

ASTHMA CONSULT CHECKLIST

FLARE UPS

Use this checklist to manage **non-emergency** flare ups.

This checklist takes health professionals through the recommended steps to manage a patient experiencing an acute exacerbation.



In an **EMERGENCY** – immediately **assess severity** and **start bronchodilator**.²
Within minutes, reassess severity.² If you have time, see the Asthma Handbook guidelines and algorithms at astmahandbook.org.au/acute-asthma/clinical
Consider anaphylaxis and manage if suspected.

SEVERITY²

TREATMENT²

Mild to moderate:

- can walk and speak whole sentences in one breath

Salbutamol 100µg via pMDI plus spacer (plus mask for young children)

- Adults and children (≥6 years): 4–12 puffs
- Children (1–5 years): 2–6 puffs

Severe (of any):

- unable to speak in sentences
- visibly breathless
- increased work of breathing
- oxygen saturation 90% to 94%

Salbutamol 100µg via pMDI plus spacer (plus mask for young children)

- Adults and children (≥6 years): 12 puffs
- Children (1–5 years): 6 puffs
- Adults and children (≥6 years): Ipratropium 8 puffs (21mcg/puff)
- Children (1–5 years): Ipratropium 4 puffs

Salbutamol intermittent nebulisation (if unable to use a spacer and/or mask)

- Adults: 5mg air driven unless oxygen needed (add ipratropium 500µg to nebulised solution)
- Children (≥6 years): 5mg oxygen driven (add ipratropium 500µg to nebulised solution)
- Children (1–5 years): 2.5mg oxygen driven (add ipratropium 250µg to nebulised solution)

Also titrate oxygen saturation to 93% to 95% (adults) or ≥95% (children)

Life-threatening (any of):

- drowsy
- collapsed
- exhausted
- cyanotic
- poor respiratory effort
- visibly breathless
- increased work of breathing
- oxygen saturation <90%

Consider adrenaline if unresponsive, unable to inhale bronchodilators, or considered to be pre-arrest

Salbutamol continuous nebulisation

- Adults: 2 x 5mg air driven unless oxygen needed (add ipratropium 500µg to nebulised solution)
- Children (≥6 years): 2 x 5mg oxygen driven (add ipratropium 500µg to nebulised solution)
- Children (1–5 years): 2 x 2.5mg oxygen driven (add ipratropium 250µg to nebulised solution)

Also titrate oxygen saturation to 93% to 95% (adults) or ≥95% (children)

Also arrange immediate emergency transfer to higher-level care, notify senior staff, and ventilate if required

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Patient Name

Date of Consult

ADULTS

Step 1: Advise how to take medications during flare ups³

Tick all boxes for all patients

- Increase reliever use to control symptoms^{a,b}
- Keep taking their regular preventer^c
- Reduce reliever use if symptoms improve
- Reduce preventer medication back to normal as/when instructed by their GP

Also tick this box for patients taking a pressurised metered-dose inhaler (or tick here if not applicable)

- Use a spacer^d

Tick this box for all patients

- The above instructions are included in their written Asthma Action Plan

NOTES

Step 2a: Further advise patients taking budesonide/formoterol maintenance-and-reliever therapy³

Tick all boxes for patients using a dry-powder inhaler (or tick here if not applicable)

- Take 1 extra inhalation for symptom relief (up to 12 inhalations/day, including maintenance doses)
- Return to GP^e if they need >6 reliever inhalations/day for >2–3 days^f
- Go to the emergency department or see a GP if they need >12 reliever inhalations/day
- Keep taking it as needed if waiting for emergency help

Tick all boxes for patients using a pressurised metered-dose inhaler (or tick here if not applicable)

- Take 2 extra inhalations for symptom relief (up to 24 inhalations/day, including maintenance doses)
- Return to GP^e if they need >12 reliever inhalations/day for >2–3 days^f
- Go to the emergency department or see a GP if they need >24 reliever inhalations/day
- Keep taking it as needed if waiting for emergency help

NOTES

Step 3: Check need for stepping-up treatment during flare ups^{3g}

Tick all relevant boxes (or tick here if not applicable)

- Acute symptoms recur ≤ 3 hours after taking a rapid-onset beta₂ agonist reliever
- Increasingly difficult to breathe over ≥ 1 day
- Night-time symptoms interfere with sleep for >1 night in a row
- Peak flow falls below a pre-defined level^h

If any box is ticked, consider stepping up preventer treatment and/or prescribing a course of oral corticosteroids

NOTES

CHILDREN

Step 1: Advise parents/carers how to take medications during flare ups

Tick all boxes for all patients

- Keep their reliever and spacer (if needed) with them at all times⁴
- Manage non-emergency flare ups with 2–4 puffs of a SABA inhaler (reliever), taken 1 puff at a time, and repeat as needed^{4,5i}
- Get medical advice if their reliever is needed more than every 4 hours⁴
- Don't give their child antibiotics unless prescribed by a health professional⁴

Also tick this box for patients taking a regular preventer (or tick here if not applicable)

- Keep taking their regular preventer^r during flare ups, even when they need emergency treatment^{4,5}

NOTES

Step 2a: Check treatment is not inappropriately stepped-upk during flare ups⁵

Tick all boxes for children aged 1–5 years (or tick here if not applicable)

- Inhaled corticosteroids have not been initiated in children not taking a regular preventer
- Intermittent use of inhaled corticosteroids has not been recommended as part of a written asthma action plan in children not taking a regular preventer
- High-dose inhaled corticosteroids have not been initiated in children taking low-dose inhaled corticosteroids
- High-dose inhaled corticosteroids have not been recommended as part of a written asthma action plan in children taking low-dose inhaled corticosteroids

NOTES

Step 2b: Check whether oral corticosteroids¹ are appropriate before prescribing for flare ups

Tick all boxes (or tick here if not applicable)

- Symptoms are associated with increased work of breathing⁵
- Symptoms are severe enough to require hospital admission⁵
- A SABA inhaler (reliever) is needed more than every 4 hours⁴
- Oral corticosteroids have not been prescribed for starting at home as part of a written asthma action plan⁵
- Parents/carers have been advised not to start oral corticosteroids at their own discretion and to first seek medical advice⁵
- Regular treatment, adherence and inhaler technique have been reassessed^{4,5}
- Specialist referral has been considered^{4,5}

Also tick this box (or tick here if not applicable)

- Advice from a paediatric specialist has been gained before prescribing long-term oral corticosteroids^{4,5}

NOTES

Step 2c: Check whether montelukast is appropriate before prescribing for flare ups⁵

Tick all boxes (or tick here if not applicable)

- Intermittent asthma symptoms
- No interval symptoms
- Regular preventer is not indicated
- A short courseⁿ at the onset of worsening symptoms is being considered
- Parents/carers have been advised that montelukast does not work for all children
- Advise parents/carers of the potential for neuropsychiatric side effects (such as agitation, sleep disturbance and depression) with montelukast, and advise them to seek urgent medical attention if they notice a behaviour change in the child⁶

NOTES

Step 3: Check that parents/carers are prepared for back-to-school flare ups⁴

Tick all boxes (or tick here if not applicable)

- Recommend a full asthma review at the end of school holidays^o
- Ensure there is a current written asthma action plan
- Check they understand the written asthma action plan and know how to use it
- Remind them to get back into an 'asthma routine'^p before school restarts
- Provide training on inhaler technique and care/cleaning of inhalers and spacers

NOTES