ASTHMA

CDU INCLUSION CRITERIA

• Moderate to severe asthma exacerbation
• Initial therapy of steroids and \( \geq 3 \) albuterol aerosols
• Acceptable vital signs
• Intermediate response to therapy - improving but still wheezing; high likelihood of further improvement and subsequent discharge home within 23 to 48 hours
• Peak flow 40-70% of predicted or personal best (if reliable)
• Alert and oriented

CDU EXCLUSION CRITERIA

• Unstable vital signs or clinical condition
• Poor response to therapy or pulse ox <90% with supplemental oxygen
• Peak Flow < 40% of predicted or personal best after initial treatment (if reliable)
• Persistent use of accessory muscles or RR>40 after initial treatment
• Acute altered mental status, lethargy or signs/symptoms of fatigue or impending fatigue
• Unable to ambulate or not at baseline of ADLs
• Requires 1:1 nursing observation
• Toxic theophylline level
• New cardiac arrhythmia or EKG changes (if performed)

CDU INTERVENTIONS AS INDICATED

• Oxygen, serial vital signs and re-evaluations
• Pulse oximetry, cardiac monitoring
• Nebulized bronchodilator therapy (ex. albuterol, atrovent)
• Medications (ex. Steroids, antibiotics)
• Laboratory, imaging studies
• Consultations (ex. Pulmonary)
• Smoking cessation counseling

CDU DISPOSITION

Home
• Acceptable vital signs and labs if performed
• Resolution of bronchospasm or return to baseline status
• Peak flow \( \geq 70\% \) predicted or personal best (if reliable); Pulse ox > 92% on RA or previous home O2 therapy dose
• Tolerating adequate PO diet
• Consultant agreement if involved in decision making
• Adequate follow-up plan established
Hospital
• Clinical deterioration or unstable vital signs
• Not improved or worsening condition (ex. persistent bronchospasm; pulse ox persistently <92% on RA or previous home O2 therapy dose; peak flows <70% of predicted or personal best if reliable)
• PO intolerance
• Positive findings that require hospitalization
• EP or consultant discretion

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