Assessment
- < 50yr
- hx asthma
- environmental exposure

Yes

Mild / Moderate
- expiratory wheeze
- speaking in sentences
- O₂ sat >92%

CEC Team
O₂ to maintain sats >92%

CEC Team
salbutamol*

Yes

Deteriorating

Near Death
- decreased LOC
- unable to speak
- cyanosis
- ineffective resp. effort

PCP ICP ACP CCP
O₂ 100% BVM prn

PCP ICP ACP CCP
epinephrine 0.3mg IM

PCP ICP ACP CCP
see advanced airway management protocols

CEC Team
salbutamol*

No

Severe
- decreased a/e throughout with expiratory wheeze
- resp. distress
- O₂ sat <92%

CEC Team
O₂ to maintain sats >92%

CEC Team
salbutamol*

CEC Team
ipratropium bromide 500 µg aerosol/MDI

CEC Team
IV saline lock

Yes

Deteriorating

No

Transport

*5mg by mask or 4-6 puffs by MDI/spacer, repeat prn

**CEC Team May Include PCP, ICP, ACP, CCP, RN

Approved by: Dr. Andrew Travers, Provincial Medical Director for the use in the CEC after hours