**Goals**

- Correct hypoxemia
- Decrease bronchial constriction (reverse airflow obstruction)
- Alleviate respiratory distress

**Tips**

- Get a detailed asthma history
- If patient is deteriorating despite maximal therapy, consider other causes (e.g., pneumothorax, allergic reaction)
- Administer salbutamol with a BVM via MDI adapter
- If providing manual ventilation, ensure adequate expiration time

**Oxygen to keep SpO₂ 92-99%**

Salbutamol 5 mg (or 4-6 puffs) prn and ipratropium 500 mcg q 20 min x3

**Consider CPAP**

Consider advanced airway management if further deterioration

If near-death asthma, administer 1:1000 epinephrine 0.3 mg IM (repeat q 5 min prn)

If severe or near-death, administer magnesium sulfate 2 g over 2 minutes