

# CLINICAL PATHWAY: Emergency Department Asthma

THIS PATHWAY  
SERVES AS A GUIDE  
AND DOES NOT  
REPLACE CLINICAL  
JUDGMENT.

The following tests and treatments are **NOT** routinely indicated for the treatment of asthma:

- Chest x-rays (features typically associated with positive chest x-ray findings include fever, no family history of asthma, and localized lung findings on physical exam)
- Antibiotics (unless diagnosed with a bacterial infection)

**Inclusion Criteria:** ≥1 years old; previous diagnosis of asthma or ≥2 previous episodes of wheezing; MPIS ≥5; patients who were given epinephrine in the ambulance or at an outlying hospital; patients with history of prior ICU admissions who present more than once to the Emergency Department during an exacerbation

**Exclusion Criteria:** <1 years old; primary diagnosis of bronchiolitis or pneumonia (see [Bronchiolitis Clinical Pathway](#), [Community Acquired Pneumonia Clinical Pathway](#)); chronic cardiac or lung disease other than asthma

**Special Considerations for High Risk Populations:**

**Admissions recommended for the following patients, regardless of their current MPIS score:**

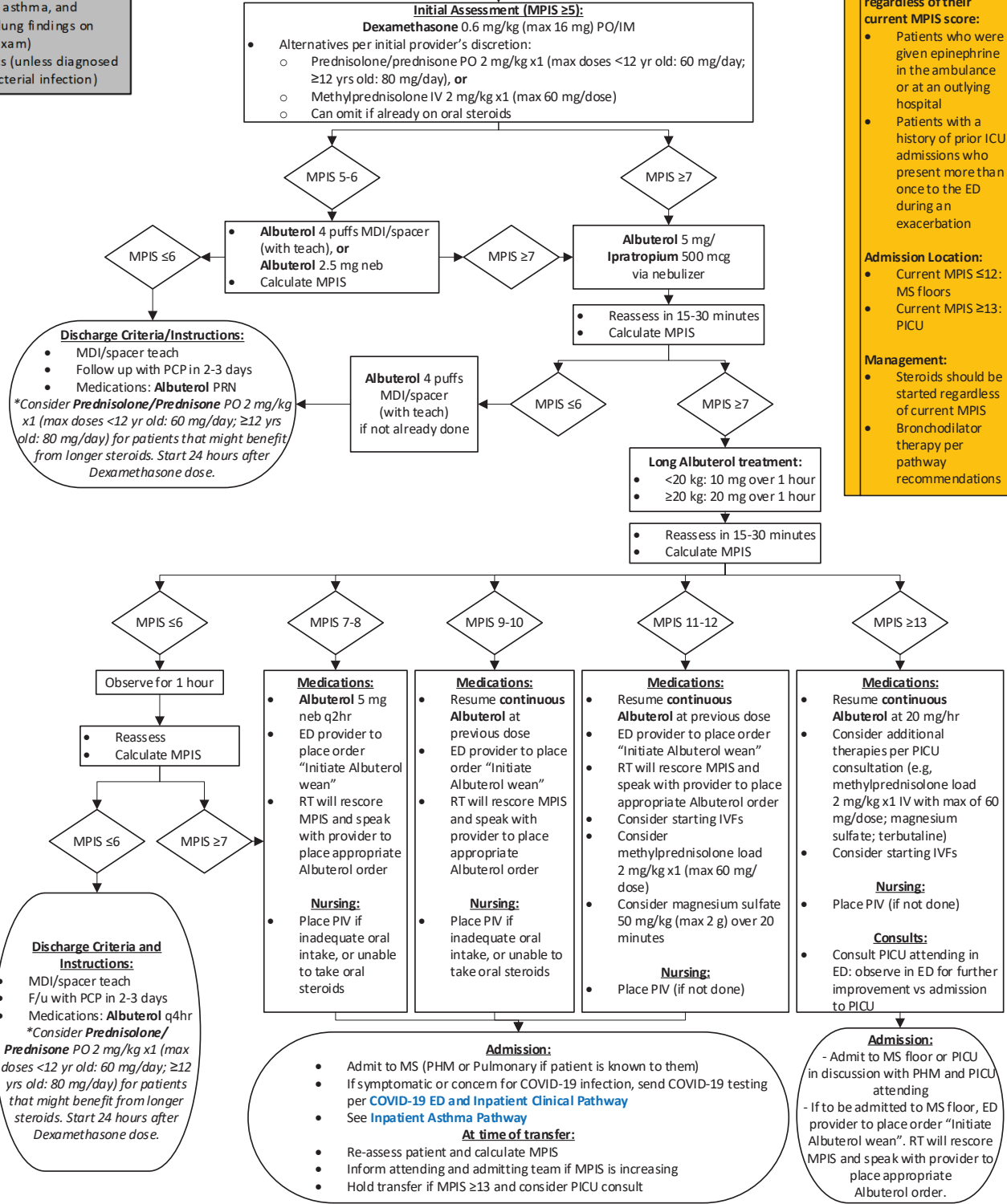
- Patients who were given epinephrine in the ambulance or at an outlying hospital
- Patients with a history of prior ICU admissions who present more than once to the ED during an exacerbation

**Admission Location:**

- Current MPIS ≤12: MS floors
- Current MPIS ≥13: PICU

**Management:**

- Steroids should be started regardless of current MPIS
- Bronchodilator therapy per pathway recommendations



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