



# University Hospital Galway

EMERGENCY DEPARTMENT  
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## **Asthma**

**<https://galwayem.ie/guidelines/medical-emergencies/asthma>**

Category

[Medical Emergencies \(https://galwayem.ie/guidelines/medical-emergencies\)](https://galwayem.ie/guidelines/medical-emergencies)

Recent guidelines (2003) on the emergency treatment of acute severe asthma have been produced by the British Thoracic Society. Remember asthma is an inflammatory condition that has three components, all of which require consideration – inflammation and oedema of the airways, bronchoconstriction, and mucous plugging.

### **Asthma severity should be assessed and documented using the following guide:**

Mild – PEF >75% best or predicted

Moderate – PEF between 50-75% best or predicted

Severe – PEF <50%, RR >25 per minute, HR >110 bpm, cannot complete sentences

Life-threatening – PEF <33% best or predicted, or SpO<sub>2</sub> <92%, silent chest, cyanosis, poor respiratory effort, exhaustion, confusion or coma. These are pre-terminal signs.

**Patients who have previously been admitted to HDU/ICU are High risk.**

### **Treatment of moderate or severe asthma should include:**

- High flow oxygen
- Give Salbutamol 5mg by O<sub>2</sub> driven nebuliser with pre and post neb PEFR
- Consider giving back-to-back nebulised Salbutamol if no improvement
- Give one dose of Ipratropium 0.5mg by nebuliser
- Give Prednisolone 50mg PO (or IV Hydrocortisone 200mg if unable to swallow)
- Call for senior help If no improvement within 30-60 minutes or if life threatening features present:
- Get Senior ED help
- Give continuous salbutamol nebulisers
- Consider commencing intravenous therapy with Magnesium Sulphate 1.2-2.0g IV over 20 minutes and/or intravenous Salbutamol or Aminophylline
- Call ITU Registrar – the patient may need RSI and ventilatory support.

**Summary:** Nebes – Steroids – Magnesium IV – Salbutamol IV – RSI and ventilation

Patients who are fit for discharge □ All patients must have pre and post nebuliser PEFRs recorded

When a patient is being discharged home from the ED following an exacerbation of asthma, ensure adequate supply of inhaler therapy and check inhaler technique. Prescribe Prednisolone 40-50mg PO for 5 days, and advise follow up with GP prior to completing the steroids.

<https://www.brit-thoracic.org.uk/document-library/clinical-information/...>  
(<https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guidelinequick-reference-guide-2016/>)

Image

(<https://galwayem.ie/sites/default/files/images/Asthma1.png>)

Image

(<https://galwayem.ie/sites/default/files/images/Asthma2.png>)



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