Acute Asthma Exacerbation vs Poor Control

BTS/NICE/SIGN 2024 | NICE CKS 2024 | MHRA 2019

■ 999 / A&E; NOW: Life-Threatening or Acute Severe

- ■ 999: silent chest; SpO2 below 92%; PEF below 33%; cyanosis; confusion or collapse; no response to 10 puffs salbutamol via spacer
- ■ A&E; (supervised transfer): PEF 33 to 50%; unable to complete a sentence; RR 25+ /min; pulse 110+ /min (adult thresholds)
- ■ Call 999 if any doubt about safety, no escort available, or patient deteriorates during assessment
- ■ Continue salbutamol en route. Do not allow patient to travel alone or drive
- ■ If trained and equipped: give emergency oxygen targeting SpO2 94 to 98% while awaiting transfer
- ■ Document: time, severity markers observed, salbutamol given, escalation decision

SPACE: Acute Severe Asthma

S	**Speech**	Cannot complete a sentence in one breath.
P	**PEF**	Below 50% of best or predicted.
A	**Air entry**	Reduced or silent chest despite effort.
C	**Consciousness**	Confusion, exhaustion or drowsiness.
E	**Effect of salbutamol**	No improvement after 10 puffs via spacer.

■ SAME-DAY GP REVIEW (within hours)

- ■ PEF 50 to 75% with no improvement on usual reliever
- ■ Increasing reliever use over recent days; or oral steroid course in past four weeks
- ■ Reliever used 3+ times per week or night waking: poor control, GP review needed
- ■ Contact GP directly. Document discussion. If GP unavailable or patient worsens: A&E;
- ■ Lower threshold in pregnancy and frail older adults

✓ EMERGENCY SUPPLY / PGD: Mild, Good Response Only

- ■ Only if: PEF above 75%, full sentences, clear response within 15 to 20 min, locally commissioned PGD
- ■ Check inhaler technique, spacer, and ICS adherence before supplying
- ■ More than 2 x 200-dose inhalers this year or 3+ SABA prescriptions: GP review, not further supply
- ■ Document supply, assessment, safety netting given. Confirm GP follow-up arranged
- ■ Safety net: call 999 if breathing worsens, drowsy, unable to speak, lips blue, or no improvement by 3 to 4 hours
- ■ Children who do not respond promptly to salbutamol: refer for GP assessment, do not manage at counter

Key reminders: Adult RR/pulse thresholds do not apply to children. Normal SpO2 does not exclude acute severe asthma: always assess PEF, speech, and respiratory rate together. More than two 200-dose SABA inhalers per year is a recognised asthma mortality risk marker (MHRA 2019).

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