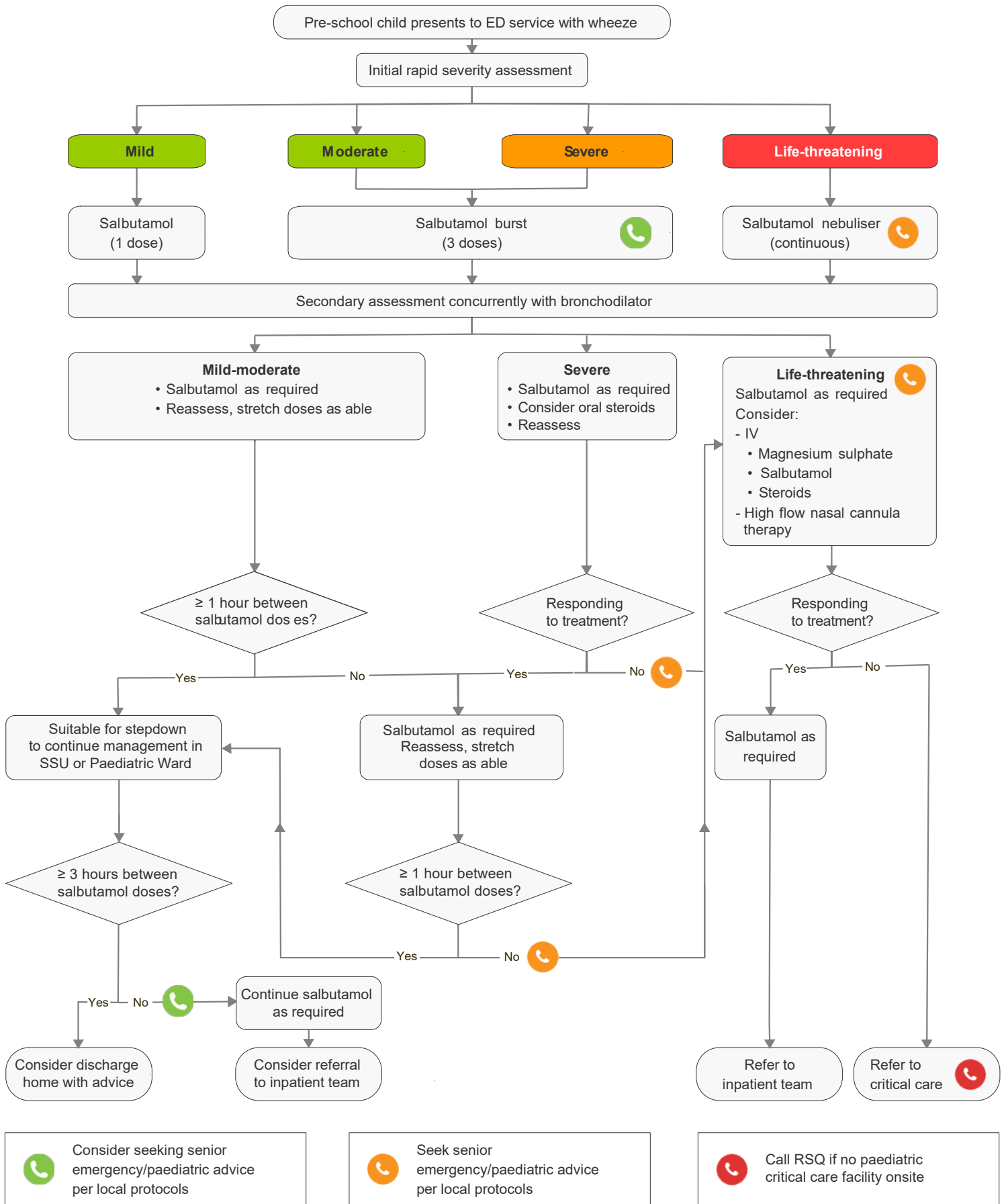


Pre-school wheeze - Emergency Management in Children - Flowchart



For more information refer to the *Statewide Paediatric Guideline: Pre-school Wheeze - Emergency Management in Children*.

Pre-school Wheeze- Emergency Management in Children – Medications

Inhaled salbutamol dosing for the treatment of wheeze in pre-school children		
MDI* 100mcg	< 20 kg 6 puffs	>20kg 12 puffs
Nebulised	< 20 kg 2.5mg	>20kg 5mg
Salbutamol burst	Administer 3 doses as above at 20-minute intervals	
Continuous nebulised salbutamol	Neat salbutamol nebuliser solution (5mg/mL), replenish where reservoir empty	

*Metered dose inhaler. Always use with a spacer. Also use a mask if unable to form a reliable seal around the spacer.



ALERT - Cumulative doses of salbutamol can cause agitation, tremor, tachycardia, tachypnoea and rarely, hypertension.

Raised lactate, hypokalaemia and raised glucose on VBG are markers of salbutamol toxicity.

Steroid dosing for the treatment of wheeze in pre-school children	
Prednisolone (PO)	Day 1: 2mg/kg (max 50mg) Day 2 and 3: 1mg/kg Can extend course to 5 days if still symptomatic after 3-day course
Hydrocortisone (IV)	4mg/kg (max 200mg), 6 hourly
OR Methylprednisolone (IV)	Initial loading dose: 2mg/kg (max 60mg) Then Day 1: 1mg/kg 6 hourly Day 2: 1mg/kg 12 hourly Day 3 onwards: 1mg/kg daily

Magnesium sulphate IV dosing for the treatment of wheeze in pre-school children	
Bolus dose	0.2 mmol/kg (equivalent to 50 mg/kg) infused over 20 minutes (max 8 mmol = equivalent to 2,000mg) Must be administered in syringe driver using safety software.
Side effects	Usually minor, including: <ul style="list-style-type: none"> • epigastric or facial warmth and flushing • pain and/or numbness at infusion site • dry mouth • malaise Severe reactions include allergy, hypotension, respiratory depression and circulatory collapse
Monitoring	Full cardiac monitoring with blood pressure every 5 minutes. Cease infusion if hypotension persists. Monitor knee reflexes if repeating dose to assess for magnesium toxicity which can result in respiratory failure. Magnesium should be ceased/no further doses given if reflexes are absent.

Salbutamol IV dosing for the treatment of wheeze in pre-school children	
Bolus dose	100mcg/kg infused over 20 minutes (max 5 milligrams)
Infusion	1-10mcg/kg/min (max weight 50kg)
Monitoring	Full cardiac monitoring, monitor potassium levels.

For more information refer to *Statewide Paediatric Guideline: Pre-school wheeze- Emergency Management in Children*