

Goals

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

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

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