

Paediatric Viral Induced Wheeze and Acute Asthma Treatment Pathway

- This guideline should be used in all children and young people aged > 1 year with a diagnosis of viral induced wheeze or an acute asthma attack.
- All children should be assessed within 15 minutes according to BTS criteria (see below) and treatment initiated according to severity.
- Prehospital ambulance bronchodilator treatment should be considered when making decisions about ongoing therapy options

Consider the following risk factors for near fatal/fatal asthma:

- Severe wheezing in the context of adverse psycho-social factors
- History of a previous life threatening episode
- Representation within 1 month of a previous acute episode
- Excessive use of bronchodilators prior to seeking medical attention or prehospital IM Adrenaline with ambulance crew

If at any point the treating team is concerned that their patient is deteriorating, obtain help from a senior team member.

Mild - Moderate	Severe	Life Threatening
<ul style="list-style-type: none">• SaO₂ ≥92% in air• <u>No</u> clinical features of severe Viral Induced Wheeze/Asthma• May have some increased work of breathing	<p><u>Any one of:</u></p> <ul style="list-style-type: none">• SaO₂ <92%• Too breathless to talk/eat• Heart rate >140 (1-5y) or >125 (5+)*• Resp rate >40 (1-5y) or >30 (5+)• Use of accessory neck muscles <p>*consider impact of prior bronchodilators on HR before using HR alone to define severe asthma</p>	<p><u>SaO₂ <92% plus any of:</u></p> <ul style="list-style-type: none">• <u>Silent chest</u>• <u>Poor respiratory effort</u>• <u>Agitation</u>• <u>Altered consciousness</u>• <u>Cyanosis</u>

