The Emergency Room Asthma Management Algorithm is to be used for any patient seen in the Emergency Room with the diagnosis of asthma. (The initial history should be documented on the standard Triage/Emergency Room Form.) Each sheet is to be used to document patient risk factors, physical examination findings, levels of pulmonary function and oxygenation, asthma severity level and physician orders. In addition, the algorithm is designed to facilitate hospital admission based on written criteria. The order forms provide a severity-based algorithm to improve efficiency and to standardize care in the Emergency Room. Each page allows the Emergency Room physician to document continuation of care in the Emergency Room or final patient disposition.

Inhaled beta$_2$-agonists are the mainstay of acute bronchodilator treatment. Most experts advocate the use of albuterol by frequent or continuous nebulization. There is little evidence favoring the use of beta$_2$-agonists other than albuterol; however, metaproterenol (5% solution using 0.3 cc + saline 2.0 cc) is a reasonable alternative. Other drugs, such as isoetharine, are not recommended because they are less beta$_2$-selective. The majority of patients will improve with beta$_2$-agonists nebulization q20 minutes x 3 over the first hour. At times the use of subcutaneous epinephrine may be indicated.

The use of albuterol through an MDI (4 puffs) delivered with a spacer or reservoir bag q20 minutes has been shown to be as effective in the treatment of acute asthma as albuterol given by nebulization for adult patients. However, severely dyspneic patients or those with severe coughing may prefer the nebulizer. The use of albuterol via MDI has not been widely adopted in acute management of asthma because more coordination is required, breath holding is more critical and more instruction and supervision is required.

The patient’s response to therapy within the first hour in the Emergency Room is one of the most reliable ways to predict need for hospitalization.

Severely ill patients should receive oral or intravenous corticosteroids immediately in the Emergency Room. The minimum duration required to see improvement after corticosteroids is 4 hours. Less severely ill patients may be observed for their response to inhaled beta-agonist therapy over the first hour. However, if the patient remains moderately ill (severity index = 2) after the first hour, corticosteroids should then be given STAT.

Supplemental oxygen (1-2 liters/minute via nasal cannula) is recommended for any patient undergoing Emergency Room treatment for asthma unless the oxygen saturation is demonstrated to be consistently >92% on room air.

Intravenous theophylline or aminophylline are generally not recommended for treatment in the Emergency Room, and their use in hospitalized patients has also declined over the past decade. However, these drugs may provide some benefit in terms of respiratory drive, improved respiratory muscle function or prolonging or sustaining the response to beta$_2$-agonists between doses.

A chest x-ray is recommended for any patient with a severity index = 3 and for any patient who is hospitalized. A standard PA and lateral chest x-ray is preferred; however, if this requires transport to a radiology department, the patient’s respiratory status must be monitored at all times.

**Emergency Room Severity-Based Treatment Algorithm: Severity Index = 3**

Patients with severe illness (Severity Index = 3) on entry to the Emergency Room must be assessed and treatment instituted quickly. An arterial blood gas (ABG) should be obtained to document the degree of hypoxemia and the acid-base status. The criteria for hospitalization should be reviewed, including those based on abnormalities in the ABG. Most patients who meet criteria for hospitalization within the first hour in the Emergency Room should be confined in the ICU. A bolus of corticosteroids should be given intravenously as a STAT order, since any delay in this treatment may increase the likelihood of serious sequelae, such as the need for mechanical ventilation.
The Triage Officer must have a basic understanding of symptoms and signs of respiratory distress and asthma. The principal duty of the Triage Officer is to prioritize the entry of patients into the Emergency Room based on acuity and severity of illness. When appropriate, the Triage Officer may also discharge patients from the Triage Department without being seen in the Emergency Room.

Discharge of an asthmatic from the Triage Department is permissible only if:

1. symptoms are acute but mild, or
2. symptoms are moderate but have been present chronically (>72 hours), and
3. the patient can be directed to an appropriate care facility within 24 hours, or if the Triage Officer believes the patient can be managed by phone by the Asthma Case Worker.

Discharge from the Triage Department after hours or on weekends must be weighed against the risk of prolonging medical evaluation greater than 24 hours.

**Severity Index Scoring Method**

(1=mild, 2=moderate, 3=severe)

Use this rating to evaluate the patient for each of the 4 criteria:

- Respiratory distress
- Use of accessory muscles
- Decreased air movement
- Drowsiness, confusion

The highest individual score becomes the patient’s severity index rating.

Alternatively: The patient has a severity index of 3 if he or she meets any of the following 6 criteria:

- Pulses paradox >12 mm Hg
- Diaphoresis
- Inability to recline
- PEF or FEV$_1$ < 40% predicted
- O$_2$ saturation < 88%
- Patient deteriorating in Emergency Room
## Emergency Room Flow Sheet

<table>
<thead>
<tr>
<th>Name:</th>
<th>ID Number:</th>
</tr>
</thead>
</table>

**Date:** ______

**Time:** ______

**Chief Complaint:**

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

**Vital Signs:** Temp ______  Pulse ______  BP ______  Resp ______

**Acuity/Severity Index:**

- [ ] Chronic, mild or moderate
- [ ] Acute, mild
- [ ] Patient discharged from Emergency Room without evaluation (must complete Discharge Form)

**Attach standard Emergency Room form to this page.**
Emergency Room Protocols and Forms

Emergency Room Evaluation for Admission

History and Physical Exam
PEF or FEV₁

Assess for HIGH RISK factors
Determine Severity Index

Severity Index = 1 or 2

Severity Index = 3

ABG

Criteria for hospitalization met?
No

Criteria for ICU met?
No

Yes

Inhale β₂-agonist
(3 doses at 20-minute intervals)
Supplemental O₂; Corticosteroids
if Severity Index = 3
Consider anticholinergic

Emergency Room reassessment
at one hour:
Determine severity index;
Determine improvement status

Severity Index = 1
Improved

Severity Index = 2

Severity Index = 3

Admit

Discharge from Emergency Room;
Provide discharge-to-home follow-up plan

Continue to follow severity-based treatment algorithm and reassess at 3-4 and 6 hours

Admit to Ward
Admit to ICU
The main purpose for establishing criteria for hospitalization is to minimize the risks of inappropriate discharges from the Emergency Room leading to potentially serious exacerbations of asthma outside the hospital setting and repeated Emergency Room visits. The criteria change with elapsed time in the Emergency Room in order to account for the patient’s changing medical condition. When appropriate, hospitalization should be specified to the ICU.

At entry to the Emergency Room, the criteria for hospitalization are:

1. Respiratory arrest (ICU)
2. Impending respiratory arrest due to extreme fatigue (ICU)
3. Unconsciousness or significantly altered mental state (ICU)
4. HIGH RISK patient with Severity Index = 3 (ICU) (High risk is defined on initial assessment form.)
5. Tachyarrhythmia (other than sinus tachycardia) (ICU)

At the one hour asthma reassessment in the Emergency Room, the criteria for hospitalization are:

1. Earlier admission criteria are met
2. Severity Index = 3
3. Pulse oximeter <88% despite supplemental O₂
4. PEF OR FEV₁ < 40%
5. HIGH RISK AND WORSENING IN Emergency Room (ICU)

At the 3-4 hour asthma reassessment in the Emergency Room, the criteria for hospitalization are unchanged. At the 6 hour asthma reassessment in the Emergency Room, a final disposition must be made. Any patient with a Severity Index = 2 should be admitted.

There may be unusual circumstances which warrant hospitalization of patients with less severe disease. The Emergency Room physician should use his/her best judgment in such circumstances and document the special circumstances in the Emergency Room note.
The main purpose for establishing criteria for hospitalization is to minimize the risks of inappropriate discharges from the Emergency Room leading to potentially serious exacerbations of asthma outside the hospital setting and repeated Emergency Room visits. The criteria change with elapsed time in the Emergency Room in order to account for the patient’s changing medical condition. When appropriate, hospitalization should be specified to the ICU.

At entry to the Emergency Room, the criteria for hospitalization are:
1. Respiratory arrest (ICU)
2. Impending respiratory arrest due to extreme fatigue (ICU)
3. Unconsciousness or significantly altered mental state (ICU)
4. HIGH RISK patient with Severity Index = 3 (ICU)
5. Tachyarrhythmia (other than sinus tachycardia) (ICU)

At the one hour asthma reassessment in the Emergency Room, the criteria for hospitalization are:
1. Earlier admission criteria are met
2. Severity Index = 3
3. Pulse oximeter <88% despite supplemental O$_2$

At the 3-4 hour asthma reassessment in the Emergency Room, the criteria for hospitalization are unchanged. At the 6 hour asthma reassessment in the Emergency Room, a final disposition must be made. Any patient with a Severity Index = 2 should be admitted.

There may be unusual circumstances which warrant hospitalization of pediatric patients with less severe disease. The Emergency Room physician should use his/her best judgment in such circumstances and document the special circumstances in the Emergency Room note.
# Emergency Room Assessment: Initial - Adult Patients

**Initial Assessment**

| Date: _________ | Time: _________ |

**HIGH RISK Patient:**
- Recent hospitalization for asthma
- Seen in Emergency Room for asthma in previous 72 hours
- Previous intubations
- Recent withdrawal from oral steroids
- On chronic oral steroids
- Extreme noncompliance with medications or psychiatric overlay to asthma

**Admit to Hospital if:**
- Patient intubated, unconscious (ICU)
- ABG: $\text{PaO}_2 < 50$ or $\text{PaCO}_2 > 45$ (ICU)
- Respiratory arrest (ICU)
- Extreme fatigue
- HIGH RISK Patient with Severity Index = 3
- Altered mental status (ICU)
- Tachyarrhythmia, angina or myocardial ischemia (ICU)

**Physical Exam**

| P: _________ | Resp: ______________ |
| BP: _________ | Temp: ______________ |
| O$_2$ Sat: _________ | Suppl O$_2$, (L/min): _________ |
| FEV$_1$: _________ | FVC: ______________ |
| PEF: _________ |

**Severity Index**

$\text{Severity Index} = 1$ - $2$

1. Albuterol 0.5% solution using 0.5 cc and normal saline 2.0 cc via nebulizer every 20 minutes for 1 hour or albuterol MDI with spacer 4 puffs and repeat every 20 minutes for 1 hour; plus inhaled anticholinergic

2. Oxygen _________ liters/minute via nasal cannula

3. Finger pulse oximeter

4. Start IV Access

5. Spirometry, initial, repeat in 1 hour

6. Spirometry in 1 hour then notify Emergency Room MD to reassess patient and write orders

7. __________________________

8. __________________________

9. __________________________

**Severity Index = 3**

1. Albuterol 0.5% solution using 0.5 cc and normal saline 2.0 cc via nebulizer every 20 minutes for 1 hour or albuterol MDI with spacer 4 puffs and repeat every 20 minutes for 1 hour; plus inhaled anticholinergic

2. Oxygen _________ liters/minute via nasal cannula

3. Finger pulse oximeter

4. Start IV Access

5. Spirometry, initial, repeat in 1 hour

6. Spirometry in 1 hour then notify Emergency Room MD to reassess patient and write orders

7. Arterial blood gas (if pH < 7.2, $\text{PaO}_2 < 60$, $\text{PaCO}_2 > 45$ = Admit), electrolytes, theophylline

8. Methylprednisolone sodium succinate 40-60 mg STAT and q6h x 4 doses

9. Chest x-ray

10. __________________________

11. __________________________

**Orders (Initial)**

**Severity Index = 1-2**

- 1. Albuterol 0.5% solution using 0.5 cc and normal saline 2.0 cc via nebulizer every 20 minutes for 1 hour or albuterol MDI with spacer 4 puffs and repeat every 20 minutes for 1 hour; plus inhaled anticholinergic

**Severity Index = 3**

- 1. Albuterol 0.5% solution using 0.5 cc and normal saline 2.0 cc via nebulizer every 20 minutes for 1 hour or albuterol MDI with spacer 4 puffs and repeat every 20 minutes for 1 hour; plus inhaled anticholinergic

**Admit to Hospital:**

- Hospital
- ICU

**MD Signature:** __________________________ Date: __________
Emergency Room Protocols and Forms

Emergency Room Assessment: 1 Hour  Adult Patients

Name: 
ID Number: 

1 Hour Reassessment

Date: 
Time: 

Physician Comments

☐ Improved  ☐ Not improved  ☐ Deteriorating 

1. Respiratory distress
2. Use of accessory muscles
3. Decreased air movement
4. Drowsiness, confusion

Highest score = Severity Index or Severity Index should be 3 if:

☐ Pulses paradox >12 mm Hg
☐ Diaphoresis
☐ Inability to recline
☐ PEF or FEV1 <40% predicted
☐ O2 saturation <88%
☐ Patient deteriorating in Emergency Room

Orders

☐ Severity Index = 1  Observe for 60 minutes, then:

☐ PEF or FEV1 >70% predicted  ➔ Discharge
☐ PEF or FEV1 <70% predicted  ➔ Treat as Severity Index 2

☐ Severity Index = 2

1. Albuterol 0.5% solution using 0.5 cc and normal saline 2.0 cc via nebulizer q 1 hour or albuterol MDI with spacer 4 puffs and repeat q 1 hour; plus inhaled anticholinergic
2. Oxygen ___ liters/minute via nasal cannula
3. Finger pulse oximeter
4. IV Access
5. Spirometry in 1 hour then notify Emergency Room MD to reassess patient and write orders

☐ 6. Arterial blood gas (if pH <7.2, PaO2 <60, PaCO2 >45 = Admit), electrolytes, theophylline
☐ 7. Solumedrol 60 mg IV STAT (if not already given)
☐ 8. ____________________________
☐ 9. ____________________________
☐ 10. ____________________________

☐ Severity Index = 3  ➔ ADMIT

☐ Admit to  ☐ Hospital  ☐ ICU  MD Signature: __________________________   Date: ___________
### Emergency Room Assessment: 3-4 Hour Adult Patients

#### Name:
#### ID Number:

<table>
<thead>
<tr>
<th>3-4 Hour Reassessment</th>
<th>Physician Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: _______</td>
<td>□ Improved</td>
</tr>
<tr>
<td>Time: _______</td>
<td>□ Not improved</td>
</tr>
<tr>
<td></td>
<td>□ Deteriorating</td>
</tr>
</tbody>
</table>

#### Physical Exam

| P: _______ | Resp: _______ |
| BP: _______ | Temp: _______ |
| O2 Sat: _______ | PEF: _______ |
| FEV1: _______ | FVC: _______ |
| Suppl O2 (L/min): _______ |

#### Severity Index

- __ Respiratory distress__
- __ Use of accessory muscles__
- __ Decreased air movement__
- __ Drowsiness, confusion__

_Highest score = Severity Index or Severity Index should be 3 if:
- □ Pef or FEV1 <70% predicted
- □ PEF or FEV1 <40% predicted
- □ O2 saturation <88%
- □ Patient deteriorating in Emergency Room

#### Admit to Hospital if

- □ Earlier admission criteria are met
- □ Severity Index = 3
- □ HIGH RISK and worsening in Emergency Room (ICU)

#### Orders

- □ Severity Index = 1
  - Observe for 60 minutes, then:
    - □ PEF or FEV1 >70% predicted → Discharge
    - □ PEF or FEV1 <70% predicted → Treat as Severity Index 2

- □ Severity Index = 2
  1. Albuterol 0.5% solution using 0.5 cc and normal saline 2.0 cc via nebulizer q 1 hour or albuterol MDI with spacer 4 puffs and repeat q 1 hour; plus inhaled anticholinergic
  2. Oxygen _____ liters/minute via nasal cannula
  3. Finger pulse oximeter
  4. IV Access
  5. Spirometry in 1 hour then notify Emergency Room MD to reassess patient and write orders

- □ Severity Index = 3 → ADMIT
  - □ Admit to □ Hospital □ ICU
  - MD Signature: __________________________ Date: ___________

- □ Arterial blood gas (if pH < 7.2, PaO2 <60, PaCO2 >45= Admit), electrolytes, theophylline
- □ Solumedrol 60 mg IV STAT (if not already given)
- □ ________________
- □ ________________
- □ ________________

---

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Emergency Room Protocols and Forms

Emergency Room Assessment: 6 Hour  Adult Patients

Name:  
ID Number:  

6 Hour Reassessment

Date: ________  
Time: ________  

Physician Comments

☐ Improved  ☐ Not improved  ☐ Deteriorating

Physical Exam

P: ________  Resp: ________  
BP: ________  Temp: ________  
O, Sat: ________  PEF: ________  
FEV: ________  FVC: ________  
Suppl O (L/min): ________

Severity Index

Highest score = Severity Index or Severity Index should be 3 if:

☐ Pulses paradox  > 12 mm Hg  
☐ Diaphoresis  
☐ Inability to recline  
☐ PEF or FEV, < 40% predicted  
☐ O, saturation < 88%  
☐ Patient deteriorating in Emergency Room

Admit to Hospital if

☐ Earlier admission criteria are met  
☐ Severity Index = 3

Orders

☐ Severity Index = 1  Observe for 60 minutes, then:

☐ PEF or FEV, > 70% predicted  ➔ Discharge

☐ PEF or FEV, < 70% predicted  ➔ Admit

☐ Severity Index = 2  ➔ ADMIT

☐ Admit to  ☐ Hospital  ☐ ICU  
MD Signature: __________________________  Date: __________
Emergency Room Protocols and Forms

Emergency Room Assessment: Initial

Pediatric Patients

Name:
ID Number:

Initial Assessment

Date: __________
Time: __________

HIGH RISK Patient:

- Recent hospitalization for asthma
- Seen in Emergency Room for asthma in previous 72 hours
- Previous intubations
- Recent withdrawal from oral steroids
- On chronic oral steroids
- Extreme noncompliance with medications or psychiatric overlay to asthma

Admit to Hospital if:

- Patient intubated, unconscious (ICU)
- ABG: PaO₂ < 50 or PaCO₂ > 45 (ICU)
- Respiratory arrest (ICU)
- Extreme fatigue
- HIGH RISK Patient with Severity Index = 3
- Altered mental status (ICU)
- Tachyarrhythmia, angina or myocardial ischemia (ICU)

Physical Exam

P: ____________ Resp: ____________
BP: ____________ Temp: ____________
O₂ Sat: ____________ Supl O₂ (L/min): ____________
FEV₁: ____________ FVC: ____________
PEF: ____________

Severity Index

(1=mild, 2=moderate, 3=severe)

- Respiratory distress
- Use of accessory muscles
- Highest score = Severity Index or Severity Index

- Pulses paradox > 12 mm Hg
- Diaphoresis
- Inability to lie supine

Orders (Initial)

Severity Index = 1-2

1. Albuterol .15 mg/kg/dose (max 5 mg/dose) 3 doses at 20 min intervals for 1 hour
2. Oxygen to maintain O₂ sat > 95%
3. Finger pulse oximeter
4. Start IV Access
5. Spirometry, initial, repeat in 1 hour
6. Spirometry in 1 hour then notify Emergency Room MD to reassess patient and write orders

Severity Index = 3

1. Albuterol .15 mg/kg/dose (max 5 mg/dose) 3 doses at 20 min intervals for 1 hour
2. Oxygen to maintain O₂ sat > 95%
3. Finger pulse oximeter
4. Start IV Access
5. Spirometry, initial, repeat in 1 hour
6. Spirometry in 1 hour then notify Emergency Room MD to reassess patient and write orders
7. Arterial blood gas (if pH < 7.2, PaO₂ < 60, PaCO₂ > 45 = Admit), electrolytes, theophylline
8. Methylprednisolone sodium succinate 1-2 mg per kg STAT and q6h x 4 doses
9. Chest x-ray
10. ___________________________________________________________________
11. ___________________________________________________________________

Admit to Hospital ICU
MD Signature: __________________________ Date: _____________
Emergency Room Protocols and Forms

Emergency Room Assessment: 1 Hour  Pediatric Patients

Name:  
ID Number:  

1 Hour Reassessment  

Date:  
Time:  

Physician Comments

☐ Improved  ☐ Not improved  ☐ Deteriorating

Physician Comments

Physical Exam

P:  Resp:  
BP:  Temp:  
O₂ Sat:  PEF:  
FEV₁:  FVC:  
Suppl O₂ (L/min):  

Severity Index

(1=mild, 2=moderate, 3=severe)

☐ Respiratory distress  
☐ Use of accessory muscles  
☐ Decreased air movement  
☐ Drowsiness, confusion

Highest score = Severity Index or Severity Index should be 3 if:

☐ Pulses paradox >12 mm Hg  
☐ Diaphoresis  
☐ Inability to recline  
☐ PEF or FEV₁ <40% predicted  
☐ O₂ saturation <91%  
☐ Patient deteriorating in Emergency Room

Orders

☐ Severity Index = 1  Observe for 60 minutes, then:

☐ PEF or FEV₁ >70% predicted  ➔ Discharge  
☐ PEF or FEV₁ <70% predicted  ➔ Treat as Severity Index 2

☐ Severity Index = 2

1. Albuterol .15 mg/kg/dose (max 5 mg/dose) 3 doses at 20 min intervals for 1 hour. Consider inhaled anticholinergic and/or 0.01 cc per kg of 1:1000 aqueous epinephrine subcutaneously  
2. Oxygen to maintain O₂ sat > 95%  
3. Finger pulse oximeter  
4. IV Access

5. Spirometry in 1 hour then notify Emergency Room MD to reassess patient and write orders  
6. Arterial blood gas (if pH <7.2, PaO₂ < 60, PaCO₂ >45 = Admit), electrolytes, theophylline  
7. Solumedrol 1-2 mg per kg IV STAT (if not already given)  
8.  
9.  
10.  

☐ Severity Index = 3 ➔ ADMIT

☐ Admit to  ☐ Hospital  ☐ ICU  

MD Signature:  
Date:  

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Emergency Room Protocols and Forms

Emergency Room Assessment: 3-4 Hour Pediatric Patients

<table>
<thead>
<tr>
<th>Name:</th>
<th>ID Number:</th>
</tr>
</thead>
</table>

### 3-4 Hour Reassessment

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
</table>

#### Physician Comments

- [ ] Improved
- [ ] Not Improved
- [ ] Deteriorating

#### Physical Exam

- P: __________ Resp: _______
- BP: _______ Temp: ______
- \(O_2\) Sat: _____ PEF: _______
- FEV\(_1\): ______ FVC: _______
- Suppl \(O_2\) (L/min): ______

#### Severity Index

\((1=\text{mild}, 2=\text{moderate}, 3=\text{severe})\)

- [ ] Respiratory distress
- [ ] Use of accessory muscles
- [ ] Decreased air movement
- [ ] Drowsiness, confusion

Highest score = Severity Index or Severity Index should be 3 if:

- [ ] Pulses paradox > 12 mm Hg
- [ ] Diaphoresis
- [ ] Inability to recline
- [ ] PEF or FEV\(_1\) < 40% predicted
- [ ] \(O_2\) saturation < 91%
- [ ] Patient deteriorating in Emergency Room

#### Admit to Hospital if

- Earlier admission criteria are met
- [ ] Severity Index = 3
- [ ] HIGH RISK and worsening in Emergency Room (ICU)

#### Orders

- [ ] Severity Index = 1  Observe for 60 minutes, then:
  - [ ] PEF or FEV\(_1\) > 70% predicted  ➔ Discharge
  - [ ] PEF or FEV\(_1\) < 70% predicted  ➔ Treat as Severity Index 2

- [ ] Severity Index = 2
  
  1.  Albuterol .15 mg/kg/dose (max 5 mg/dose) 3 doses at 20 min intervals for 1 hour and consider inhaled anticholinergic
  
  2.  Oxygen to maintain \(O_2\) sat > 95%
  
  3.  Finger pulse oximeter
  
  4.  IV Access
  
  5.  Spirometry in 1 hour then notify Emergency Room MD to reassess patient and write orders

  6.  Arterial blood gas (if pH < 7.2, \(PaO_2\) < 60, \(PaCO_2\) > 45 = Admit), electrolytes, theophylline
  
  7.  Solumedrol 1-2 mg per kg IV STAT (if not already given)
  
  8.  
  
  9.  
  
  10.  

- [ ] Severity Index = 3 ➔ ADMIT

- [ ] Admit to  [ ] Hospital  [ ] ICU

MD Signature: __________________________ Date: __________
**Emergency Room Protocols and Forms**

**Emergency Room Assessment: 6 Hour Pediatric Patients**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ID Number:</th>
</tr>
</thead>
</table>

**6 Hour Reassessment**

**Date:** ________

**Time:** ________

**Physician Comments**

- [ ] Improved
- [ ] Not improved
- [ ] Deteriorating

---

**Physical Exam**

- **P:** ________
- **Resp:** ________
- **BP:** ________
- **Temp:** ________
- **O₂ Sat:** ________
- **PEF:** ________
- **FVC:** ________
- **FEV₁:** ________
- **Suppl O₂ (L/min):** ________

---

**Severity Index**

(1=mild, 2=moderate, 3=severe)

- [ ] Respiratory distress
- [ ] Use of accessory muscles
- [ ] Decreased air movement
- [ ] Drowsiness, confusion

Highest score = Severity Index or

Severity Index should be 3 if:

- [ ] Pulses paradox >12 mm Hg
- [ ] Diaphoresis
- [ ] Inability to recline
- [ ] PEF or FEV₁ <40% predicted
- [ ] O₂ saturation <91%
- [ ] Patient deteriorating in Emergency Room

---

**Admit to Hospital if**

- [ ] Earlier admission criteria are met
- [ ] Severity Index = 3

---

**Orders**

- [ ] Severity Index = 1
- [ ] Observe for 60 minutes, then:
  - [ ] PEF or FEV₁ >70% predicted → Discharge
  - [ ] PEF or FEV₁ <70% predicted → Admit

- [ ] Severity Index = 2 → ADMIT
- [ ] Severity Index = 3 → ADMIT

- [ ] Admit to
- [ ] Hospital
- [ ] ICU

**MD Signature:** ________________________ **Date:** __________