

Asthma Scoring Grid

Score	Room Air 0		Room air or FIO ₂ < 40% 1		FIO ₂ > 40% 2	
	Pediatric	Adult	Pediatric	Adult	Pediatric	Adult
Oxygenation PaO ₂ SaO ₂ Cyanosis	≥ 70 mmGH, or > 95%, or None	> 80mmHg > 95%	< 70 mmHG, or 91- 95%, or Mild	60-70 mmHg 91-95%	< 60 mmHg, or < 91%, or Moderate to severe	< 60 mmHg < 91%
Breath Sounds Peak Flow (Pt normal Best)	Equal with good air exchange > 75% of patient norm best	Equal with good air exchange 80% of pt norm best	Unequal or ↓ air exchange 50%-75% of pts norm best	Unequal or ↓ air exchange 50-80% of pt norm best	Absent due to lack of air movement or < 50% pts norm best	Absent due to lack of air movement or < 50% of pt norm best
Wheezing	None	Moderate, only end expiratory	Moderate with expira- tory only	Loud, throughout exhalation	Marked with inspiratory and expiratory, or none secondary to minimal to no air exchange	Loud, inspiratory & expiratory
Use of Accessory Muscles	None, able to speak without distress	None	Moderate, intercostals retractions	Moderate, suprasternal retractions	Marked intercostal with paradoxical movements and/or use of neck muscles	Marked, suprasternal retractions
Level of Consciousness	Normal	May be agitated	Irritable or depressed	Usually agitated	Unresponsive	Usually agitated

1. A score of ≥ 7 is an indication for an ICU or PICU admission.
2. A score of ≥ 7 indicates the need for continuous nebs. A score of < 7 for 2 hours is an indication to wean continuous nebs (dose or frequency)
3. Peak Flows should be done Q2-4 hours (on patients with reliable effort) when score is > 4 .
4. If score is equal to 3, Q shift peak flow should be performed.
5. Scoring should be performed Q1-2 when score total is 7-10 and with every treatment when spaced to a frequency.
6. When the score is < 3 without an oxygen requirement, patient may qualify for discharge.

[illegible]

Initials	Signature	Discipline	Clock/PAS #	Initials	Signature	Discipline	Clock/PAS #

Source: Sinai Hospital, Baltimore.