

# Asthma Flow Sheet

Page # \_\_\_\_\_

Weight \_\_\_\_\_ kg     Measured today     Estimate  
 Height \_\_\_\_\_ cm     Measured today     Estimate

**DO NOT WRITE IN THIS BOX**

Label

Assessments ↓	Time →		Triage				
HR – RR		→	-	-	-	-	-
T – BP		→	-	-	-	-	-
Room Air Pulse Oximetry (%)		→					
Peak Flow Reading		→					
<b>ASTHMA SCORE (AS) (See Back)</b>							
Respiratory Rate <sup>1</sup>		→					
Room Air Pulse Oximetry (%) <sup>2</sup>		→					
Auscultation		→					
Retractions <sup>3</sup>		→					
Dyspnea		→					
<b>TOTAL ASTHMA SCORE (AS)</b>							
<b>O<sub>2</sub> % or lpm to keep O<sub>2</sub> sat ≥93%</b>							

ASTHMA SCORE (AS) ≥ 4					ASTHMA SCORE (AS) < 4				
TREATMENT	Time/Initials →	ORDER	COSIGN	GIVEN	TREATMENT	Time/Initials →	ORDER	COSIGN	GIVEN
<b>Corticosteroids:</b>									
<input type="checkbox"/> Dexamethasone 0.6 mg/kg _____mg po (max 16 mg) <b>Fax Rx for 2<sup>nd</sup> dose to pharmacy</b> or	/	/	/	/					
<input type="checkbox"/> Prednisone/Prelone 2 mg/kg _____ mg po (max dose 80 mg) <b>or</b>	/	/	/	/					
<input type="checkbox"/> Methylprednisone 2mg/kg _____ mg IV/IM (max dose 80 mg)	/	/	/	/					
<b>β<sub>2</sub>-Agonist Treatments: If Weight &lt; 30 kg, Nebulize:</b>					<b>β<sub>2</sub>-Agonist Treatments: If Weight &lt; 30 kg, Nebulize:</b>				
<input type="checkbox"/> Albuterol 7.5mg & Atrovent 0.5 mg /60 min	/	/	/	/	<input type="checkbox"/> Albuterol 2.5 mg over 20 minutes <b>or</b> <input type="checkbox"/> Albuterol MDI 0.5 puffs/kg _____ puffs with spacer and teaching (max dose 10 puffs)	/	/	/	/
<input type="checkbox"/> Albuterol 7.5 mg over 60 minutes <b>or</b>	/	/	/	/		/	/	/	/
<input type="checkbox"/> Albuterol MDI 0.5 puffs/kg _____puffs q 20 minutes x 3	/	/	/	/		/	/	/	/
<b>After 2<sup>nd</sup> round, if AS 4-7 ADMIT TO ETU. Submit form to clerk. If AS ≥8 NOTIFY MD.</b>	/	/	/	/		/	/	/	/
<b>β<sub>2</sub>-Agonist Treatments: If Weight ≥ 30 kg, Nebulize:</b>					<b>β<sub>2</sub>-Agonist Treatments: If Weight ≥ 30 kg, Nebulize:</b>				
<input type="checkbox"/> Albuterol 15 mg & Atrovent 1 g / 60 minutes	/	/	/	/	<input type="checkbox"/> Albuterol 5 mg nebulized over 20 minutes <b>or</b> <input type="checkbox"/> Albuterol MDI 10 puffs with spacer and teaching	/	/	/	/
<input type="checkbox"/> Albuterol 15 mg over 60 minutes <b>or</b>	/	/	/	/		/	/	/	/
<input type="checkbox"/> Albuterol MDI 10 puffs q 20 minutes x 3	/	/	/	/		/	/	/	/
<b>After 2<sup>nd</sup> round, if AS 4-7 ADMIT TO ETU. Submit form to clerk. If AS ≥8 NOTIFY MD.</b>	/	/	/	/		/	/	/	/
<b>Continuous Albuterol Nebulization x4 hrs</b>					<b>Corticosteroids:</b>				
<input type="checkbox"/> 5mg/hr <input type="checkbox"/> 10mg/hr <input type="checkbox"/> 15mg/hr <input type="checkbox"/> 20mg/hr (Calculate based on 0.6 mg/kg/hr) <b>ADMIT TO PICU or ETU &lt; 5YRS, INPT &gt; 5YRS</b>	/	/	/	/	<input type="checkbox"/> Prednisone/Prelone 2 mg/kg _____ mg po (max dose 80 mg) <b>or</b> <input type="checkbox"/> Dexamethasone 0.6 mg/kg _____mg po (max 16 mg) <b>Fax Rx for 2<sup>nd</sup> dose.</b>	/	/	/	/
<b>With Continuous Nebs consider IVF:</b>	/	/	/	/		/	/	/	/
<input type="checkbox"/> D5 _____NS with 20 meq KCl/liter @ _____cc/hr	/	/	/	/		/	/	/	/
<input type="checkbox"/> <b>Magnesium Sulfate 25–75 mg/kg IV over 20 min: _____ mg</b> (max dose 2g)	/	/	/	/	<b>Pts to be discharged: Dispense &amp; Teach</b> <input type="checkbox"/> Home Nebulizer <input type="checkbox"/> Albuterol MDI & Spacer  <input type="checkbox"/> 2 <sup>nd</sup> dose of Dexamethasone, _____mg po (max dose 16 mg)	/	/	/	/
<input type="checkbox"/> <b>Epinephrine 1:1000(0.01ml/kg) _____ ml IM/SC</b> (max dose 0.5 ml)	/	/	/	/		/	/	/	/
<b>Obtain ASAP if anticipate admission</b> <input type="checkbox"/> RSV antigen <input type="checkbox"/> Influenza A&B antigen <input type="checkbox"/> Respiratory Viral Panel					/	/	/	/	/

Signature, Title & initials \_\_\_\_\_

Signature, Title & initials \_\_\_\_\_

Resident Signature, Title and Initials \_\_\_\_\_

Staff MD Signature, Title and Initials \_\_\_\_\_

ASTHMA SCORE			
Characteristics	0	1	2
<b>Respiratory Rate<sup>1</sup></b>			
1 - 3 years	≤34	35 - 39	≥40
4 - 5 years	≤30	31 - 35	≥36
6 - 12 years	≤26	27 - 30	≥31
> 12 years	≤23	24 - 27	≥28
<b>Room Air (RA) Oxygen Saturation (POx)<sup>2</sup></b>	≥ 94%	89% - 93%	≤88%
<b>Auscultation</b>	Normal Breath Sounds	Expiratory Wheeze	Inspiratory & Expiratory Wheeze or Diminished BS
<b>Retractions<sup>3</sup></b>	≤1 accessory muscle	2 accessory muscles	≥3 accessory muscles
<b>Dyspnea</b>	Speaks in sentences, playful, able to po	Speaks in partial sentences, short cry, poor po	Speaks in short phrases, grunting, unable to po

<sup>1</sup>Respiratory rate must be obtained over a 30 second time period and then multiplied by 2.

<sup>2</sup>RA Pox must be obtained after the patient has been on room air for 2 minutes.

<sup>3</sup>Accessory muscle use includes the following:

1. Nasal Flaring
2. Supra-sternal muscle group use
3. Intra-costal muscle group use
4. Sub-Sternal muscle group use

ASTHMA SEVERITY	
Mild	1 - 3
Moderate	4 - 7
Severe	≥7

CHRONIC ASTHMA CLASSIFICATION BY NHLBI CRITERIA			
CLASSIFICATION	DAILY SYMPTOMS BEFORE CURRENT FLARE		DAILY RECOMMENDED CONTROLLER MEDICATIONS
	DAY	NIGHT	
<b>Severe Persistent Asthma</b>	Continual	Frequent	Discuss with pulmonary doctor
<b>Moderate Persistent Asthma</b>	Daily	> 1 night/week	Medium dose inhaled corticosteroids
<b>Mild Persistent Asthma</b>	> 2 days/week but < once/day	> 2 nights/month	Low dose inhaled corticosteroid.
<b>Mild Intermittent Asthma</b>	≤ 2 days/week	≤ 2 nights/month	No daily medication needed