Clinical Scenario
Asthma

Scenario:

50 y/o male to ED. Worsening SOB over last few days. RR 30, HR 122, O2 sat 88% on RA. Wheezing. No other complaints.

ED Course:

IV steroids, IV Mg, Neb x3, BiPAP x2 hrs weaned to 4L then 2L NC then RA. (6hrs in ED)

At Time of Decision:

Medical Hx: Asthma
VS: 99% room air, R 26, P 108
Lungs: continued wheezing
Radiology: CXR neg
Labs: WNL, Covid neg

☐ INPATIENT

- ☐ Ventilator / NIPPV
- ☐ PEF <25% before treatment
- ☐ PEF <40% post treatment
- ☐ PEF 40-60% post tx, one:
  - ☐ History of asthma
  - ☐ Admit <year for asthma
  - ☐ Current/recent oral steroids
  - ☐ >1 canister used last mos
  - ☐ Due to food allergy
- ☐ Hypoxemia and one:
  - ☐ No O2 RA sat <90%
  - ☐ New O2 to keep sat >90%
  - ☐ Increased baseline need
- ☐ PaCO2 ≥ 2mmHg
- ☐ Resp findings despite OBS care
- ☐ RR > 18*
- ☐ Unstable VS*
- ☐ AMS**
- ☐ Evidence of complication (PTX)

*Sustained
**Can NOT be patient's baseline

☑ OBSERVATION

- ☑ Persistent exacerbation, both:
  - ☑ ≥ 1-2 hrs ED treatment
  - ☑ VS abnormality*, one:
    - ☑ RR > 18
    - ☑ HR >100
    - ☐ Hypotension
    - ☐ Orthostatic
- ☐ Accessory muscle use
- ☐ Retractions
- ☐ Head bobbing, nasal flaring, abdominal breathing
- ☐ Unable to complete sentences
- ☐ Peak Flow <60%
- ☐ Hx or high risk for repeat severe exacerbation, one:
  - ☐ Hx intubation
  - ☐ Admit for asthma within yr
  - ☐ Current/present steroids
  - ☐ Due to food allergy
  - ☐ ED visit asthma within month
  - ☐ Pregnancy
  - ☐ Comorbidities

*Sustained

Recommended Workflow

C - Consider appropriate care setting
- Hospitalization

A – Ask what the principal diagnosis is?
- Asthma

R – Review INPT guideline first, then OBS
- INPT criteria: NOT MET -> toggle to OBS
- OBS criteria: MET

E – Enter bed status / level of care order
- Observation

D - Document criteria in medical record

Teaching Points:

- Despite patient being on BiPAP for a short period of time, ED treatment improved the patient's condition, resulting in no supplemental oxygen required at time of decision.
- If patient condition does not improve or worsens, converting to INPT would be appropriate with criteria documentation supporting the reason of the conversion "despite observation care".