



# ED MANAGEMENT OF ASTHMA +/- COVID (v1.3)

## NO FEVER, NO ILI, NO EPIDEMIOLOGICAL CRITERIA (NO COVID PRECIPITANT / PRECIPITANT UNLIKELY)

### Initial approach:

Sit patient up, manage patient T2 or ISO (depending on level of community spread)

Oxygen titrated to SpO<sub>2</sub> >94%

Salbutamol MDI & spacer (4 puffs every 4 minutes x 4)

Ipratropium MDI & spacer (2 puffs every 4 minutes x 4)

Oral or intravenous corticosteroids

### If severe or deterioration:

Salbutamol nebulisers 5mg continuously

Ipratropium nebulisers 500 mcg every 20 mins

Magnesium 10mmol IV over 20 minutes

VBG screen for severity

Consider CXR to assess for complications

### If ongoing deterioration:

BiPAP NIV

IV salbutamol bolus 500mcg over 10 minutes

IV salbutamol infusion 5mcg/min

Consider IV adrenaline infusion

Prepare for intubation if ongoing deterioration

Rapid transfer to ICU

## FEVER OR ILI OR EPIDEMIOLOGICAL CRITERIA (COVID PRECIPITANT MORE LIKELY / COVID+)

### Initial approach:

Sit patient up, manage patient preferably in ISO (especially if **RED**)

Use COVID O<sub>2</sub> Escalation Pathway

Salbutamol MDI & spacer (4 puffs every 4 minutes x 4)

Ipratropium MDI & spacer (2 puffs every 4 minutes x 4)

Oral or intravenous corticosteroids

### If severe or deterioration:

Repetitive MDI & spacer bronchodilators as above

Magnesium 10mmol IV over 20 minutes

VBG screen for severity

Consider CXR to assess for complications

### If ongoing deterioration:

BiPAP NIV\* in ISO in ED or ICU/Resp

IV salbutamol bolus 500mcg over 10 minutes

IV salbutamol infusion 5mcg/min

Consider IV adrenaline infusion

Prepare for intubation if ongoing deterioration

Rapid transfer to ICU/Resp as per COVID transfer protocol

*\*To minimise risk: Use Hamilton machine with dual-limbed circuit, non-vented mask and viral filter, commence with lower pressures and titrate to effect*