Management of acute asthma in adults

Assessment of severe asthma

Healthcare professionals must be aware that patients with severe asthma and one or more adverse psychosocial factors are at risk of death.

Initial assessment Life-threatening asthma Moderate acute asthma In a patient with severe asthma any one of: increasing symptoms PEF <33% best or predicted • PEF >50-75% best or predicted SpO₂ <92% no features of acute severe asthma PaO₂ <8 kPa 'normal' PaCO₂ (4.6-6.0 kPa) Acute severe asthma altered conscious level exhaustion arrhythmia hypotension Any one of: cyanosis PEF 33-50% best or predicted silent chest respiratory rate ≥25/min poor respiratory effort heart rate ≥110/min Near-fatal asthma inability to complete sentences in one breath Raised PaCO₂ and/or requiring mechanical

ventilation with raised inflation pressures

Initial assessment of symptoms, signs and measurements	
Clinical features	Severe breathlessness (including too breathless to complete sentences in one breath), tachypnoea, tachycardia, silent chest, cyanosis or collapse None of these singly or together is specific and their absence does not exclude a severe attack
PEF or FEV ₁	PEF or FEV ₁ are useful and valid measures of airway calibre. PEF expressed as a % of the patient's previous best value is most useful clinically. In the absence of this, PEF as a % of predicted is a rough guide
Pulse oximetry	Oxygen saturation (SpO ₂) measured by pulse oximetry determines the adequacy of oxygen therapy and the need for arterial blood gas (ABG) measurement. The aim of oxygen therapy is to maintain SpO ₂ 94–98%
Blood gases (ABG)	Patients with ${\rm SpO}_2$ <92% or other features of life-threatening asthma require ABG measurement
Chest X-ray	 Chest X-ray is not routinely recommended in patients in the absence of: suspected pneumomediastinum or pneumothorax suspected consolidation life-threatening asthma failure to respond to treatment satisfactorily requirement for ventilation

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