

Moderate asthma	Acute severe asthma	Life-threatening asthma
INITIAL ASSESSMENT		
PEFR >50% to 75% best or predicted	PEFR 33-50% best or predicted	PEFR <33% best or predicted
FURTHER ASSESSMENT		
SpO ₂ ≥ 92% Speech normal Respiration <25 breaths/min Pulse <110 beats/min	SpO ₂ ≥ 92% Cannot complete sentences Respiration ≥ 25 breaths/min Pulse ≥ 110 beats/min	SpO ₂ < 92% Silent chest, cyanosis, or poor respiratory effort Arrhythmia or hypotension Exhaustion, altered consciousness
MANAGEMENT		
Treat at home or in the surgery <i>and</i> ASSESS RESPONSE TO TREATMENT	Consider admission	Arrange immediate admission
TREATMENT		
<p>β₂ bronchodilator: Via spacer – give 4 puffs initially (1 puff and 5 tidal breaths through spacer x4) and a further 2 puffs every 2min according to response to a maximum of 10 puffs Or Nebulizer (preferably oxygen-driven) – 5mg salbutamol Steroid – prednisolone 40mg po If good response to initial treatment (symptoms improved, respiration and pulse settling, and PEFR > 50%) continue or step up usual treatment and continue prednisolone for 5d</p>	<p>Oxygen (if available) to maintain SpO₂ 94-98% β₂ bronchodilator: Nebulizer (preferably oxygen-driven) – 5mg salbutamol Or Via spacer – give 4 puffs initially and a further 2 puffs every 2min according to response to a maximum of 10 puffs Steroid – prednisolone 40mg po or hydrocortisone 100mg IV If no response in acute severe asthma - ADMIT</p>	<p>Oxygen (if available) to maintain SpO₂ 94-98% β₂ bronchodilator and ipratropium: Nebulizer (preferably oxygen-driven) – 5mg salbutamol and 0.5mg ipratropium Or Via spacer – give 4 puffs initially and a further 2 puffs every 2min according to response to a maximum of 10 puffs Steroid – prednisolone 40mg po or hydrocortisone 100mg IV ADMIT</p>

Figure 29.14 Management of acute severe asthma in adults

Figure 29.14 is modified from the British guideline on the management of asthma (2011) with permission from SIGN/British Thoracic Society.