



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Emergency Room		
<b>Document:</b>	Multidisciplinary Policy and Procedure		
<b>Title:</b>	Bronchial Asthma		
<b>Applies To:</b>	All Emergency Room Staff		
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## 1. PURPOSE:

- 1.1 To prevent further development of severe respiratory distress.

## 2. DEFINITONS:

- 2.1 **Asthma** – is an inflammatory condition that leads to tightening of the muscles around the airways and swelling that cause airways to narrow.

## 3. POLICY:

- 3.1 Any patient received in emergency room with episodes on wheezing and dyspnea must be given immediate action.

## 4. PROCEDURE:

- 4.1 Assess patient for any signs of chest tightness, episodes of cough, wheezing, dyspnea, anxiety and nasal flaring to promote immediate treatment and management.
- 4.2 Place in most comfortable position; Fowler's position to alleviate discomfort.
- 4.3 Check vital signs.
- 4.4 Check O<sub>2</sub> saturation through finger oximetry (maintain O<sub>2</sub> saturation of 95%) to check for any signs of hypoxia.
- 4.5 Give ventolin nebulization 1 cc ventolin with 3 cc of normal saline as inhalation as physician's order.
- 4.6 Monitor vital sign, skin color, and degree of restlessness as it may indicate signs and hypoxia.
- 4.7 Administer IV fluids to correct dehydration and to keep the secretions thin.
- 4.8 Give hydrocortisone IV as prescribe by physician.
- 4.9 Chest X – ray portable as physician's order.
- 4.10 ABG to detect respiratory acidosis.
- 4.11 Prepare patient for admission or discharge as physician advised.

## 5. MATERIAL AND EQUIPMENT:

- 5.1 O<sub>2</sub> Mask
- 5.2 Oxygen Port
- 5.3 Pulse Oximeter
- 5.4 Other materials and medicine use to treat Bronchial Asthma

## 6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse
- 6.3 Radiologist

7. APPENDICES:

N/A

8. REFERENCES:

8.1 Kingdom of Saudi Arabia Ministry of Health Baish General Hospital, 2018

9. APPROVALS:

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