

EXHALE ACADEMY CSE CHEAT SHEET #8

ASTHMA

RECOGNIZE IT

- Trigger exposure: smoke, pollen, dust, mold, exercise, cold air, infection, GERD.
- Wheezing, chest tightness, cough, dyspnea.
- Tachypnea, accessory muscles, anxiety, diaphoresis.
- Severe attack may have diminished breath sounds: little air movement.

GATHER

- SpO₂, respiratory rate, work of breathing, ability to speak.
- Breath sounds and chest percussion.
- ABG if severe or not improving.
- Peak flow/spirometry when stable enough.
- CXR if alternative problem or complication suspected.

ACUTE TREATMENT

- Oxygen for hypoxemia.
- Short-acting bronchodilator, often repeated or continuous if severe.
- Add anticholinergic during significant exacerbation.
- Systemic corticosteroids for inflammation.
- Intubate and ventilate if exhaustion, rising PaCO₂, falling pH, altered LOC.

LONG-TERM CONTROL

- Avoid triggers.
- Inhaled corticosteroids for control when indicated.
- Long-acting bronchodilator only as appropriate with controller therapy.
- Peak flow monitoring and action plan.

EXAM TRAPS

- Normalizing PaCO₂ during a severe attack can mean fatigue, not improvement.
- Silent chest is worse than wheezing.
- Do not delay ventilation in impending failure.
- Do not treat foreign body wheeze like asthma.

EXHALE MEMORY LINE

Asthma: bronchodilate fast, reduce inflammation, ventilate before exhaustion becomes arrest.