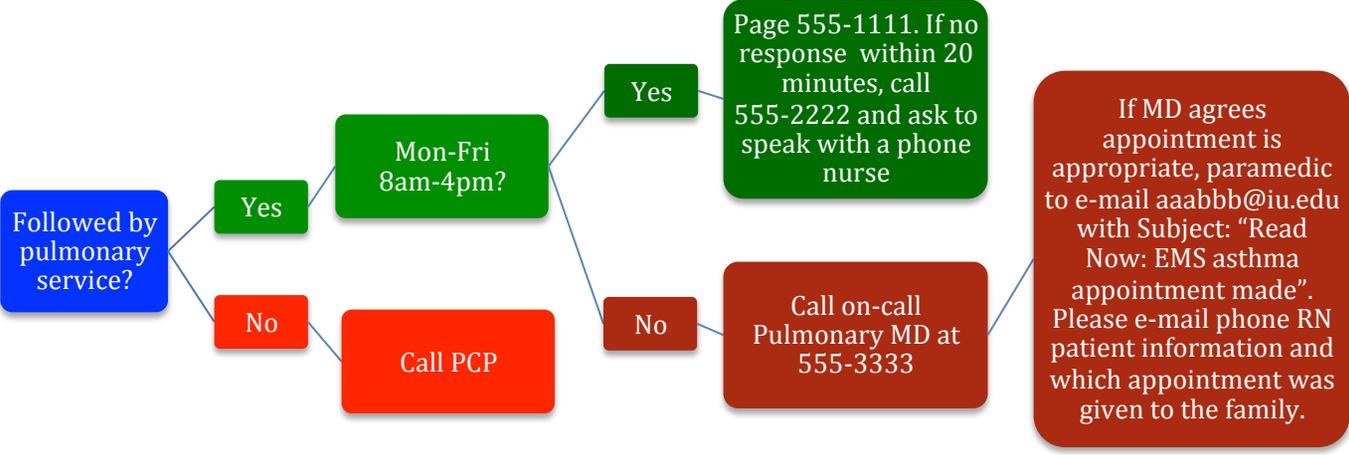


Sick emergent	Hypoxic OR obvious respiratory distress OR status asthmaticus	A. Contact dispatch for a transporting ALS ambulance B. Start treatment per Marion Co. Protocols.
Sick urgent (needs to be seen by physician within 24-48 hours)	Wheezing without distress AND good air exchange	A. Start two back to back duo nebs (2.5 mg albuterol/ 0.5 mg ipratopium) B. Administer patient's dose of oral steroids (2mg/kg-max 60 mg) if no dose given today. Use home prescription if available. Continue home visit and reevaluate for responsiveness. C. If steroid dose has already been provided by family, ensure accurate dose was delivered. D. Extend steroid course additional 2 days (prefilled) max 10 day total course of steroids. E. Ensure follow up appointment with PCP or Asthma clinic before completion of steroid course. F. Upon reevaluation, if child requires a nebulizer treatment more frequently than every 4 hours, contact dispatch for a transporting ambulance or instruct family to transport child to the emergency department immediately.
Sick non-urgent (needs to be seen by physician in 3-5 days)	Stable respiratory but not progressing as expected (not able to wean albuterol to q 4h within 72 hours post-discharge) OR needs close follow-up per paramedic judgment	 <pre> graph TD Start[Followed by pulmonary service?] -- Yes --> Q1{Mon-Fri 8am-4pm?} Start -- No --> A1[Call PCP] Q1 -- Yes --> A2[Page 555-1111. If no response within 20 minutes, call 555-2222 and ask to speak with a phone nurse] Q1 -- No --> A3[Call on-call Pulmonary MD at 555-3333] A3 --> A4[If MD agrees appointment is appropriate, paramedic to e-mail aaabbb@iu.edu with Subject: "Read Now: EMS asthma appointment made". Please e-mail phone RN patient information and which appointment was given to the family.] </pre>
Non-sick		A. Perform home assessment as scheduled
Extenuating circumstances		Contact on-call medical direction at: 555-5555

This publication was made possible by Grant No. #H34MC26203 from the Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Health Resources and Services Administration or DHSS.