

PATIENT NAME	DATE OF BIRTH	DATE	START TIME
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START

COMBINED MEDICAL AND NURSING DOCUMENTATION. WRITE DIRECTLY ON THIS SHEET TO INDICATE YOUR ROUTE THROUGH THIS PATHWAY

BEST/PREDICTED PEFR

peakflow.com

ASSESS FOR MARKERS OF LIFE-THREATENING EXACERBATION

Fatigue or exhaustion, tachycardia > 110 bpm, bradycardia < 60 bpm, poor respiratory effort, silent chest, cyanosis or SpO2 < 92%

No

Yes

PEFR	Pulse	SpO2	BP	RR	Temp	Measure initial PEFR (peak expiratory flow rate) and observations
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**PEFR > 75%
MILD**

**PEFR 50%-75%
MODERATE**

**PEFR 33-50%
ACUTE SEVERE**

**PEFR < 33% or
LIFE-THREATENING
FEATURES**

Salbutamol 100 mcg inhaler 4 puffs then 2 puffs every 2 minutes up to 10 puffs (via spacer)

Salbutamol 5 mg nebuliser with oxygen to target SpO2 > 94%

Hydrocortisone 100mg IV or Prednisolone 40 mg PO

Salbutamol 5 mg nebuliser with oxygen to target SpO2 > 94%

Hydrocortisone 100mg IV or Prednisolone 40 mg PO

OBTAIN SENIOR HELP

PEFR	Pulse	SpO2	BP	RR	Temp	Collect asthma history and measure observations at 20 minutes
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**PEFR > 75%
and patient is stable**

**PEFR 50-75% and no
life-threatening features**

**PEFR < 50% or
life-threatening features**

Apply high-flow oxygen to target SpO2 > 94%

Hydrocortisone 100 mg IV if steroid not previously given

Salbutamol 5 mg and Ipratropium 500 mcg nebulisers

Discharge anticipated

Salbutamol 5 mg nebuliser with oxygen to target SpO2 > 94%

Prednisolone 40 mg PO if steroid not previously given

Further salbutamol 5 mg nebuliser with oxygen to target SpO2 > 94% may be given as required

FBC U&E ABG CXR

Continuous salbutamol 5 mg nebuliser

Consider magnesium sulphate 2 g in 200 ml 0.9% NaCl IV over 20 minutes

and/or

IV bronchodilator (bolus or continuous IV salbutamol or IV aminophylline) *

PEFR	Pulse	SpO2	BP	RR	Temp	Clinically reassess and measure observations at 60 minutes
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PEFR > 75%

**PEFR 50-75%
with good response**

**PEFR < 50% or
life-threatening features**

Discharge anticipated

PEFR	Pulse	SpO2	BP	RR	Temp	Measure PEFR at 120 minutes
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**PEFR > 50%
and patient is stable**

**PEFR < 50%
or patient is unstable**

Inform ITU if patient fails to respond quickly or worsening PEFR or pO2, high/normal pCO2, acidosis or moribund

DISCHARGE
See advice sheet overleaf

ADMIT
Complete documentation and refer RMO

PATIENT NAME					DATE OF BIRTH		DATE		START TIME	
Salbutamol 5 mg neb	Sign	Sign	Sign	Sign	Sign	Prednisolone 40 mg PO			Sign	Sign
Ipratropium 500 mcg neb	Sign	Sign	Sign	Sign	Sign	Hydrocortisone 100 mg IV			Sign	Sign
Other	Sign	Sign				Magnesium Sulphate 2 g IV			Sign	Sign

DOCTOR NAME AND SIGNATURE	NURSE NAME AND SIGNATURE
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History

☐ See A&E Clerking Sheets

REQUIRED DOCUMENTATION

Asthma severity

Mild

Moderate

Severe

Variable

Nocturnal Waking

Smoking history

Ward/ITU admissions

Inhaled and oral drug therapy

Investigation results

Bloods

Imaging

Treatment outcome and patient's destination

DISCHARGE?

↓

Contraindications

↓

Brittle asthma

Previous ITU admissions

Recurrent exacerbations

PEFR < 75% out-of-hours

PEFR < 50% after therapy

Yes
No

Reassess discharge plan

↓

PEFR < 75%

Yes
No

Prednisolone 40 mg od 5d

No prednisolone

↓

Is patient taking inhaled steroid therapy?

Yes
No

Double usual dose

Clenil 200 mcg bd

↓

Supply required inhalers

↓

Check MDI inhaler technique +/- aerochamber

↓

Arrange follow-up

↓

GP

Give discharge note to patient

Asthma clinic

Fax these 3 sheets to clinic

↓

Give "After Your Asthma Attack" booklet

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DISCHARGE

* IV AMINOPHYLLINE	Intranet – Documents – Search "Loading" (for instructions)
* BOLUS SALBUTAMOL	250 mcg in 10 ml 0.9% NaCl IV over 5 minutes
* IV SALBUTAMOL	5 mg in 500 ml 0.9% NaCl (10 mcg/ml) at 0.3 – 2 ml IV per min

ACCIDENT AND EMERGENCY

- ☐ Royal Oldham Hospital
☐ Fairfield General Hospital
☐ North Manchester General Hospital
☐ Rochdale Infirmary

0161 624 0420

Date

Dear Doctor

Re:

Patient details or label

Telephone number

Your patient attended the Accident and Emergency department on the above date suffering from an exacerbation of asthma. The treatment provided and recommendations for ongoing care are listed below.

Treatment

- ☐ Salbutamol inhaler
☐ Salbutamol nebuliser
☐ Ipratropium nebuliser
☐ Oral prednisolone

Observations

- Presenting peak expiratory flow rate
 Discharge peak expiratory flow rate

Discharge medication/advice

- ☐ Prednisolone 40 mg od 5 days
☐ Clenil (beclomethasone) 100 mcg 2 puffs bd
☐ Double usual inhaled steroid dose
☐ Supply of inhaled bronchodilator
☐ Peak flow meter
☐ Other...

- ☐ An "After Your Asthma Attack" booklet has been supplied
☐ Please see him/her within 48 hours to review treatment
☐ Arrangements have been made to review him/her in the Asthma clinic within 7 days at...

- | | | | |
|-----------------------------------------------------|---|------------------------------|-------------------|
| <input type="checkbox"/> Royal Oldham | → | <input type="checkbox"/> Fax | 0161 627 (7) 8529 |
| <input type="checkbox"/> Fairfield (for FGH and RI) | → | <input type="checkbox"/> Fax | 0161 778 (8) 3917 |
| <input type="checkbox"/> North Manchester | → | <input type="checkbox"/> Fax | 0161 720 (4) 2741 |

- ☐ It is recommended that he/she be referred to the chest clinic within six weeks for investigation and treatment optimisation

Thank you for your assistance.

ACCIDENT AND EMERGENCY