

### Green – Mild to Moderate

Aged 2 - 5 Years	Over 5 Years
Wheeze and cough with tightness and mild dyspnoea	Wheeze and cough with tightness
Pulse < 140/bpm	Able to talk
Mild respiratory distress	PEFR* > 50 % predicted height
Respiratory rate > 50	Pulse < 120/bpm
No distress, no speech or feeding difficulty	Saturation > 92%
Saturations > 92 % in air	

2-5 puffs salbutamol via spacer/mask and reassess

**Good effect**

- Advise to use as directed but to seek medical review if needing more than every 4 hours or for more than 3-4 days
- Consider Montelukast (from 6 months plus) if picture of Episodic Viral Wheeze and recurrent episode (start at onset of coryza and stop when symptoms resolve)

**Little effect**

- Consider alternative diagnoses
- If well then no specific treatment needed
- Reassure and provide follow-up instructions in case of deterioration
- Wheeze in <12m is usually not reversible**

not responding, deteriorating

**If clinical concern that they are not responding and deteriorating**

Countess of Chester Hospital - 01244 365000, ask to bleep Pediatric Registrar  
 Macclesfield District Hospital - 01625 42100 bleep 3494  
 Leighton Hospital - 01270 255141, ask to bleep Paediatric Registrar

### Amber – Moderate / Severe

Aged 2 - 5 Years	Over 5 Years
Too breathless to talk	To breathless to feed
Respiratory rate > 50/min	Respiratory rate > 40/min
Pulse > 140/bpm	Pulse > 120/bpm
Use of accessory muscles	PEFR* < 50 % predicted height

- Salbutamol 5-10 puffs via spacer/mask or 2.5mg nebulised if pale/cyanosed/O2 sats less than 92% (nebulised with oxygen if possible)
- Prednisolone 2mg/kg (or 20mg if weight not known) orally

**Refer to secondary care ASAP**

### Red – High Risk

Aged 2 - 5 Years	Over 5 Years
	Cyanosis
	Silent Chest
	Poor respiratory effort
	Fatigue or exhaustion
	Agitation or reduced level of consciousness
	PEFR* > 33% predicted height

- Salbutamol 2.5mg + Ipratropium 250micrograms nebulised
- Prednisolone 2mg/kg (or 20mg if weight not known) if tolerated orally OR Dexamethasone 0.3mg/kg, maximum 12 mg

**999 ambulance to hospital**

### Aged < 2 years

MILD/MODERATE:	MODERATE/SEVERE	SEVERE/LIFE THREATENING
No respiratory distress	Use of accessory muscles	Cyanosis
RR < 50 (under 12m) < 40 (over 12m)	RR 50-60 (under 12m) 40-50 (over 12m)	Poor respiratory effort
HR < 160 (under 12m) < 140 (over 12m)	HR > 160 (under 12m) > 140 (over 12m)	Fatigue or exhaustion
Sats > 92%	Saturations < 92%	Apnoeas
Tolerating > 75% feed	Too breathless to feed	Mottled

If clear history of **WHEEZE**  
**May** be responsive to salbutamol

**Acute wheeze < 2 year's old**  
Consider **BRONCHIOLITIS**  
(Most likely diagnosis in <12months old)  
**Refer to bronchiolitis pathway**

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.

<https://brit-thoracic.org.uk/quality-improvement/guidelines/asthma/>  
**PEFR** – Peak Expiratory Flow Rate  
**LRTI** – Lower Respiratory Tract infection