The endeavor to update the ED clinical pathway for asthma management was well-received by providers from all practice areas. However, barriers to implementation were the addition of the inpatient pathway to the revision agenda, provider availability for discussion of key pathway components, and staffing limitations leading to alterations to the clinical pathway as well as delays in building the protocol into the electronic medical record.

**BACKGROUND**

- Prompt administration of albuterol and corticosteroids reduces hospital admissions in patients who present to emergency departments with asthma exacerbations.
- Clinical pathways lead to reductions in time to treatment and admission rates for many common diseases.

**OBJECTIVE**

- Update and implement a collaborative clinical pathway for the management of asthma exacerbations in a pediatric emergency department to improve patient outcomes.

**SIGNIFICANT CHANGES**

**PHASE I (0 – 60 minutes)**

- Mild = CAS 0 – 2
  - albuterol neb over 15 min
    - (≤ 20 kg) albuterol 2.5 mg
    - (≥ 20 kg) albuterol 5 mg

**PHASE II (60 – 120 minutes)**

- Moderate = CAS 3 – 4
  - albuterol neb over 15 min
    - (≤ 20 kg) albuterol 2.5 mg
    - (≥ 20 kg) albuterol 5 mg

**PHASE I (0 – 60 minutes)**

- Mild = PAS 0 – 2
  - (≤ 20 kg) albuterol MDI 4 puffs VHC
  - (≥ 20 kg) albuterol MDI 8 puffs VHC

**PHASE II (60 – 120 minutes)**

- Moderate = PAS 3 – 5
  - (≤ 20 kg) albuterol MDI 4 puffs VHC
  - (≥ 20 kg) albuterol MDI 8 puffs VHC

**REVISION PROCESS**

- August 2021 – October 2021: perform literature evaluation for protocol research
- November 2021: create pharmacy draft of protocol revision
- December 2021: revise inpatient asthma clinical pathway with updated scoring system
- January 2022: receive pulmonologist feedback of protocol rough draft
- February 2022: update protocol revision and prepare for workgroup meeting
- March 2022: finalize protocol revision for submission with workgroup
- April 2022: submit protocol for formal approval process