

ASTHMA

Transfer Criteria

Acceptable VS
Intermediate response to therapy - improving but still wheezing
Peak Flow 40-70% of predicted (if reliable)
Fair to good air exchange
Alert and oriented
Patients should receive at least 2 nebulized bronchodilator treatments and steroids
prior to transfer to Obs Unit.

Exclusion Criteria

Unstable VS or clinical condition
Poor response to therapy
Elevated pCO₂ (if done)
Pulse-ox < 90 on room air after initial treatment
Peak Flow < 40% predicted value after initial treatment (if reliable)
Persistent use of accessory muscles, RR>40 after initial treatment
Lethargy
Toxic theophylline level
New EKG changes

Potential Intervention

Nebulized bronchodilator therapy
Systemic steroids
Chest X-ray
Pulse oximetry, ABG's
Frequent Reassessment
Oxygen
TMS monitoring as needed

Disposition

Home -

Acceptable VS
Resolution of bronchospasm or return to baseline status
Peak flow > 70% predicted
Pulse os > 94% on room air

Hospital -

Progressive deterioration in status
Failure to resolve bronchospasm within 18 hours
Co-existent pneumonia
CO₂ Retention
Persistent Peak flow < 70% of predicted (if reliable)
Unstable VS
Pulse-ox < 90% on room air