Many asthma deaths are preventable. Factors leading to poor outcome include:

- Failure by clinical staff to objectively assess severity
- Patients or relatives failing to appreciate severity
- Under-use of corticosteroids

### Guidelines for the management of acute asthma in adults in general practice

**NHS Calderdale CCGs, NHS Greater Huddersfield CCGs, NHS North Kirklees CCGs and NHS Wakefield CCGs**

<table>
<thead>
<tr>
<th>MILD</th>
<th>MODERATE</th>
<th>ACUTE SEVERE</th>
<th>LIFE THREATENING</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEF &gt;75% best or predicted</td>
<td>PEF &gt;50-75% best or predicted</td>
<td>PEF 33-50% best or predicted</td>
<td>PEF &lt;33% best or predicted</td>
</tr>
<tr>
<td>- SpO₂ ≥ 92%</td>
<td>- SpO₂ ≥ 92%</td>
<td>- SpO₂ ≥ 92%</td>
<td>- SpO₂ &lt; 92%</td>
</tr>
<tr>
<td>- Speech normal</td>
<td>- Speech normal</td>
<td>- Speech normal</td>
<td>- Silent chest, cyanosis</td>
</tr>
<tr>
<td>- Respiratory rate &lt;25/min</td>
<td>- Respiratory rate &lt;25/min</td>
<td>- Respiratory rate ≥25/min</td>
<td>- Poor respiratory effort</td>
</tr>
<tr>
<td>- Pulse &lt;110bpm</td>
<td>- Pulse &lt;110bpm</td>
<td>- Pulse ≥110bpm</td>
<td>- Exhaustion</td>
</tr>
</tbody>
</table>

**Treat at home / in surgery and assess response**

1. **β₂ bronchodilator:** eg salbutamol
   - Via spacer device
   - (2 puffs initially, and 2 puffs every 2 minutes according to response up to maximum of 10 puffs)

2. Prednisolone 40mg (7 days)

**RE-ASSESS (after 30 minutes)**

- Stable or improved and PEF ≥75% then allow home.
- PEF <75% or clinical deterioration then manage according to severity.

**On discharge - Educate & Follow up**

1. Patient is taking a regular inhaled corticosteroid.
2. Inhaler technique is checked and is satisfactory.
3. Medicines are explained and understood by the patient and/or carer.
4. A written Self Management Plan is provided.
5. Treatment is in accordance with BTS and Local guidelines and appropriate to severity of condition.
6. Smoking cessation is discussed and recorded if appropriate.
7. An Asthma UK ‘After your asthma attack’ leaflet is provided.
8. Discuss and address potentially preventable contributors to recent exacerbation.
9. Patient is given clear instructions and understands what action to take if symptoms deteriorate.

All patients should be reviewed by GP or Practice Nurse within 48hrs of acute treatment, or discharge from hospital including discharge from the Emergency Department.

Enquiries to:

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