

THIS SIDE IS FOR HEALTHCARE PROFESSIONAL USE ONLY

PRAM* Scoring Table (for Healthcare Professionals)

Oxygen Saturation	Greater than or equal to 95%	0
	92-94%	1
	Less than 92%	2
Suprasternal Retraction	Absent	0
	Present	2
Scalene Muscle Contraction	Absent	0
	Present	2
Air Entry	Normal	0
	Decreased at base	1
	Decreased at the apex & base	2
	Minimal or absent	3
Wheezing	Absent	0
	Expiratory only	1
	Inspiratory (+/- expiratory)	2
	Audible without stethoscope or silent chest	3

PRAM* Scoring Notes (for Healthcare Professionals)

Oxygen Saturation	Turn off supplemental O ₂ when measuring PRAM for at least 1 minute. If SpO ₂ falls less than 92% turn O ₂ back on immediately and score a 2
Suprasternal Retraction	Visual assessment
Scalene Muscle Contraction	Assessment by palpation only
Air Entry	The most severely affected lung field determines the score
Wheezing	At least 2 auscultation zones must be affected to influence the score

CHBC Pediatric Asthma Management Guideline: Highlights for Healthcare Professionals

- Use MDIs and spacers with a mask or mouthpiece to give bronchodilators
- Give appropriate amount of bronchodilators as recommended by the care algorithms
- Use the PRAM score to assess the severity and progression of treatment
- Practice early administration of oral steroids
- Management algorithms are provided for asthma treatment based on severity as determined by PRAM score
- **Signs of impending respiratory failure:**
lethargy, cyanosis, decreased respiratory effort

CHBC Pediatric Asthma Management Guideline
is available on PHSA SHOP

*This document is for guidance only and is not recommended as a substitute for the advice or professional judgment of a health care professional, nor is it intended to be the only approach to the management of a clinical problem. PRAM scoring and management is to only be completed by a health care professional in a medical setting. **DO NOT UTILIZE THE CHBC PEDIATRIC ASTHMA MANAGEMENT GUIDELINE OUTSIDE OF HEALTHCARE SETTINGS.***

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PEDIATRIC ASTHMA

WALLET CARD



This wallet card can be carried with you
and shared with your health care provider
when seeking help for your asthma

*Adapted from Ducharme, F.M., Chalut, D., Plouffe, L., Saville, C., Kadlira, D., Zhang, X., Heung, L., & McGillivray, J. (2008). The Pediatric Respiratory Assessment Measure: A valid clinical score for assessing acute asthma severity from toddlers to teenagers. *Journal of Pediatrics*, 152(4), 476-80.

On Discharge, Don't Forget My... Asthma Action Plan



Please create or update my Asthma Action Plan to ensure continued proper management of my asthma. Ensure my family and I understand:

- How much medicine to take (controller and reliever) and how to count doses so I know how much is left in my medicine.
- When to get help for my asthma
- How to use my MDI and spacer with mask or mouthpiece

Asthma Education Video



Using my Asthma Action Plan; my health care team or I can fill out my Wallet Card so it has the most up to date information!

My Current Asthma Action Plan

Green Zone - Good (Controlled Asthma)

Use Controller Inhaler to Reduce Airway Swelling:

Medicine (Name/Colour): _____ Medicine (Name/Colour): _____

Puff/Dose: _____ Times Per Day: _____

Puff/Dose: _____ Times Per Day: _____

AND

Use Reliever Inhaler to Open Tight Airways (As Needed):

Medicine (Name/Colour): _____

Puff/Dose: _____ Times Per Day: _____

Yellow Zone Caution (Take Action - Flare Up)

Keep Taking Controller Inhalers As Above in Green Zone to Reduce Airway Swelling and Use Reliever Inhaler to Open Tight Airways (As Needed):

Medicine (Name/Colour): _____

Puff/Dose: _____ Times Per Day: _____

Red Zone - Danger (Take Action - Get Help)

Call 911 or Go To Nearest Emergency Department with Mask or Mouthpiece Immediately

Give 5 puffs of reliever medicine using spacer with mask or mouthpiece every 20 minutes on the way to hospital or while waiting for help

Asthma Action Plan - Zones

Ages 1-5

- No cough or wheeze with play, crying or at night
- Not missing daycare/preschool
- Parents are not missing work

Ages 6-17

- I can sleep through the night
- I don't need regular reliever medicine
- I am not missing school or activities
- I am active/can play sports
- I am breathing well (no cough or wheeze)

All Ages

- Getting a 'cold'
- Cough, wheeze, or shortness of breath (especially at night)
- Symptoms with play, activity and sports

Ages 6-17

- Using reliever medication more than 2 times a week

All Ages

- Skin sucking in between ribs or base of throat
- Coughing or wheezing non-stop
- Skin is blue or gray in colour (and/or blue/gray lips or fingernails)
- Reliever medicine not lasting 4 hours
- Trouble walking or talking
- Very tired or limp

Patient Information

Name: _____

Date of birth: _____

Emergency contact: _____

Potential asthma trigger(s): _____

Date of most recent urgent care/emergency department visit for asthma: _____

Previous intensive care unit admission due to asthma

Previous intubation due to asthma

Date last prescription filled for: _____

Reliever: _____

Controller: _____