

Emergency management of the Wheezing Child

- Its either acute severe asthma or bronchiolitis
 - Before 1 yr of age, its bronchiolitis
 - After 1 yr of age, its acute asthma

Asthma in the child

- Your asthma is severe when:
 - It happens over several nights
 - Its symptoms are of a long duration
 - You have been to ICU before
 - You are not responding to treatment
 - Severity must be assessed every 4 hrs
 - Pulse, resp rate, SaO₂, use of accessory muscles, agitation
 - Also do 4 hrly peak flows
 - **CHARACTERISTICS OF MODERATE ASTHMA**
 - Sats over 92
 - Peak flow over 50%
 - **CHARACTERISTICS OF SEVERE ASTHMA**
 - Too breathless to feed or talk
 - Recession, use of accessory muscles
 - Resp rate > 30 (>50 in under-5s)
 - Pulse rate >120 (> 130 in 2-5s)
 - Peak flow <50%
 - **CHARACTERISTICS OF LIFE THREATENING ASTHMA**
 - Depressed level of consciousness, or agitated
 - Exhaustion
 - Poor respiratory effort
 - Sats < 92%
 - Peak flow < 30%
 - hypotension

Respiratory rate, degree of wheeze and pulsus paradoxus are NOT very good signs of severity.

- ABCs come first
- Give oxygen
- Give salbutamol via MDI and spacer
 - If asthma is life threatening, use nebulized salbutamol
 - If the breathing is crap, **give IV salbutamol**
- **Give steroids: 3-5 day course; = faster recovery**
 - **No proven benefit of IV over oral steroids**
- Give Atrovent as well
- If the effort of breathing is still high, or they are exhausted, or LOC is low , you should consider bag-masking them