

Pediatric Severe Asthma

Assessment: Use PRAM Scoring Tool

| SIGNS | 0 | 1 | 2 | 3 |
|--------------------------------------|--------|--------------------|----------------------------|---|
| Suprasternal indrawing | Absent | | Present | |
| Scalene retractions | Absent | | Present | |
| Wheezing | Absent | Expiratory only | Inspiratory +/- expiratory | Audible wheeze/ silent chest/ minimal air entry |
| Air entry | Absent | Decreased at bases | Widespread decrease | Absent/minimal |
| O ₂ Saturation (Room Air) | >94% | 92–94% | <92% | |

Assessment Red Flags:

- Patient may not have previous asthma diagnosis or wheeze; consider asthma in all children over 12 mos of age presenting with wheeze
- Consider anaphylaxis in a patient with wheeze, especially if a known allergy exists
- Consider myocarditis or cardiogenic shock in a patient who deteriorates with fluid boluses

A PedsPacs resource from TREKK.
For more tools in the series,
call 204-975-7744 or visit trekk.ca
© 2018, TREKK. Published Dec. 2018
Version: 1.1 Review: Dec. 2020
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Severity-Based Initial Management

Mild Asthma (PRAM 1-3)

- Salbutamol MDI x 1 treatment, reassess in 60 min

Moderate Asthma (PRAM 4-7)

- Salbutamol MDI q 20 minutes x 3 treatments
- Dexamethasone **0.6 mg/kg/dose (MAX 12 mg)** within 60 minutes

Severe Asthma (PRAM 8-12)

- 3 consecutive treatments of:
Salbutamol (MDI or neb) + Ipratropium (MDI or neb)
- Dexamethasone **0.6 mg/kg/dose (MAX 12 mg)** within 60 minutes

Impending Respiratory Failure

(PRAM 12 + lethargy, cyanosis, decreasing respiratory effort, and/or rising pCO₂)

- Add Magnesium sulfate 50 mg/kg IV over 20 - 30 min (MAX 2000 mg /dose)
- Hydrocortisone 8 mg/kg IV if po steroid not tolerated (MAX 400 mg/dose)