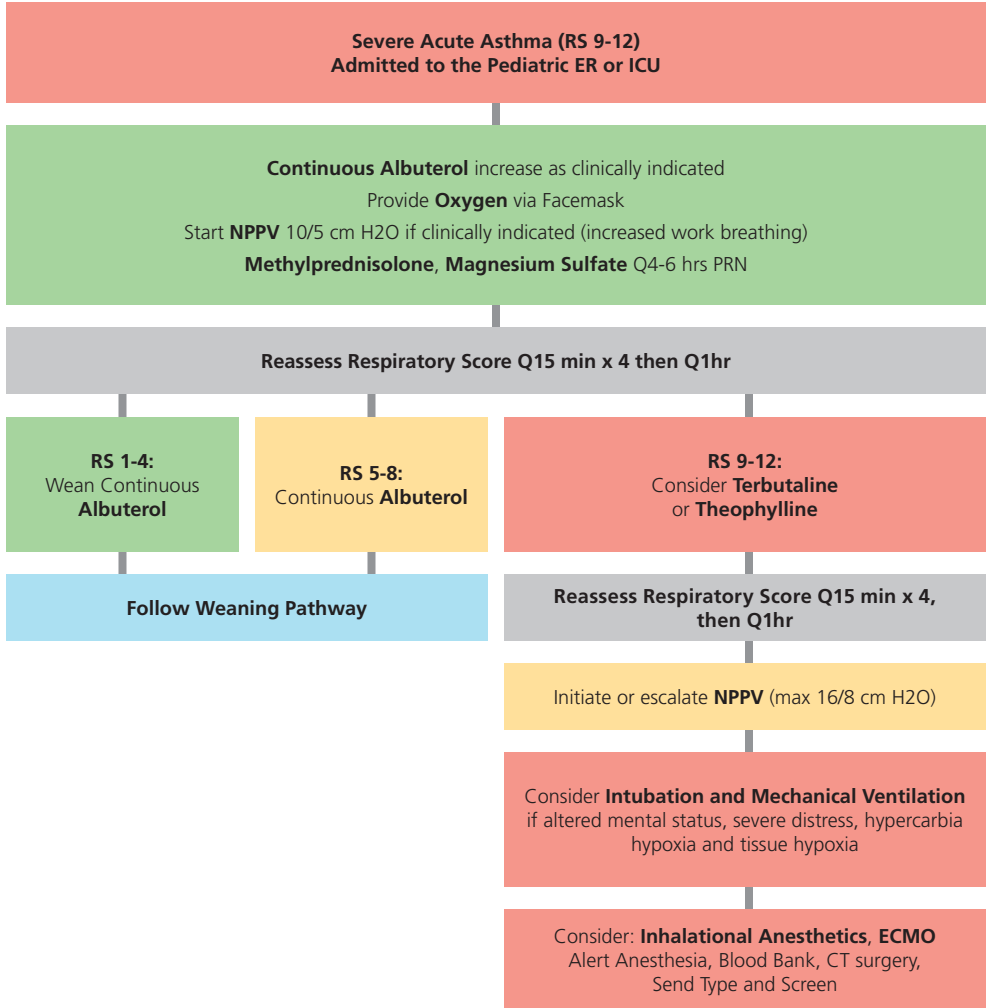


Escalation Pathway



Inclusion/Exclusion Criteria:

Include: patients with status asthmaticus admitted to the PED or PICU over 2 years of age
Exclude: infants <2 yrs, bronchiolitis, pneumonia, chronic lung disease, airway issues, history of arrhythmias or heart disease, immune disorder, sickle cell disease

Escalation/Weaning Criteria:

Based on Respiratory Score assessed Q2 hrs:
RS 1-4: Step down or wean
RS 5-8: Continue management
RS 9-12: Step up/escalate and notify fellow or attending

Medications:

Continuous Albuterol (NEB):

INH:
<20kg 10mg/hr
20-39 kg..... 15mg/hr
≥40 kg..... 20 mg/hr
increase as indicated (max 40 mg/hr)

Methylprednisolone (IV):

IV Bolus: 2 mg/kg (max 60 mg), IV: 1 mg/kg Q6hrs (max 125 mg/day)

Magnesium Sulfate (IV):

IV: 50-75mg/kg (max 2g) over 20 min Q4-6 hrs PRN
Consider a 20 ml/kg IV bolus of Normal Saline

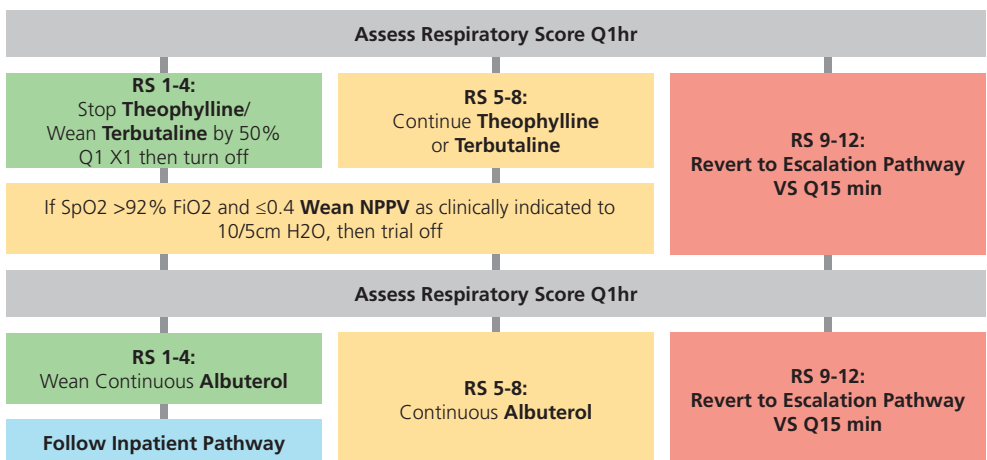
Terbutaline (IV):

IV Bolus: 10mCg/kg over 5-10 min, Cont.IV 0.2-10mCg/kg/ min, increase by 0.2mCg/kg Q30 min PRN (max 20mg/hr)

Theophylline (IV):

IV Bolus: 5 mg/kg over 30 min in D5W, Cont. IV: 0.5-0.8 mg/kg/hr, obtain levels 30 min after bolus and 12-24 hrs after initiating continuous infusion (goal plasma level:10-15 mCg/mL)

Weaning Pathway



Weaning Medications:

Albuterol:

Wean by 10 mg/hr Q2hrs until 10 mg/hr for 2 hrs then stop if RS ≤4 and use intermittent albuterol 5 mg Q2hrs

Methylprednisolone:

IV: 1 mg/kg Q6hrs, may be switched to Prednis(ol) one if off BiPAP and on PO

Terbutaline:

Wean by 50% Q1hr x 2 then turn off

Theophylline:

Stop if ready to wean

Escalation:

Check Vital Signs Q15 min x 4 then Q1hr
Restart prior medication / treatment and follow escalation pathway