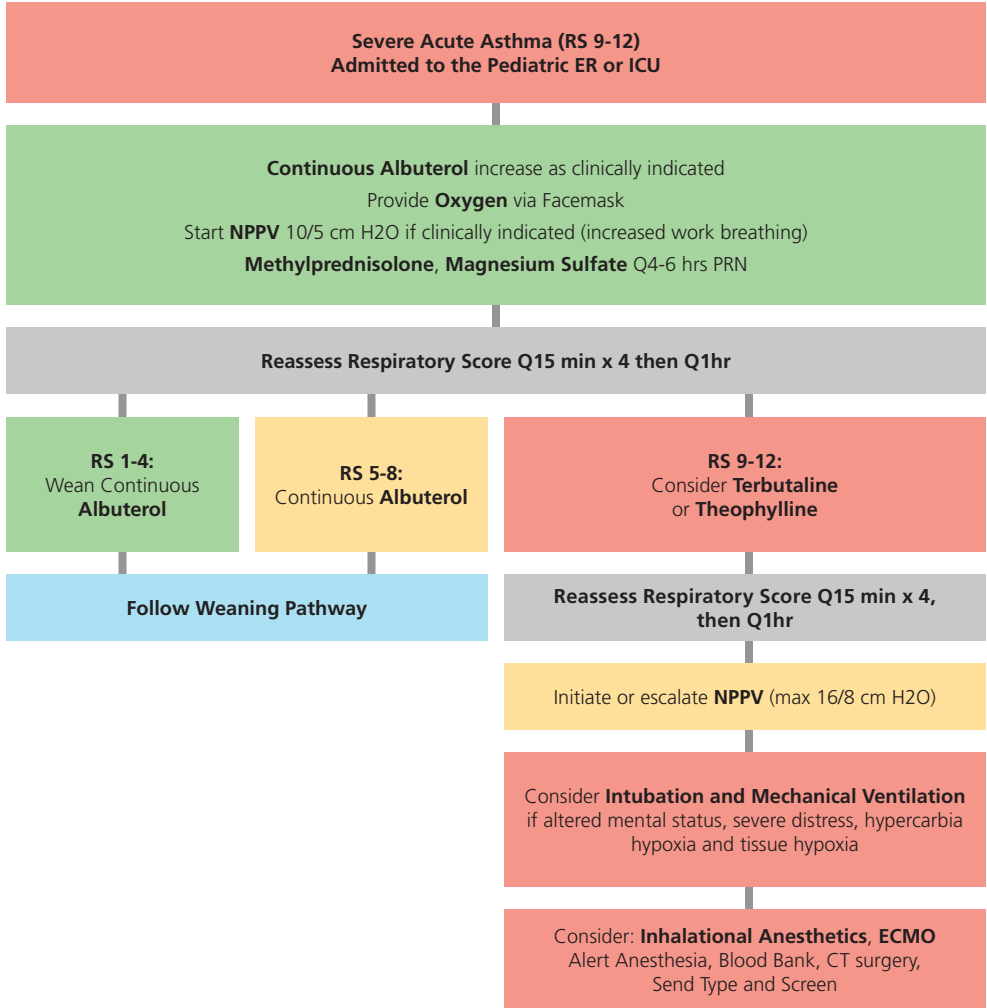


## Escalation Pathway



### Inclusion/Exclusion Criteria:

**Include:** patients with status asthmaticus admitted to the PED or PICU over 2 years of age  
**Exclude:** infants <2 yrs, bronchiolitis, pneumonia, chronic lung disease, airway issues, history of arrhythmias or heart disease, immune disorder, sickle cell disease

### Escalation/Weaning Criteria:

Based on Respiratory Score assessed Q2 hrs:  
**RS 1-4:** Step down or wean  
**RS 5-8:** Continue management  
**RS 9-12:** Step up/escalate and notify fellow or attending

### Medications:

#### Continuous Albuterol (NEB):

INH:  
<20kg ..... 10mg/hr  
20-39 kg..... 15mg/hr  
≥40 kg..... 20 mg/hr  
increase as indicated (max 40 mg/hr)

#### Methylprednisolone (IV):

IV Bolus: 2 mg/kg (max 60 mg), IV: 1 mg/kg Q6hrs (max 125 mg/day)

#### Magnesium Sulfate (IV):

IV: 50-75mg/kg (max 2g) over 20 min Q4-6 hrs PRN  
Consider a 20 ml/kg IV bolus of Normal Saline

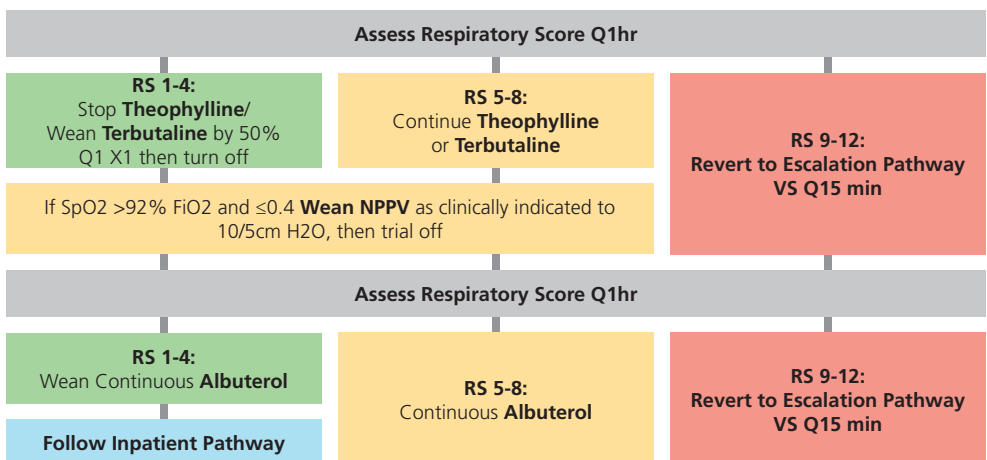
#### Terbutaline (IV):

IV Bolus: 10mCg/kg over 5-10 min, Cont.IV 0.2-10mCg/kg/min, increase by 0.2mCg/kg Q30 min PRN (max 20mg/hr)

#### Theophylline (IV):

IV Bolus: 5 mg/kg over 30 min in D5W, Cont. IV: 0.5-0.8 mg/kg/hr, obtain levels 30 min after bolus and 12-24 hrs after initiating continuous infusion (goal plasma level:10-15 mCg/mL)

## Weaning Pathway



### Weaning Medications:

#### Albuterol:

Wean by 10 mg/hr Q2hrs until 10 mg/hr for 2 hrs then stop if RS ≤4 and use intermittent albuterol 5 mg Q2hrs

#### Methylprednisolone:

IV: 1 mg/kg Q6hrs, may be switched to Prednis(ol) one if off BiPAP and on PO

#### Terbutaline:

Wean by 50% Q1hr x 2 then turn off

#### Theophylline:

Stop if ready to wean

### Escalation:

Check Vital Signs Q15 min x 4 then Q1hr  
Restart prior medication / treatment and follow escalation pathway