

COMBINED MEDICAL AND NURSING DOCUMENTATION, WRITE DIRECTLY ON THIS SHEET TO INDICATE ROUTE THROUGH THE PATHWAY

Confirmed Asthma

Contact Asthma CNS

Record Peak Flow

Stat dose oral
Prednisolone 40mgs

Patient Addressograph

ASSESS FOR MARKERS OF LIFE-THREATENING EXACERBATION
Fatigue or exhaustion, bradycardia <60bpm, poor respiratory effort,

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% or severe features
(RR>24, HR>110bpm unable to complete sentences in 1 breath)
ACUTE SEVERE**

**PEFR < 33%
LIFE THREATENING**

Salbutamol 100mcg Inhaler 4 puffs then 2 puffs every 2 minutes up to 10 puffs

Salbutamol 100mcg Inhaler 4 puffs then 2 puffs every 2 minutes up to 10 puffs / Salbutamol 5mg nebulised
Prednisolone 40mg PO

Salbutamol 5mg by oxygen driven nebuliser target SpO2>94%
Prednisolone 40mg PO

OBTAIN SENIOR HELP

PEFR	Pulse	SpO2	BP	RR	Temp	Collect asthma history and measure observations at 20 minutes
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Apply high-flow oxygen to target SpO2 > 94%
Salbutamol 5mg and Ipratropium 0.5mg by oxygen driven nebuliser
Prednisolone 40mg PO or IV hydrocortisone 100mg if no steroid previously given

**PEFR > 75%
And patient is stable**

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

PEFR < 50% or life-threatening features

Discharge Anticipated

Salbutamol 5mg by oxygen driven nebuliser target SpO2>94%
Prednisolone 40mg PO if steroids not previously given

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

FBC, U&E, ABG, CXR
Salbutamol 5mg and Ipratropium bromide 0.5mg by oxygen driven nebuliser
Consider IV magnesium sulphate 1.2-2g over 20 minutes (2.4-4mls MgSO4 50% in 100mls 0.9% saline)
Correct fluid/electrolytes especially K+ disturbances
Consider continuous salbutamol nebuliser 5-10mg/hour

PEFR	Pulse	SpO2	BP	RR	Temp	Continue to collect asthma history and measure observations at 60 minutes
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PEFR > 75%

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

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

POTENTIAL DISCHARGE
See advice sheet overleaf regarding Discharge Bundle

ADMIT
Contact the Asthma Specialist Nurse on Ext [redacted] if not already done

DECISION TO DISCHARGE

Discuss with senior if any high risk features

- Previous ITU Admissions or near fatal asthma attack despite adequate dose oral steroids prior to attendance
- Concerns about adherence or support network (e.g. socially isolated, psychological concerns)
- Pregnancy

Prescription
 Prednisolone 40mg OD 5 days (If moderate-severe exacerbation on arrival)
 Peak Flow Meter (If patient does not have own. For use with Action Plan)

Is patient taking inhaled steroid therapy?
 Yes / No

Consider step up in therapy. Document changes in notes

Start preventer therapy
 Beclomethasone / Formoterol e.g. Fostair or Luforbec 100/6 2 puffs bd via spacer + MART Regime or Symbicort 200/6 Turbohaler 2 puffs bd + MART regime

Ensure sufficient supply of inhaled steroid and bronchodilator +/- spacer

PEFR at discharge:

DISCHARGE with USE OF DISCHARGE BUNDLE

The asthma discharge care bundle describes 5 high impact actions to ensure the best clinical outcome for patients attending hospital with an acute asthma attack.
 The aim is to reduce readmissions following discharge

- Patients discharged should be given:
- Temporary Asthma Action Plan
 - Peak Flow Meter & Diary
 - OPD Appointment

ASTHMA DISCHARGE BUNDLE

• Patient reviewed by Asthma Nurse Specialist? YES / NO

INHALER REVIEW

- Inhaler technique assessed. Patient/carer able to use inhalers correctly (+/- spacer) – understands both preventer and reliever

Sign: _____ Date: _____

MEDICATION REVIEW

- Reinforce good adherence to medication
- Any changes made by medical team explained to patient/carer

Sign: _____ Date: _____

TEMPORARY ASTHMA ACTION PLAN (needs to be provided prior to discharge)
 Patient has a peak flow meter and record peak flow and is aware how to use it.

Sign: _____ Date: _____
 If not able to provide a Temporary action plan please document reason why in the medical notes. Remind medical team to prescribe rescue pack for use during next exacerbation

TRIGGERS (please circle)

- Triggers discussed e.g. Occupational/pets/NSAIDs? YES / NO
- Is the patient a smoker? YES/E .cigarette/ Ex (≥4 weeks) / Never
- Is patient exposed to second hand smoke YES / NO
- Has referral to Smoking Cessation been made? Hospital / help me Quit Number provided /patient declined

Sign: _____ Date: _____

FOLLOW UP

- Advised to see GP within 2 working days YES / NO
- Follow up requested CNS Asthma within 2 weeks of attendance
 Contact Numbers: _____
- Refer Out of Hours to _____ for follow up

Sign: _____ Date: _____

PLEASE ENSURE THAT THIS DOCUMENT REMAINS IN MEDICAL NOTES FOR REVIEW AND AUDIT

Paper copies of this document should be kept to a minimum and checks made with the electronic version to ensure that the printed version is the most recent.



Swansea Bay University Health Board

Authorisation Form for Publication onto COIN

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A

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