Vale of York Clinical Commissioning Group

York and Scarborough Teaching Hospitals NHS Foundation Trust

	Acute Asthma: Traffic light system for children		
	Green – Moderate	**Amber – Severe**	**Red – Life Threatening**
Activity	• Responds normally to social cues • Content/smiles • Stays awake/awakens quickly • Strong normal cry	• Altered response to social cues • No smile • Reduced activity • Parental anxiety	• Not responding normally or no response to social cues • Unable to rouse or if roused does not stay awake • Weak, high pitched or continuous cry • Appears ill
Skin	• Normal skin colour	• Normal skin colour • Pallor reported by parent/carer • Cool peripheries	• Pale, mottled, ashen • Cold extremities • CRT >3 secs
Respiratory	• No respiratory distress	• Tachypnoea •	• Significant respiratory distress • Grunting • Apnoeas • Poor respiratory effort • Exhaustion
Respiratory rate	• <12m: <50 breaths/min • >12m: <40 breaths/min	• <12m: 50-60 breaths/min • >12m: 40-60 breaths/min	• All ages:>60 breaths/min
O_2 Sats in air	• ≥ 95%	• 92-94%	• ≤ 92%
Chest recessions	• None	• Moderate	• Severe
Nasal flaring	• Absent	• May be present	• Present
Verbal	•	• Too breathless to talk or feed	• Not able to talk
Auscultation	• Good air entry • Mild-moderate wheeze	• Decreased air entry with marked wheeze	• Silent chest
O_2 Sats in air	• ≥ 95%	• 92-94%	• ≤ 92
Hydration	• CRT <2 secs • Tolerating 75% of fluid • Moist mucous membranes • Occasional cough induced vomiting	• 50-75% fluid intake over 3-4 feeds • Cough induced vomiting • Reduced urine output	• < 50% fluid intake over 2-3 feeds • Significantly reduced urine output
Circulation	• 2-5y: ≤ 140 bpm •	• 2-5y: >140 bpm •	• Hypotension

Moderate	Severe / Life Threatening
• Give 2-10 puffs of salbutamol via spacer ± facemask (given 1 puff at a time, inhaled separately) • Reassess 15-30 minutes post intervention •	• Immediate assessment by a doctor • Refer to hospital ED resus urgently via ambulance (999) • High flow oxygen via face mask to achieve SpO_2 >94% • Give 10 puffs of salbutamol via face mask or via O_2 driver nebuliser • If poor response add nebulised ipratropium bromide • Continue with further doses of bronchodilator while awaiting transfer

Good Response	Poor Response
• Check inhaler technique • Continue salbutamol 2-4 puffs, 4 hourly for 24 hours, then PRN • Arrange follow-up in 2-4 weeks with practice nurse	• Consider hospital admissions/999 • If clinical concern discuss with paediatrician on call • If SpO_2 <94% give O_2 • Consider further dose of salbutamol while awaiting transfer • If poor response add nebulised ipratropium bromide