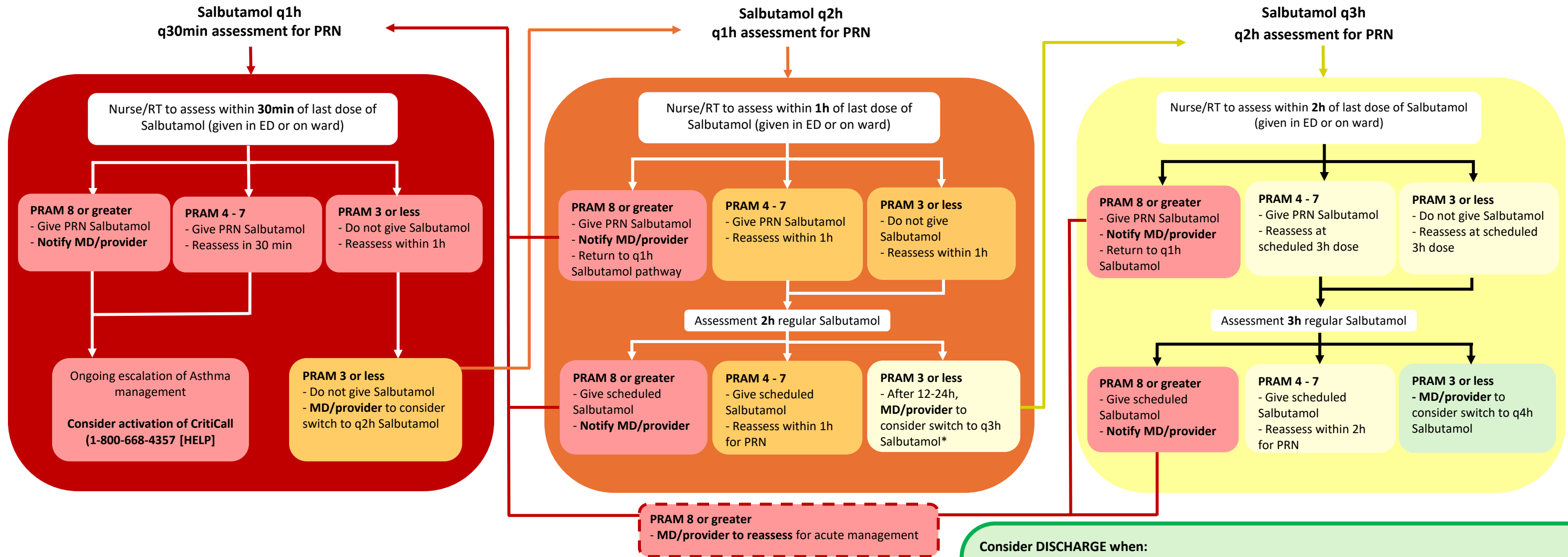


Asthma Admission Pathway for Children Less Than 18 Years of Age

NOTE: This pathway is intended for use in patients admitted to a general pediatric service who have been prescribed Ventolin every 2–4 hours for an asthma exacerbation. Patients entering this pathway should first be assessed and managed using the local Emergency Department asthma order sets and must be admitted to a pediatric service before transitioning into this pathway.



Inpatient Assessment Score (Pediatric Respiratory Assessment Measures)

Signs	0	1	2	3
O ₂ Saturation	95% or greater	92-94%	Less than 92%	
Suprasternal Indrawing	Absent		Present	
Scalene Retractions	Absent		Present	
Wheezing	Absent	Expiratory Only	Inspiratory and Expiratory	Audible Without Stethoscope/Silent Chest
Air Entry	Normal	Decreased at Bases	Widespread Decrease	Absent/Minimal

*Total duration of q2h Salbutamol to include Salbutamol administration on presentation to the ED/urgent care setting. Timing to assess suitability for transition to q3h can be modified based on site policy.

Consider DISCHARGE when:

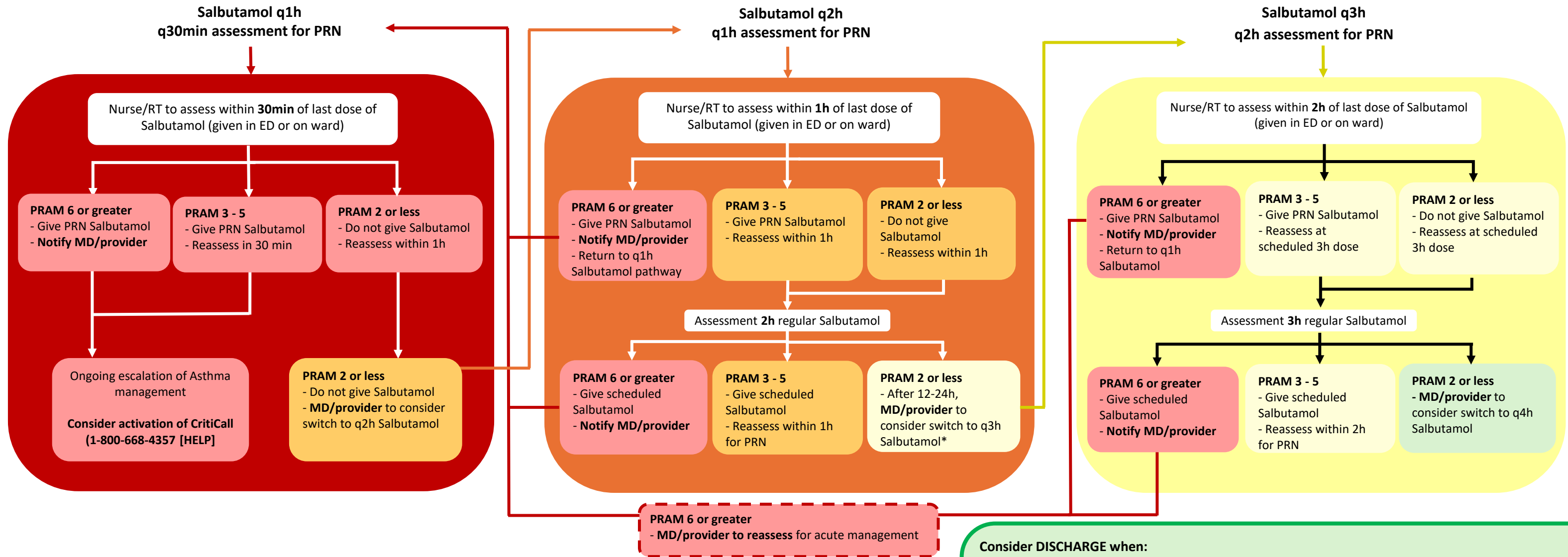
- ✓ q4h Ventolin
- ✓ Notify Provider: For discharge consideration if PRAM score is 2 or less for more than 4 hours with no use of PRN medications and SpO₂ has been greater than or equal to 92% on room air for at least 12 hours

Ask:

- Has patient education been completed?
- Does my patient have a written Asthma Action Plan (see West Region Asthma Action Plan)?
- Does my patient have an ICS prescription, a Reliever inhaler and SPACER?
- Does my patient need to discuss financial barriers with the social work team?
- Does my patient have follow-up with their health care provider within 1 - 2 weeks?

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