Back2Back (B2B) Therapy: Mild - Moderate 3 x **Salbutamol** plus Severe **Ipratropium Bromide** oxygen driven nebulisers **Start B2B Therapy*** 10 puffs Salbutamol delivered one after the other Escalate to ST3+ doctor or 100mcg MDI via credentialed ACP spacer* WITH REASSESSMENT Place on continuous BETWEEN EACH monitorina • Oral steroids within Use 'ED Asthma 2-16 Paeds' Reassess in 15 mins hour (known Care plan for prescribing ease asthmatic/atopic history) *MgSo4 could be added to nebs see full NO Improving? asthma guideline YES Reassess in 15 mins Increased severity score* Reassess hourly for NO *If only increased HR ask for senior next 3 hours review before escalating management Improving? **Deterioration?** YES Remains well @ 3hrs **Complete B2B Review 15 minutes from YES** completion Discharge Home NO No change in original Written plan severity score. Improving? Viral wheeze Repeat 10 puffs Salbutamol Asthma Check inhaler technique Refer to paeds on-call Refer to Paeds • Recommend parents May consider inhaled burst Remain on continuous seek primary care review therapy (3 x 10 puffs at 15min intervals) monitoring in 2 working days Admission once spaced to 1hour between nebulisers

LIFE THREATENING

Access the life threatening asthma guideline here

Call Paediatrics/2222 immediately

If not improving:

- Repeat Salbutamol neb
- Ensure oral steroids given
- Escalate to ED Cons/Paeds
- Consider IV therapy as per life threatening asthma

Drug Doses Salbutamol Nebs

1-4yr 2.5mg 5yrs+ 5mg

Ipratropium Bromide Nebs

1-11yr 250mcg 12yr+ 500mcg

Prednisolone *

Once daily 3 - 5 days

<2 years - 10mg

2-5 years - 20mg

>5 years - 30-40mg

≥12 years: 40-50 mg

*If not tolerated consider 0.3mg/kg dexamethasone as a single dose. Max 16ma.