

PROTOCOL FOR: Asthma (ADULT): Nursing Management for the Adult Patient with

DESIRED PATIENT

OUTCOME: Patient will resume effective breathing patterns and maintain a patent airway.

CLINICAL ASSESSMENT

AND CARE:

1. Assess/obtain:
 - a. Medical history
 - b. Allergies
 - c. Medications PTA - i.e. Ventolin inhaler
 - d. Breath sounds - repeat after respiratory treatments and as needed
 - e. Respiratory distress - mild, moderate, severe
 - f. Skin - color, diaphoresis
 - g. Circulatory - lips, nail beds, distended neck veins
 - h. Cough - productive vs. nonproductive, color
 - i. Anxiety level
 - j. Pulse oximetry
 - k. Vital signs as per acuity level
 - l. Baseline peak flow, per Respiratory Therapy
 - m. Ambulatory saturation per MD order
2. Nursing interventions:
 - a. Apply O₂ and titrate to maintain O₂ sat > 95% per MD order.
 - b. Initiate a Duoneb (2.5mg-05mg/3 ml) respiratory treatment, unless contraindicated. Contraindications to Duoneb include:
 - Tachycardia (rate > 130),
 - Blood pressure > 160 systolic
 - Prior Duoneb treatment (within 1 hour)
 - c. If patient has received a Duoneb treatment in the previous hour, and heart rate/blood pressure parameters are not exceeded, the patient should receive only Albuterol (0.5%, 2.5ml).
 - d. CXR per MD
 - e. Labs / ABG per MD
 - f. Steroids IV per MD

REPORTABLE

CONDITIONS:

1. Acute respiratory changes-either improvement or deterioration
2. Restlessness, confusion
3. Change in baseline vital signs

PATIENT EDUCATION:

1. Verify patient's knowledge of MDI and Spacer

APPROVAL:

Emergency Department Standards Committee
Nursing Standards Committee
Emergency Department Manager & Medical Director

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EFFECTIVE DATE: 11/92

REVISION DATES: 10/99, 9/05, 9/08

REVIEW DATE: 2/06