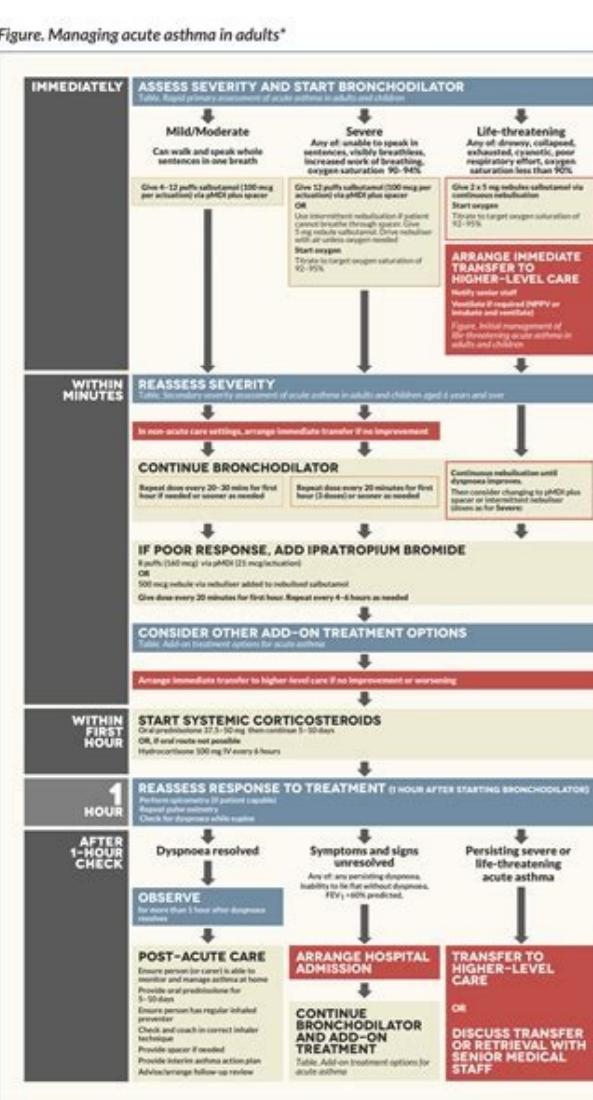
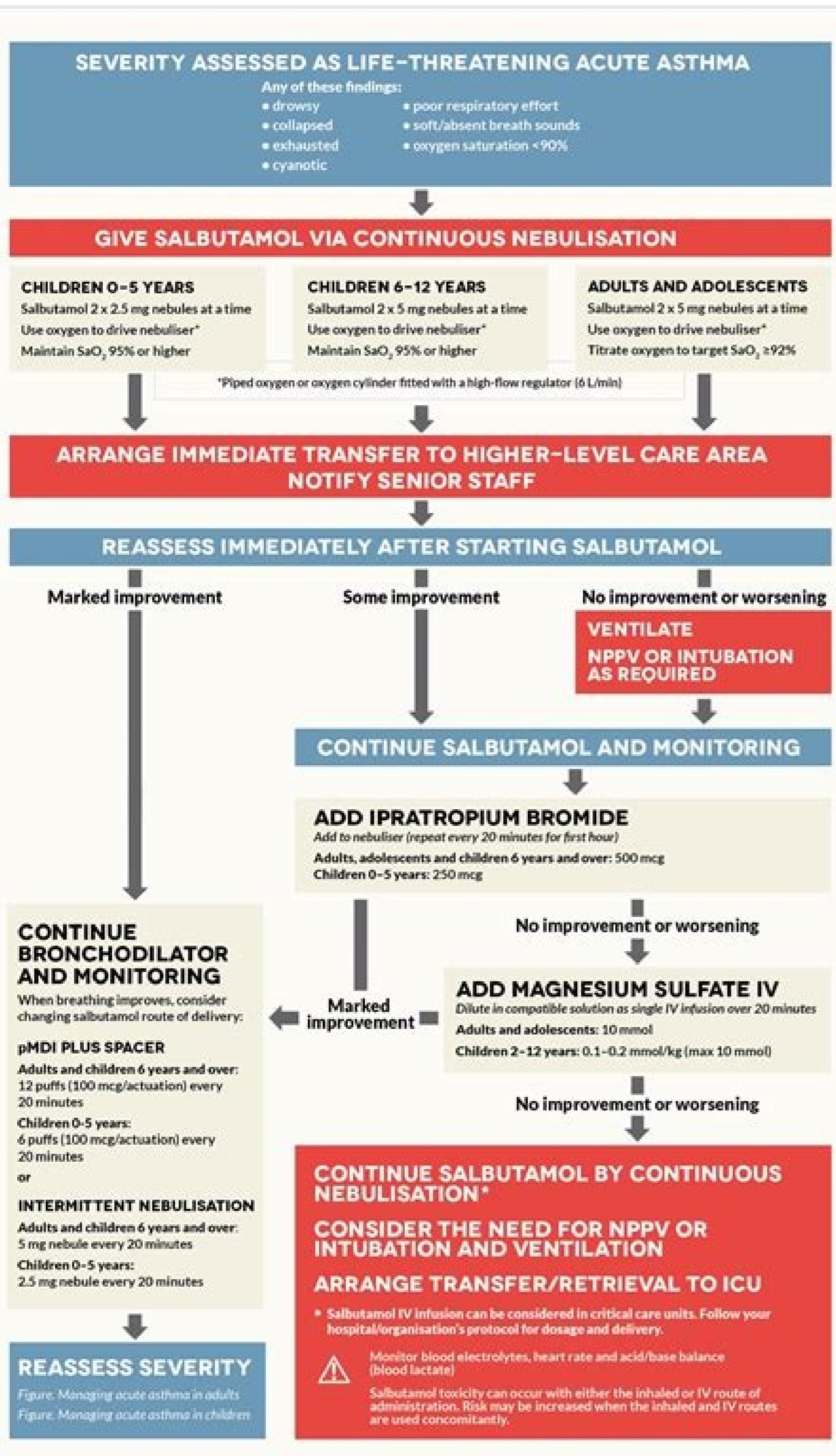
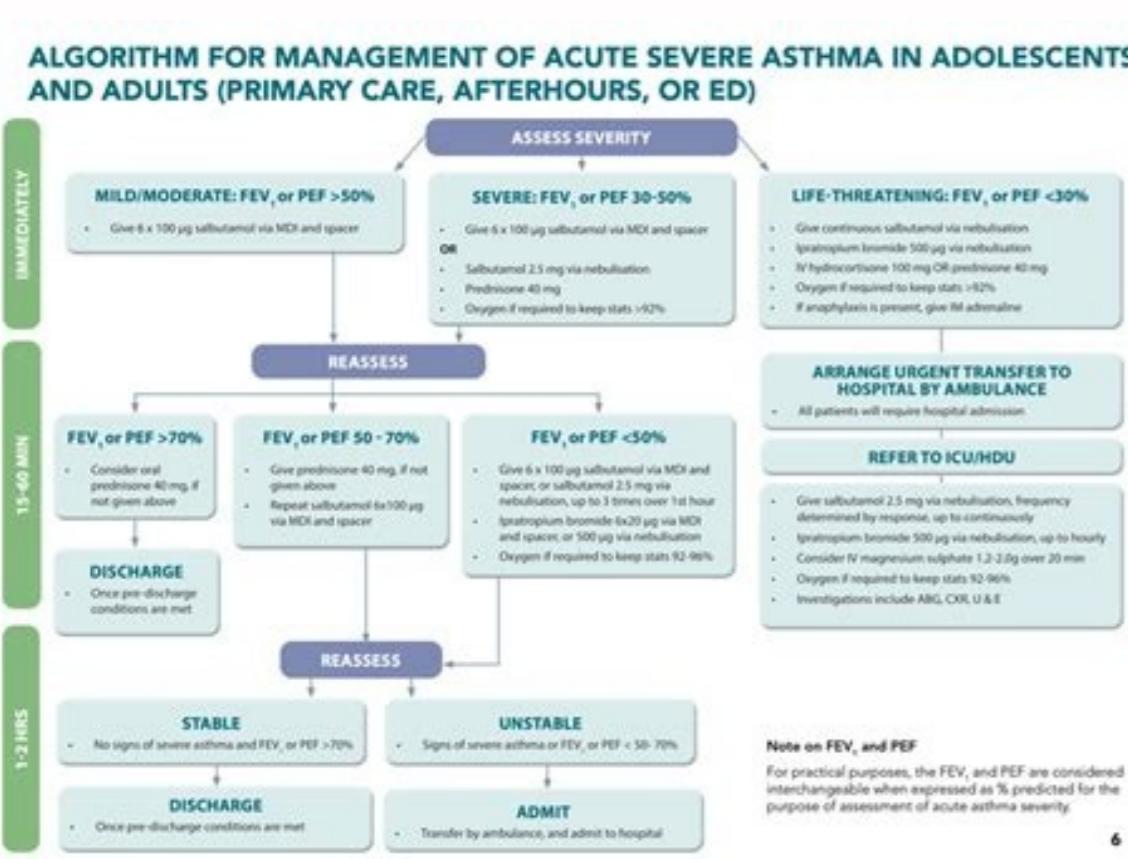


I'm not a robot!





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derate asthma	Increasing symptoms PEF >50–75% best or predicted No features of acute severe asthma																
te severe asthma	Any one of: <ul style="list-style-type: none"> <li>- PEF 33–50% best or predicted</li> <li>- respiratory rate <math>\geq 25/\text{min}</math></li> <li>- heart rate <math>\geq 110/\text{min}</math></li> <li>- inability to complete sentences in one breath</li> </ul>																
-threatening ma	Any one of the following in a patient with severe asthma <table border="1"> <thead> <tr> <th>Clinical signs</th> <th>Measurements</th> </tr> </thead> <tbody> <tr> <td>Altered conscious level</td> <td>PEF &lt;33% best or predicted</td> </tr> <tr> <td>Exhaustion</td> <td><math>\text{SpO}_2 &lt; 92\%</math></td> </tr> <tr> <td>Arrhythmia</td> <td><math>\text{PaO}_2 &lt; 8 \text{ kPa}</math></td> </tr> <tr> <td>Hypotension</td> <td>'normal' <math>\text{PaCO}_2</math> (4.6–6.0 kPa)</td> </tr> <tr> <td>Cyanosis</td> <td></td> </tr> <tr> <td>Silent chest</td> <td></td> </tr> <tr> <td>Poor respiratory effort</td> <td></td> </tr> </tbody> </table>	Clinical signs	Measurements	Altered conscious level	PEF <33% best or predicted	Exhaustion	$\text{SpO}_2 < 92\%$	Arrhythmia	$\text{PaO}_2 < 8 \text{ kPa}$	Hypotension	'normal' $\text{PaCO}_2$ (4.6–6.0 kPa)	Cyanosis		Silent chest		Poor respiratory effort	
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r-fatal asthma	Raised $\text{PaCO}_2$ and/or requiring mechanical ventilation with raised inflation pressures <sup>504–507</sup>																

$P_{O_2}$ : partial arterial pressure of oxygen  
kiloPascals  
 $P_{CO_2}$ : partial arterial pressure of carbon dioxide

How to treat an acute asthma attack. Asthma attack management guidelines. Acute asthma attack guideline

Center of Alaska. "What makes an attack for you may be different from me." Individual attacks may bring slightly different symptoms or severity of symptoms, but they all have one thing in common: a rapid change from your normal symptoms (which, with good management, may be zero). "It's sudden," says Marilyn Li, MD, associate professor of pediatrics at the University of Southern California Keck School of Medicine. "It's a distinct event." Symptoms of an asthma attack can include difficulty breathing, wheezing, coughing, mucus production, shortness of breath, chest tightness or pressure, and even trouble talking or hypoxia (when your lips or fingernails turn blue due to lack of oxygen). These last two, though, are "pretty extreme," says Dr. Rathkopf. RELATED: Medicines for Asthma and Allergies "Triggers of an asthma attack vary from person to person, but the two main causes are allergies or infections," says Dr. Rathkopf. For people with allergic asthma, common triggers are pollen (especially during certain seasons), mold, dust mites, cockroaches, and pet dander, especially from cats. "Cat dander tends to be stickier and gets caught in the airways," says Dr. Rathkopf. Upper respiratory infections like a cold, the flu, or sinusitis are also common causes of an asthma attack. Other possible triggers include cigarette smoke, perfumes and fragrances, stress and strong emotions, cold air, exercise, acid reflux, and even bad weather. Certain weather-related events, such as high winds, can aggravate asthma. "When the Santa Ana winds [in California] start, they blow everything off the bushes or ground so it's airborne for a while," says Dr. Li. Those airborne elements—pollen, dirt—easily get into your airways and precipitate an attack. RELATED: Does Asthma Go Away? While some asthma attacks are mild, lasting just a few minutes, others are severe and may need immediate medical treatment. Many milder attacks can be handled at home. Here's what to try. If you know what your triggers are, try to stay away from them so you can avoid asthma attacks altogether. Sometimes, this isn't possible—but if you find yourself having an asthma attack and you know why, do what you can to get away from the culprit. "If you walked into someone's house with a cat, then get outside," says Dr. Rathkopf. "If you're outside and it's cold, then get inside or cover up your mouth with a scarf." Every [asthma] patient should leave their doctor's office ... with an asthma action plan," says Dr. Li. These individualized plans will guide you through the best next steps during an asthma attack. "Preparation is key," says Dr. Li. "Attacks happen." That goes for everyone—even if you've never had an asthma attack. "Patients have felt like they can't really have asthma because they've never had an attack," says Dr. Rathkopf. "That's fortunate for them, but it doesn't mean they couldn't have one." The first step after getting away from your trigger—or if you can't avoid your trigger or don't know what it is—is usually medication. "Every asthmatic should have a rescue medication—generally some form of albuterol inhaler—and the idea is to carry that on you all the while ... even if you haven't needed it for a long time," says Dr. Rathkopf. These are usually quick-acting bronchodilators, meaning they open up the airways to help you breathe more easily. "For severe asthma, [doctors] can prescribe an injectable epinephrine, but that's rarely necessary," Dr. Rathkopf adds. "Take anywhere from two to four puffs," advises Dr. Li. It may be easier said than done, but it often helps to relax your upper body and slow down your breathing during an asthma attack. "You don't want to have a panic attack on top of it," says Dr. Rathkopf. "It's separate from an asthma attack, but [can] coexist with one. If you've had an asthma attack before, you'll probably have a good idea of how this attack will play out."The highest risk of a severe attack is a history of a severe attack," says Dr. Rathkopf. "Prior symptoms really predict future reactions." If you don't feel better after one round of your rescue inhaler, repeat the process if your action plan calls for it. After that, you should seek medical attention, either at the emergency room or your doctor's office, especially if you have a respiratory infection. In these cases, rescue medications might work, but there's a good chance you'll need more help. Some signs that you need emergency medical treatment are not being able to speak because of shortness of breath; not feeling better after using your rescue inhaler, and straining your chest muscles just to breathe. Thanks for your feedback! Indinnimeo L, Barbato A, Cutrera R, et al. Gestione dell'attacco acuto d'asma in età pediatrica. *Ital J Pediatr.* 2008;33:14-33. Google Scholar . 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Montelukast treatment of acute asthma exacerbations in children aged 2 to 5 years: a randomized, double-blind, placebo-controlled trial. *Pediatr Emerg Care.* 2017; June 7;Page 2 Note. PEF is expressed as percentage of personal best. Not all parameters have to be abnormal, but a single abnormality may be sufficient to classify a patient into a severity class. The severity category may change when more information is available or over time