Table 3

Summary of BTS/SIGN recommendations on the management of acute asthma[6]

All children with features of life-threatening asthma or SpO_2 < 94%

- Administer high flow oxygen via a tight-fitting face mask or nasal cannula

Children with severe or life-threatening asthma or SpO_2 < 92%

- Administer frequent doses of 2.5-5 mg salbutamol via an oxygen-driven nebuliser
- If symptoms are refractory to the initial dose of $beta_2$ agonist, add ipratropium bromide (250 micrograms/dose mixed with the nebulised $beta_2$ agonist solution)
- Administer oral prednisolone, see table 4, below
- Arrange ambulance transfer to hospital

Children with mild to moderate asthma

- Administer 2 to 4 puffs of salbutamol (100 micrograms) via a pMDI plus spacer device
- Increase to 10 puffs in more severe exacerbations
- Administer single puffs one at a time with five tidal breaths in between
- Administer oral prednisolone, see table 4, below

Further details on the general practice management of acute asthma in children aged 2-5 years and > 5 years can be found in Annex 5, p165 of the full guideline[6]