

**CLINICAL PATHWAY PAEDIATRIC ASTHMA**

Inclusion Criteria : Previous episode of wheezing requiring treatment  
 Exclusion Criteria: Continuous inhalations required at greater than 4 q1h intervals less than or equal to 3 months of age  
 ELOS: 2 days  
 Pathway Initiated: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Initiated at Phase: \_\_\_\_\_

**Clinical Pathways are not considered a substitute for professional judgement.**

Phase:	Acute Phase	Transition Phase	Discharge Phase
Phase Started on:	____/____/____ at ____	____/____/____ at ____	____/____/____ at ____
<b>PATIENT OUTCOMES</b>	May progress to transition phase when: 3 consecutive 4h inhalations _____ Asthma Score is greater than or equal to 2 _____ <b>Clinical Indicator #1:</b> <b>Appointment made for Asthma Education Center [ ] Yes [ ] No</b> <b>If No, Reason:</b> _____ _____	May progress to discharge phase when: 4 to 6 consecutive 4h inhalations (includes inhalations given in acute phase) _____ Asthma score is greater than or equal to 7 _____	Discharge 4 hours after last medication administered if following criteria met: Asthma Score greater than or equal to 7 _____ O2 not required _____ Adequate fluid intake _____ The Patient/family verbalize understanding of teaching & discharge plan _____
<b>TEACHING</b>	Admission to Unit _____ Consent to Treatment _____ Introduction to Team _____ <b>Completion of Assessment Questionnaire</b> _____ Treatment Plan _____ Purpose of Bronchodilators - frequency _____ Side effects of medications _____ Use of Oximeter equipment _____ Warning Signs _____	Basic physiology - airway reactivity _____ Purpose of steroids _____ Basic triggers _____ Re-inforce medications (reliever/prevention) _____ Role of AEC _____ Initiate introduction to use of compressor _____	Identify triggers _____ Avoidable techniques _____ Puffer technique with Spacer _____ Cleaning of Spacer _____ Re-inforce warning signs _____ Appointment with AEC _____ Re-inforce use of compressor _____ Appointment with Physician within one week _____
<b>INTERVENTIONS:</b>	Vital Signs q1 - 2h Asthma Score q1 - 2h Peak Flows greater than 6 years old q4h (pre & post)	Vital Signs q4h Asthma Score q4h Peak Flows greater than 6 years old q shift(pre & post)	Vital Signs q4h Asthma Score q4h Peak Flows Greater than 6 years old pre-discharge
<b>Assessments</b>			
<b>Consults</b>	Social Worker prn Paediatrician prn	Child Life	
<b>Treatments</b>	O2 Protocol	O2 Protocol	
<b>Medications</b>	Salbutamol inhal q4h (minimum) & notify MRP if greater than 4 consecutive q1h prn inhalations required Ipratropium inhal q4h (minimum) & q2h PRN Budesonide inhal as ordered Oral Steroids as ordered	Salbutamol inhal q4h Ipratropium inhal q4h Budesonide inhal as ordered Oral steroids as ordered	As per Physician Order Administered via: less than or equal to 1 year old - compressor 1 - 2 years old - as per Physician Order greater than or equal to 2 year old - puffer Oral Steroids as per Physician Order
<b>Nutrition</b>	D.A.T.	D.A.T.	D.A.T.
<b>Activity/Safety</b>	A.A.T.	A.A.T.	A.A.T.
Pathway Reviewed with Patient/Family(Initial):	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
<b>Signatures:</b>	Initial	Initial	Initial



**CLINICAL PATHWAY  
PAEDIATRIC ASTHMA**

**Asthma Score**

Assess child for each of the four categories or signs. Assign a corresponding number to each sign. Document the total of these numbers below.

<b>Normal Respiratory Rates *</b>	
<b>Age</b>	<b>Rate</b>
less than 12 mo	30 - 40
1 to 4	23 to 30
4 to 8	20 - 23
8 to 14	18 - 20
14 to 18	16 - 18

Sign	2	1	0
Respiratory Rate (See Chart for Normal Values)	Normal	10 to 20 greater than normal	20 greater than normal
Wheezing	None	Expiratory Only	Inspiratory & Expiratory
Indrawing	None	Subcostal Only	Subcostal & Intercostal
Observed Dyspnea	None	Mild	Marked

\* Whaley & Wong's, Nursing Care of Infants and Children, Mosby, St. Louis, Missouri, 1999.

