

Guidelines for the management of acute asthma in adults in general practice



NHS Calderdale CCGs, NHS Greater Huddersfield CCGs,
NHS North Kirklees CCGs and NHS Wakefield CCGs

<p>Many asthma deaths are preventable. Factors leading to poor outcome include:</p> <ul style="list-style-type: none"> • Failure by clinical staff to objectively assess severity • Patients or relatives failing to appreciate severity • Under-use of corticosteroids 		<p>1. Assess (Determine severity): Record Peak expiratory flow rate (PEFR), heart rate, respiratory rate, oxygen saturations (SpO₂) and complete a clinical examination.</p> <p>2. Treat (According to severity)</p> <p>3. Reassess (Response to therapy)</p> <p>4. Educate & Follow-up</p>	
MILD	MODERATE	ACUTE SEVERE	LIFE THREATENING
PEF >75% best or predicted	PEF >50-75% best or predicted	PEF 33-50% best or predicted	PEF <33% best or predicted
<ul style="list-style-type: none"> • SpO₂ ≥ 92% • Speech normal • Respiratory rate <25/min • Pulse <110bpm 	<ul style="list-style-type: none"> • SpO₂ ≥ 92% • Speech normal • Respiratory rate <25/min • Pulse <110bpm 	<ul style="list-style-type: none"> • SpO₂ ≥ 92% • Can't complete sentences • Respiratory rate ≥25/min • Pulse ≥110bpm 	<ul style="list-style-type: none"> • SpO₂ < 92% • Silent chest, cyanosis • Poor respiratory effort • Exhaustion • Bradycardia
Treat at home / in surgery and assess response		999 ADMIT IMMEDIATELY	
<p>1. β₂ bronchodilator: eg salbutamol</p> <p>Via spacer device (2 puffs initially, and 2 puffs every 2 minutes according to response up to maximum of 10puffs)</p>	<p>1. β₂ bronchodilator eg salbutamol</p> <p>Via spacer device (4 puffs initially, and 2 puffs every 2 minutes according to response up to maximum of 10puffs)</p> <p>2. Prednisolone 40mg once daily (7days)</p>	<p>1. Oxygen (Target SpO₂ 94-98%)</p> <p>2. Salbutamol 5mg via a nebuliser preferably oxygen driven. If no nebuliser available give salbutamol via spacer device (4 puffs initially, and 2 puffs every 2 minutes according to response up to maximum of 10puffs).</p> <p>3. Prednisolone 40mg</p>	
RE-ASSESS (after 30minutes)	RE-ASSESS (after 30minutes)	Admitting to hospital	
<p>Stable or improved and PEF >=75% then allow home.</p> <p>PEF <75% or clinical deterioration then manage according to severity.</p>	<p>Clinical improvement and PEF >= 60% allow home.</p> <p>Admit If:</p> <ul style="list-style-type: none"> • PEF <60% • No clinical improvement • Requires second nebuliser • Concern over social circumstances • Patient unable to monitor / assess own condition • Previous near fatal attack 	<p>Admit if any:</p> <ul style="list-style-type: none"> • Life threatening feature • Features of acute severe asthma after initial treatment • Previous near fatal asthma attack <p>Lower threshold for admission if:</p> <ul style="list-style-type: none"> • Afternoon or evening attack • Recent nocturnal symptoms or hospital admission • Previous severe attacks • Patient unable to assess own condition or concern over social circumstances 	
Educate & Follow up			
<p>Ensure:</p> <ol style="list-style-type: none"> 1. Patient is taking a regular inhaled corticosteroid. 2. Inhaler technique is checked and is satisfactory. 3. Medicines are explained and understood by the patient and/or carer. 4. Self-Management education including written Asthma Control Plan, rescue medication* is provided. 5. Treatment is in accordance with BTS and Local guidelines and appropriate to severity of condition. 6. Smoking cessation is discussed and recorded if appropriate. Ask, about current smoking or exposure to cigarette smoke 7. Provide and Asthma UK. " Your asthma attack recovery plan" leaflet https://www.asthma.org.uk/globalassets/health-advice/resources/adults/your-asthma-attack-recovery-plan.pdf Advise need to stop smoking and reduce exposure to cigarette smoke, Arrange referral to stop smoking service 8. Discuss and address potentially preventable contributors to recent exacerbation. 9. Patient is given clear instructions and understands what action to take if symptoms deteriorate. 10. All patients should be reviewed by appropriate health care professional within 2 working days of acute treatment, including discharge from the Emergency Department. <p>*Rescue medication - 7 day supply of once daily 40mg oral steroids to commence in event of agreed symptom deterioration</p>			

Enquiries to:

NHS Calderdale CCG: Dr N Taylor, Nigel.taylor@calderdaleccg.nhs.uk
NHS Greater Huddersfield CCG Dr A Handa, Anuj.Handa@greaterhuddersfieldccg.nhs.uk
NHS North Kirklees CCG: Dr P Heaton, Patrick.Heaton@northkirkleesccg.nhs.uk
NHS Wakefield CCG: Lisa Chandler, lisachandler@wakefield.gov.uk
Published: March 2017 **Review due:** Mar 2019 (unless clinical evidence base changes)

Group responsible for development: NHS Calderdale, NHS Greater Huddersfield, NHS North Kirklees and NHS Wakefield CCGs Cross Cluster Respiratory Group in collaboration with Mid Yorkshire Hospitals NHS Trust and Calderdale and Huddersfield Hospital Foundation Trust.