**SEVERITY ASSESSED AS LIFE-THREATENING ACUTE ASTHMA**

Any of these findings:
- drowsy
- collapsed
- exhausted
- cyanotic
- poor respiratory effort
- soft/absent breath sounds
- oxygen saturation <90%

**GIVE SALBUTAMOL VIA CONTINUOUS NEBULISATION**

<table>
<thead>
<tr>
<th>CHILDREN 0–5 YEARS</th>
<th>CHILDREN 6–12 YEARS</th>
<th>ADULTS AND ADOLESCENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salbutamol 2 x 2.5 mg nebulas at a time</td>
<td>Salbutamol 2 x 5 mg nebulas at a time</td>
<td>Salbutamol 2 x 5 mg nebulas at a time</td>
</tr>
<tr>
<td>Use oxygen to drive nebuliser*</td>
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</tr>
<tr>
<td>Maintain SaO₂ ≥95% or higher</td>
<td>Maintain SaO₂ ≥95% or higher</td>
<td>Titrate oxygen to target SaO₂ ≥92%</td>
</tr>
</tbody>
</table>

*Piped oxygen or oxygen cylinder fitted with a high-flow regulator (6 L/min)

**ARRANGE IMMEDIATE TRANSFER TO HIGHER-LEVEL CARE AREA**

**REASSESS IMMEDIATELY AFTER STARTING SALBUTAMOL**

- Marked improvement
- Some improvement
- No improvement or worsening

**VENTILATE**

**ADD IPRAPROPNIUM BROMIDE**

Add to nebuliser (repeat every 20 minutes for first hour)
- Adults, adolescents and children 6 years and over: 500 mcg
- Children 0–5 years: 250 mcg

**CONTINUE SALBUTAMOL AND MONITORING**

**ADD MAGNESIUM SULFATE IV**

Dilute in compatible solution as single IV infusion over 20 minutes
- Adults and adolescents: 10 mmol
- Children 2–12 years: 0.1–0.2 mmol/kg (max 10 mmol)

**CONTINUE SALBUTAMOL BY CONTINUOUS NEBULISATION**

**CONSIDER THE NEED FOR NPPV OR INTUBATION AND VENTILATION**

**ARRANGE TRANSFER/RETRIEVAL TO ICU**

* Salbutamol IV infusion can be considered in critical care units. Follow your hospital/organisation’s protocol for dosage and delivery.

Monitor blood electrolytes, heart rate and acid/base balance (blood lactate).

Salbutamol toxicity can occur with either the inhaled or IV route of administration. Risk may be increased when the inhaled and IV routes are used concomitantly.