

Life-Threatening Asthma

1	ABCDE assessment – Urgent senior ED and urgent ITU review if life threatening features						
2	<p>Life threatening asthma is severe asthma with any one feature of life threatening:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Severe Asthma (any 1 of)</th> <th style="text-align: left;">Life Threatening Clinical Signs</th> <th style="text-align: left;">Life Threatening Measurement</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • PEF 33-50% best/predicted • RR \geq25/min • HR \geq110/min • Inability to complete sentences in one breath </td> <td> <ul style="list-style-type: none"> • Altered conscious level • Exhaustion • Arrhythmia • Hypotension • Cyanosis • Silent chest • Poor respiratory effort </td> <td> <ul style="list-style-type: none"> • PEF <33% best/predicted • SpO₂ <92% • PaO₂ <8 kPa • 'normal' PaCO₂ (4.6-6 kPa) </td> </tr> </tbody> </table>	Severe Asthma (any 1 of)	Life Threatening Clinical Signs	Life Threatening Measurement	<ul style="list-style-type: none"> • PEF 33-50% best/predicted • RR \geq25/min • HR \geq110/min • Inability to complete sentences in one breath 	<ul style="list-style-type: none"> • Altered conscious level • Exhaustion • Arrhythmia • Hypotension • Cyanosis • Silent chest • Poor respiratory effort 	<ul style="list-style-type: none"> • PEF <33% best/predicted • SpO₂ <92% • PaO₂ <8 kPa • 'normal' PaCO₂ (4.6-6 kPa)
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3	<p>Immediate management:</p> <ul style="list-style-type: none"> • Oxygen (maintain SpO₂ 94-98%) • Salbutamol 5 mg nebulised continuous • Ipratropium 0.5 mg nebulised 4-6 hourly • Prednisolone 40-50 mg PO / hydrocortisone 100 mg IV 						
4	Perform ABG if SpO ₂ \leq 92% or life-threatening features to look for markers of severity (acidosis, \uparrow CO ₂ , \downarrow O ₂)						
5	<p>No improvement? Get senior review and consider:</p> <ul style="list-style-type: none"> • 2 g IV magnesium sulphate over 20 minutes 						
6	Order portable CXR						
7	In acute severe/life-threatening asthma not responding to the above treatment consider referral to ITU						