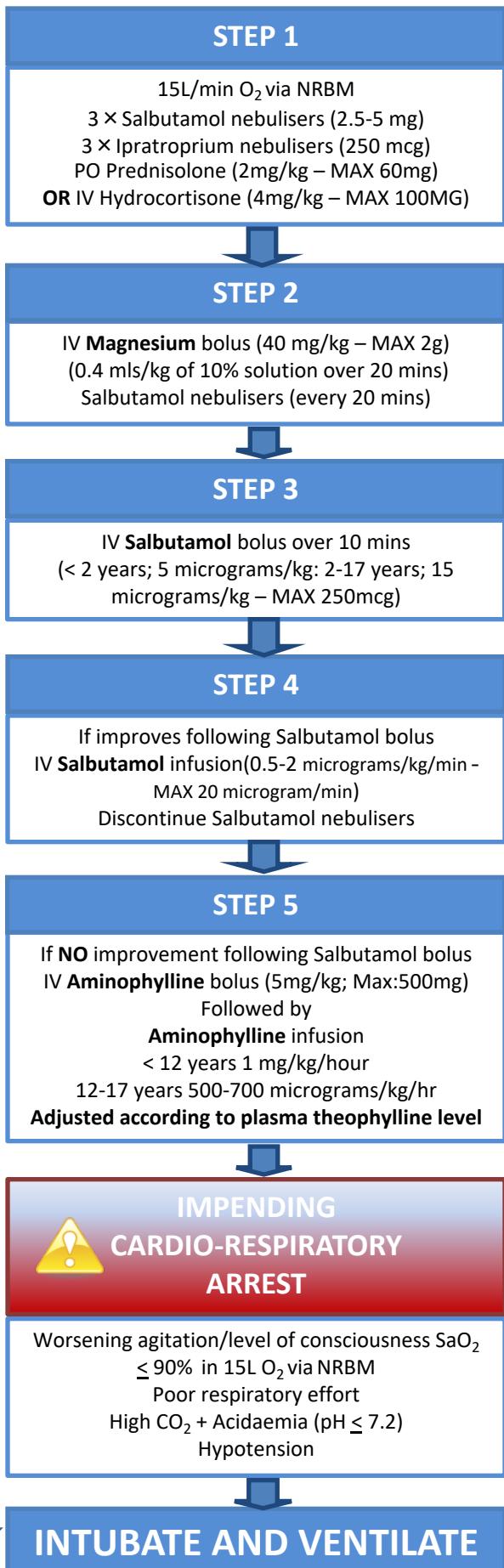


# Guideline for the management of severe asthma

NO/POOR RESPONSE



HIGH RISK CLINICAL SIGNS
Agitated
Altered level of consciousness
Unable to talk/feed
SaO <sub>2</sub> ≤ 92% in air, PaO <sub>2</sub> < 8 kPa
PaCO <sub>2</sub> 'normal' (4.6 – 6 kPa)
Silent chest
Exhaustion/Poor respiratory effort
INDICATIONS FOR CXR
SaO <sub>2</sub> ≤ 92% in 15L O <sub>2</sub>
To exclude a pneumothorax/consolidation
To exclude FB/mediastinal mass
SALBUTAMOL TOXICITY
Tachycardia/tachyarrhythmia
Hyperglycaemia
Metabolic acidosis
Elevated LACTATE
Hypokalaemia
INTUBATION
Can be difficult to ventilate post intubation
Risk of haemodynamic instability
Senior anaesthetic assistance
Rapid sequence induction
10-20 mls/kg fluid bolus pre induction
Ketamine 1-2 mg/kg AND Rocuronium 1 mg/Kg
Cuffed ETT
Continue paralysis
Consider disconnection and manual deflation if haemodynamic collapse
INITIAL VENTILATOR SETTINGS
PCV – may need high PIP
Rate 8-15/min
Allow completion of expiration – watch E <sub>r</sub> CO <sub>2</sub> trace / ventilator flow loops (Age independent)
Inspiratory time 0.8 -1 sec
PEEP 5 cmH <sub>2</sub> O
FiO <sub>2</sub> 1