Airway disease

START HERE

ASSESS	OXYGEN	BRONCHODILATORS	STEROIDS + TESTS	ESCALATE
ABCDE, SpO2, speech, work of breathing	Asthma 94–98% · COPD 88–92%	Salbutamol ± ipratropium	Steroids early, PEF / ABG / CXR as indicated	Call for help if tiring or deteriorating

Treat the patient first. Severity and gas exchange guide escalation.

YOUR TWO PRIORITIES

1 ACUTE ASTHMA



TYPICAL CLUES

Wheeze, chest tightness and breathlessness. Ask about prior ICU, admissions and inhaler use.

TREAT NOW

- Oxygen if hypoxic, target SpO2 94–98%.
- Repeated salbutamol via spacer or oxygen-driven nebuliser.
- Add nebulised ipratropium in severe attacks.
- Give prednisolone 40–50 mg PO or IV hydrocortisone early.
- If severe or poor response, discuss IV magnesium with senior.

ANTIBIOTICS

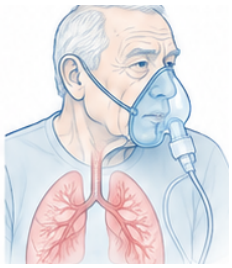
- Not routine unless a bacterial infection is suspected.

ADMIT / CALL CRITICAL CARE

- Admit if acute severe (PEF 33–50%), hypoxic or poor response.
- Life-threatening: silent chest, exhaustion or confusion.
- Normal / rising PaCO2, deterioration or need for ventilation: call ICU now.

NIV is NOT routine in acute asthma.

2 ACUTE COPD EXACERBATION



TYPICAL CLUES

More breathless than baseline, increased sputum, cough or wheeze. Many attacks are viral.

TREAT NOW

- Controlled oxygen, usually target SpO2 88–92% pending ABG.
- Nebulised salbutamol + ipratropium.
- Prednisolone 30 mg PO for 5 days.
- If admitted: ABG, CXR, ECG, FBC and U&Es.

ANTIBIOTICS

- Consider if sputum turns purulent with increased volume / thickness.
- Assess for pneumonia or severe bacterial illness.

WHEN TO ADMIT

- Severe breathlessness, cyanosis, confusion or acidosis.
- Poor response, major comorbidity or inadequate home support.

NIV / ICU

- NIV if pH <7.35 AND PaCO2 >6.5 kPa persist despite optimal therapy.
- Repeat ABGs and agree an escalation / ceiling-of-care plan.
- ICU if deteriorating, NIV fails or intubation is needed.

Not all exacerbations need antibiotics or NIV.

ALSO REMEMBER

Not all wheeze is asthma or COPD.	In severe asthma, normal PaCO2 is worrying.	ABG guides COPD NIV decisions.	Escalate early if tiring or worsening.