

# 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**.<sup>2</sup>  
Within minutes, reassess severity.<sup>2</sup> If you have time, see the Asthma Handbook guidelines and algorithms at [astmahandbook.org.au/acute-asthma/clinical](http://astmahandbook.org.au/acute-asthma/clinical)  
**Consider anaphylaxis and manage if suspected.**

### SEVERITY<sup>2</sup>

### TREATMENT<sup>2</sup>

#### 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 ups<sup>3</sup>

Tick all boxes for all patients

- Increase reliever use to control symptoms<sup>a,b</sup>
- Keep taking their regular preventer<sup>c</sup>
- 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<sup>d</sup>

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 therapy<sup>3</sup>

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<sup>e</sup> if they need >6 reliever inhalations/day for >2–3 days<sup>f</sup>
- 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<sup>e</sup> if they need >12 reliever inhalations/day for >2–3 days<sup>f</sup>
- 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<sup>3g</sup>

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

- Acute symptoms recur  $\leq 3$  hours after taking a rapid-onset beta<sub>2</sub> agonist reliever
- Increasingly difficult to breathe over  $\geq 1$  day
- Night-time symptoms interfere with sleep for  $>1$  night in a row
- Peak flow falls below a pre-defined level<sup>h</sup>

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 times<sup>4</sup>
- Manage non-emergency flare ups with 2–4 puffs of a SABA inhaler (reliever), taken 1 puff at a time, and repeat as needed<sup>4,5i</sup>
- Get medical advice if their reliever is needed more than every 4 hours<sup>4</sup>
- Don't give their child antibiotics unless prescribed by a health professional<sup>4</sup>

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

- Keep taking their regular preventer<sup>r</sup> during flare ups, even when they need emergency treatment<sup>4,5</sup>

#### NOTES

### Step 2a: Check treatment is not inappropriately stepped-up during flare ups<sup>5</sup>

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 corticosteroids<sup>1</sup> are appropriate before prescribing for flare ups

Tick all boxes (or tick here if not applicable )

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

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

- Advice from a paediatric specialist has been gained before prescribing long-term oral corticosteroids<sup>4,5</sup>

### NOTES

## Step 2c: Check whether montelukast is appropriate before prescribing for flare ups<sup>5</sup>

Tick all boxes (or tick here if not applicable )

- Intermittent asthma symptoms
- No interval symptoms
- Regular preventer is not indicated
- A short course<sup>n</sup> 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 child<sup>6</sup>

### NOTES

## Step 3: Check that parents/carers are prepared for back-to-school flare ups<sup>4</sup>

Tick all boxes (or tick here if not applicable )

- Recommend a full asthma review at the end of school holidays<sup>o</sup>
- 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'<sup>p</sup> before school restarts
- Provide training on inhaler technique and care/cleaning of inhalers and spacers

### NOTES