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

- Marked improvement
- Some improvement
- No improvement or worsening

<table>
<thead>
<tr>
<th>Consider anaphylaxis and manage if suspected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider adrenaline if the patient is unresponsive, cannot inhale bronchodilators, or is considered to be peri-arrest</td>
</tr>
</tbody>
</table>

**GIVE SALBUTAMOL VIA CONTINUOUS NEBULISATION**

- **CHILDREN 1–5 YEARS**
  - Salbutamol 2 x 2.5 mg nebulises at a time
  - Ipratropium 250 microg added to nebulised solution
  - Use oxygen to drive nebuliser*
  - Maintain SaO₂ ≥95%

- **CHILDREN 6–11 YEARS**
  - Salbutamol 2 x 5 mg nebulises at a time
  - Ipratropium 500 microg added to nebulised solution
  - Use oxygen to drive nebuliser*
  - Maintain SaO₂ ≥95%

- **ADULTS AND ADOLESCENTS**
  - Salbutamol 2 x 5 mg at a time
  - Ipratropium 500 microg added to nebulised solution
  - Use oxygen to drive nebuliser*
  - Titrate oxygen to target SaO₂ 93–95% in adults/95% in adolescents

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

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

**NOTIFY SENIOR STAFF**

**REASSESS IMMEDIATELY AFTER STARTING SALBUTAMOL**

- Marked improvement
- Some improvement
- No improvement or worsening

**CONTINUE SALBUTAMOL AND MONITORING**

- Marked improvement
- No improvement or worsening

**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 BRONCHODILATOR AND MONITORING**

- When breathing improves, consider changing salbutamol route of delivery:
  - **pMDI PLUS Spacer**
    - Adults and children 6 years and over: 12 puffs (100 microg/actuation) every 20 minutes
    - Children 0–5 years: 6 puffs (100 microg/actuation) every 20 minutes
  - **INTERMITTENT NEBULISATION**
    - Adults and children 6 years and over: 5 mg nebulise every 20 minutes
    - Children 0–5 years: 2.5 mg nebulise every 20 minutes

**REASSESS SEVERITY**

- Figure. Managing acute asthma in adults
- Figure. Managing acute asthma in children

---

Initial management of life-threatening acute asthma. This figure shows in more detail the first stages (‘immediate’ and ‘within minutes’) shown in the figures Managing acute asthma in adults and Managing acute asthma in children.

*Australian Asthma Handbook v2.0 asset ID: 94*