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GINA ASTHMA GUIDELINES: (2002, 2006, 2007)

Management of Asthma Exacerbation in Acute Care

Initial Assessment

History, Physical Examination (auscultation, use of accessory muscles, HR, RR, PEF or FEV₁, O₂ saturation, ABG's if patient in extremis)

Initial Treatment

Oxygen to achieve O₂ saturation $\geq 90\%$ (95% in children)
 Inhaled rapid β_2 -agonist continuously for one hour
 Systemic GCS, if no immediate response, or if patient recently took Oral GCS, or if episode is severe
SEDATION is CONTRAINDICATED in the treatment of an exacerbation

Reassess after 1 hour : PE, PEF, O₂ saturation & other tests as needed

Criteria for MODERATE Episode:

- PEF 60-80% predicted/personal best
- Physical exam: moderate symptoms,
- Accessory muscle use

Treatment:

O₂
Inhaled β_2 agonist + anticholinergic every 60 min
 Oral GCS
 Continue treatment for 1-3 hours, provided there is improvement

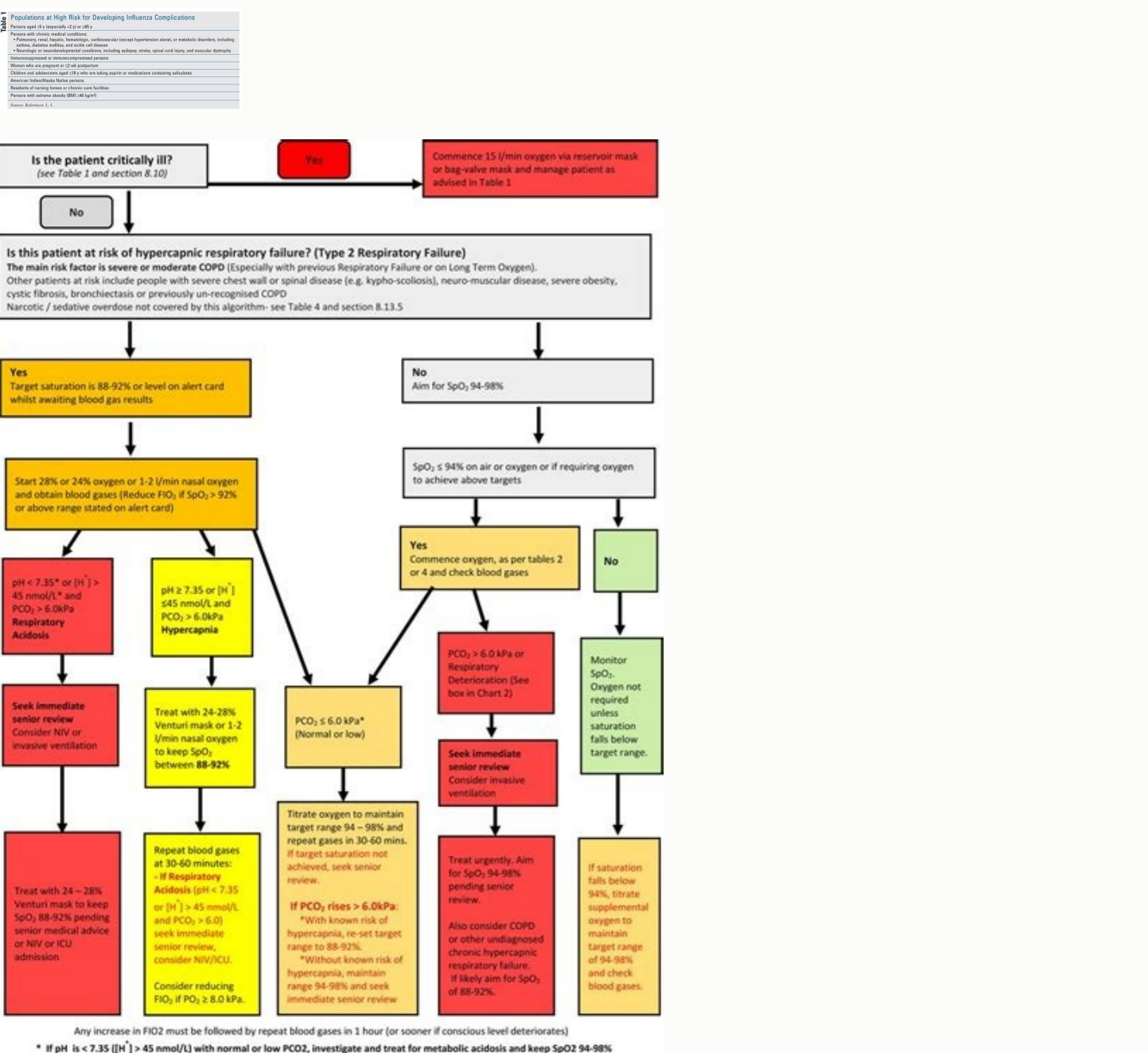
Criteria for SEVERE Episode:

- History of risk factors for near fatal asthma
- PEF < 60% predicted/personal best
- PE: severe symptoms at rest, chest retraction
- NO improvement after initial treatment

Treatment:

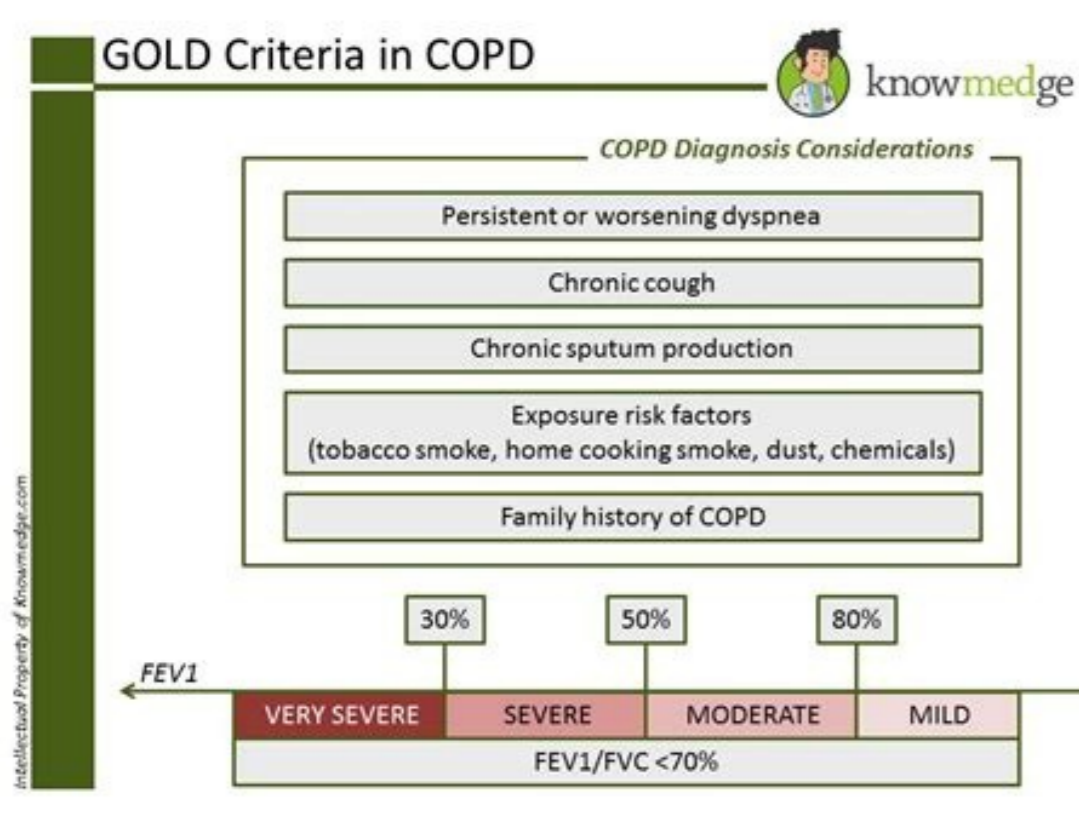
O₂
Inhaled β_2 agonist + anticholinergic
 Systemic GCS
 IV Magnesium

Continuation next slide



Classify Asthma Based on Severity: (GINA 2002)

Severity	INTERMITTENT	PERSISTENT		
		Mild	Moderate	Severe
Daytime Symptoms	< 1x a week	$\geq 1x/wk$	Daily Affects daily activities	Daily Limits daily activities
Nighttime Symptoms	$\leq 2x/month$	$> 2x/month$	$> 1x/week$	Frequent
PEF	$\geq 80\%$ predicted	$> 80\%$ predicted	$> 60- < 79\%$ predicted	$< 60\%$ predicted
PEF Variability	$\leq 20\%$ variability	20-30% variability	$> 30\%$ variability	$> 30\%$ variability
FEV ₁	$\geq 80\%$	$\geq 80\%$	60-79%	$< 60\%$



Asthma updated guidelines. Aap asthma guidelines.

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