



# Pediatric Asthma Pathway - Inpatient

**Includes:** Patients 1-18 yo with wheezing, respiratory distress, presumed diagnosis of asthma  
**Excludes:** Patients with alternate diagnoses such as clinical bronchiolitis (1-2 yo), or medically complex kids (chronic lung disease, cardiac disease, immunodeficiency, technology dependent)

Admit from ED/transport – **can admit to PHASE 2** if only mild/moderately distressed (RS < 5)  
 Focused assessment, respiratory score (RS), nasal cannula O2 for SpO2 < 90%

## PHASE 1

**Albuterol** 10-20 mg/hr neb continuous  
 Evaluate Q1 hour  
 Advance to Phase 2 for RS <5



## PHASE 2

**Albuterol** 8 puffs MDI with spacer Q2 hours  
 Evaluate Q2 hours  
 Begin MDI/discharge teaching



## PHASE 3

**Albuterol** 8 puffs MDI with spacer Q4 hours  
 Evaluate Q4 hours  
 Do not advance to Phase 4 until off O2



## PHASE 4

**Albuterol** 4 puffs MDI with spacer Q4 hours  
 Evaluate Q4 hours  
 Ready for discharge after 2-4 hours in Phase 4

### RT/RN to advance phase as follows:

For RS 0-2, advance to next Phase  
 For RS 2-4, maintain at current phase  
 For RS >4, step back to previous phase and notify MD

For non-pathway patients, phase advance must be by physician order.  
 PICU patients are OFF PATHWAY.

### Discharge instruction:

- Continue to use albuterol every 4 hours until seen by a provider

### Discharge teaching:

- Asthma education and trigger avoidance / smoking cessation
- MDI administration - observed (RT)
- Asthma action plan
- Med teach-back (RN or MD)
- Follow up scheduled within 48 hours (if possible)

RESPIRATORY SCORING	0	1	2
SaO2 90-100%	On room air	On NC O2 < 2 L/min	On NC O2 > 2 L/min
Inspiratory breath sounds	Normal	Abnormal	Decreased to absent
Accessory Muscle Use	None to mild	Moderate	Severe
Expiratory Wheezes	None	Moderate	Marked
Alertness (LOC)	Normal	Depressed or agitated	Difficult to arouse