**Asthma Albuterol Escalation for Pediatrics**

To determine whether Albuterol should be given earlier than scheduled evaluate the patient for:
- Clinical impression
- Clinical Asthma Score

“Patient is not doing well” AND/OR combined Clinical Asthma Score is > 4?

YES

ADMINISTER ALBUTEROL
Shorten Albuterol administration interval to next higher frequency

NO

“Patient is doing well” AND/OR combined Clinical Asthma Score is ≤ 4

YES

DO NOT ADMINISTER Albuterol

NO

Go to Asthma Albuterol Weaning for Pediatrics

Patient is receiving Albuterol every 4 hours

PATIENT IS RECEIVING ALBUTEROL

Escalate Albuterol to every 2 hours

Patient is receiving Albuterol every 2 hours/or Q2 for max of 6 hours

Start of 1st Q2 dose

2nd Q2 dose due

3rd Q2 dose due or max of 6 hours

Notify LIP/place on Continuous Albuterol

**GENERAL GUIDELINES**

1. Notify the MD/LIP and RT if:
   a. Albuterol is needed earlier than scheduled or escalated to Q2
   b. Clinical impression that patient looks bad, is deteriorating, or is not improving as expected while receiving Albuterol
2. Within initial 24 hours of exacerbation, patient may benefit from the addition of Ipratropium Bromide.
3. PICU transfer indications include:
   a. Requirements of supplemental oxygen >10 LPM by non-rebreather face mask
   b. Progressive pneumomediastinum or pneumothorax.
   c. Patients presenting with apneic episodes.
   d. CBG with a pCO2>42 mm Hg or trending towards hypercapnia in serially obtained blood gases.
   e. Any change in mental status.
4. This algorithm was designed to help facilitate the Albuterol escalation process, but it may not apply to all patients with asthma.
5. If the clinical impression does not support the decision recommended by this algorithm notify the MD or RRT. In general the clinical impression overrules the escalation protocol.

**Clinical Asthma Score**

<table>
<thead>
<tr>
<th>Clinical Asthma Score</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR (age 1-5)</td>
<td>&lt; 40</td>
<td>40 - 60</td>
<td>&gt; 60</td>
</tr>
<tr>
<td>Wheezing</td>
<td>None</td>
<td>Expiratory only</td>
<td>Inspiratory and Expiratory</td>
</tr>
<tr>
<td>Retractions</td>
<td>None</td>
<td>Subcostal</td>
<td>Subcostal and Intercostal</td>
</tr>
<tr>
<td>Observed Dyspnea</td>
<td>None</td>
<td>Mild</td>
<td>Marked</td>
</tr>
<tr>
<td>I:E Ratio</td>
<td>I &gt; E</td>
<td>E = E</td>
<td>I &lt; E</td>
</tr>
</tbody>
</table>