

ASTHMA

CDU INCLUSION CRITERIA

- Moderate to severe asthma exacerbation
- Initial therapy of steroids and ≥ 3 albuterol aerosols
- Acceptable vital signs
- Intermediate response to therapy - improving but still wheezing; high likelihood of further improvement and subsequent discharge home within 23 to 48 hours
- Peak flow 40-70% of predicted or personal best (if reliable)
- Alert and oriented

CDU EXCLUSION CRITERIA

- Unstable vital signs or clinical condition
- Poor response to therapy or pulse ox $< 90\%$ with supplemental oxygen
- Peak Flow $< 40\%$ of predicted or personal best after initial treatment (if reliable)
- Persistent use of accessory muscles or RR > 40 after initial treatment
- Acute altered mental status, lethargy or signs/symptoms of fatigue or impending fatigue
- Unable to ambulate or not at baseline of ADLs
- Requires 1:1 nursing observation
- Toxic theophylline level
- New cardiac arrhythmia or EKG changes (if performed)

CDU INTERVENTIONS AS INDICATED

- Oxygen, serial vital signs and re-evaluations
- Pulse oximetry, cardiac monitoring
- Nebulized bronchodilator therapy (ex. albuterol, atrovent)
- Medications (ex. Steroids, antibiotics)
- Laboratory, imaging studies
- Consultations (ex. Pulmonary)
- Smoking cessation counseling

CDU DISPOSITION

Home

- Acceptable vital signs and labs if performed
- Resolution of bronchospasm or return to baseline status
- Peak flow $\geq 70\%$ predicted or personal best (if reliable); Pulse ox $> 92\%$ on RA or previous home O₂ therapy dose
- Tolerating adequate PO diet
- Consultant agreement if involved in decision making
- Adequate follow-up plan established

Hospital

- Clinical deterioration or unstable vital signs
- Not improved or worsening condition (ex. persistent bronchospasm; pulse ox persistently <92% on RA or previous home O2 therapy dose; peak flows <70% of predicted or personal best if reliable)
- PO intolerance
- Positive findings that require hospitalization
- EP or consultant discretion

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