Presentation 2

The acute management of asthma during the COVID-19 pandemic

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Breathing and feeling well through universal access to right care
Mallorca, Spain - Working in the emergency room of a primary care setting in a small city of Mallorca
Safety

Separate routes in the ER

COVID area

General
Triggers of an asthma crisis can be viruses

- adenovirus
- rhinovirus
- Influenza A

Adults only
Symptoms < 5 days

Antigen test 15 minutes
SEVERITY ASSESSMENT: objective

- Respiratory rate
- Accessory muscles use
- Talk: phrases, words
- Position: sitting, lying, hunched forward
- Pulse oximetry
- Heart rate
Risk factors for life-threatening asthma

• Quick onset
• Previous hospitalisations
• Poor periodic assessment
• Over use of SABA
• Co-morbidities: cardiovascular
• Psychological/psychiatric
Management of asthma exacerbations in primary care (adults, adolescents, children 6–11 years)

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Oxygen Therapy

• Low flow devices
  o Nasal cannula
  o Simple mask
  o Reservoir mask (O₂)

• High flow devices
  o Venturi (Ventimask)
  o High Flow Nasal Prongs
  o Face/head Tent
Surgical mask over Oxygen device
The way of administration has changed

Pre-COVID

Nebulisers

Post-COVID

exceptionally

Mouth pipe
Recommended way

Metered dose inhaler

Valved holding chamber
High level disinfection = sterilisation chambers and Peak Flow meter
Continue monitoring and recording

- Make sure improvement PEF >70%
- Clinical improvement
- If moderate/severe, add a short course oral corticosteroids
- Check adherence to inhaled corticosteroids. If not, set up.
- Check SABA use/overuse. Asthma Right Care rule.
- Investigate a non controlled asthmatic. Refer to GP/nurse
Before discharge (with confidence)

• Check inhaler technique
• Add a chamber to pMDI
• Do not prescribe a new inhaler without confirming the patient can use it
• In smokers, give brief advice
• Give written asthma action plan
• Refer to GP/nurse/HCP as soon as possible
Thank you!!