COVID-SSU Clinical Pathways

ASTHMA

Western Health

COVID - 19

Be Safe – Be Smart – Be Kind

Mild-moderate exacerbation of asthma

EXCLUSION CRITERIA

ABSOLUTE	RELATIVE
• PEFR (Peak Expiratory flow rate) < 30% predicted • IV adrenaline required • Evidence of respiratory failure or exhaustion e.g. deteriorating vitals or blood gas • Infective cause requiring admission	• Previous ICU/HDU admissions

KEY CONSIDERATIONS DURING SSU ADMISSION

- Consider and treat triggering causes
  - Infection – CXR prior to SSU admission to exclude pneumonia/pneumothorax; check FBE/CRP
  - Drug non-compliance – history, check inhaler and spacer technique and escalation of asthma management plan
  - UEC for hypokalemia in setting of excessive salbutamol therapy
- Bronchodilator
  - If not previously received "burst therapy" then Salbutamol 12 puffs via spacer, 3 times over 1 hour and Ipratropium bromide 6 puffs via spacer stat
  - Pre and post PEFR measurement at each bronchodilator dosing will allow objective measurement of improvement or deterioration
  - Additional doses of bronchodilator e.g. Salbutamol 12 puffs per dose should be charted initially hourly and then, depending on response stretched to 2 hourly and then 4 hourly with a view to discharge
- Steroid therapy - Prednisolone 50mg po stat
- Continue usual preventer and other therapies
- Progress
  - Discharge will require patient to be able to tolerate lengthening periods (e.g. 1-> 2-> 4 hours) between inhaled bronchodilators without recurrence of symptoms e.g. SOB, dyspnoea, auscultatory wheeze

REFERRAL CRITERIA (Respiratory/Medicine)	DISCHARGE CRITERIA

• Ongoing abnormal or worsening vital signs
• Pathology identified on imaging or lab results requiring admission
• Deteriorating symptoms
  ○ Ongoing salbutamol requirement of 2 hours or less
  ○ Deteriorating PEFR in spite of treatment
	• Able to stretch more than 2 hours without bronchodilators
	• Normal vital signs
	• Tolerating oral intake
	• Adequate social support
	• Return to baseline mobility and exercise tolerance

DISCHARGE REQUIREMENTS

- Do not discharge overnight
- Patient education e.g. printed asthma action plan and triggers for return
  - Must have suggested plan for steroid e.g. 3 day course vs tapering or none
  - Must have suggested plan for reliever medication
  - Continue usual preventer medication
- Follow up plan - LMO for review within the week or usual respiratory physician
- Prescription for discharge medications as indicated e.g. steroids / spacer / fresh bronchodilator or usual preventer, oral antibiotic