

SEVERITY OF ASTHMA EXACERBATION BY CLASSIFICATION

	Mild	Moderate	Severe	Respiratory Arrest Imminent
Symptoms				
Breathlessness	While walking Can lie down	While talking Prefers sitting	While at rest Sits upright	
Talks in	Sentences	Phrases	Words	
Alertness	May be agitated	Usually agitated	Usually agitated	Drowsy or confused
Signs				
Respiratory rate	Increased	Increased	Often > 30/min	
Use of accessory muscles; suprasternal retractions	Usually not	Commonly	Usually	Paradoxical thoracoabdominal movement
Wheeze	Moderate, often only end expiratory	Loud; throughout exhalation	Usually loud; throughout inhalation and exhalation	Absence of wheeze
Pulse/minute	< 100	100-120	> 120	Bradycardia
Functional Assessment				
PEF % predicted or % personal best	> 80%	Approx. 50-80 % or response lasts < 2 hours	< 50% predicted or personal best	
PaO ₂ (on room air) and/or	Normal (test not usually necessary)	> 60 mm Hg (test not usually necessary)	< 60 mm Hg; possible cyanosis	
PCO ₂	< 42 mm Hg (test not usually necessary)	< 42 mm Hg (test not usually necessary)	> 42 mm Hg; possible respiratory failure	
SaO ₂ % (on room air) at sea level	> 95%	91-95%	< 91%	

Note:

- The presence of several parameters, but not necessarily all, indicates the general classification of the exacerbation.
- These parameters serve only as general guidelines.

Adapted from the National Institutes of Health 1997 Guidelines for the Diagnosis and Management of Asthma. Expert Panel Report 2.

GLASGOW COMA SCALE

	Score	Patient Response
EYE OPENING		
Spontaneous	4	The patient's eyes open when you come to the bedside.
To voice	3	The patient's eyes open upon verbal command.
To pain	2	The patient's eyes open upon painful stimuli (e.g., suctioning, starting an IV, drawing blood, sternal rubbing, or fingernail bed pressure).
None	1	The patient's eyes do not open.
BEST VERBAL RESPONSE		
Oriented	5	The patient can give name, address, and day of week.
Confused	4	The patient can give name, but does not know the day of the week or address.
Inappropriate words	3	Inconsistent answers; patient can give you his/her name only occasionally. Frequently the patient repeats the same word over and over.
Incomprehensible sounds	2	Mumbling or inarticulate sounds with no apparent meaning.
None	1	No verbal response
BEST MOTOR RESPONSE		
Obeys commands	6	Commands can be complex, e.g., "Touch your right ear with your left thumb" or "Squeeze my hand." A positive response from the patient is only meaningful if the second part of the command, "Now let go" is also performed.
Localizes pain	5	The patient is able to localize the source of the pain and will grab the offender and withdraw his/her extremity from the cause of the pain.
Withdraw (pain)	4	The patient knows there is pain but cannot localize it, and the whole body withdraws from the pain.
Flexion (pain)	3	The patient flexes his arms tightly on his chest and extends the lower extremities.
Extension (pain)	2	The upper extremities extend and internally rotate, the lower extremities extend on stimulation or as the situation worsens, spontaneously.
None	1	No response: the patient is flaccid. As the situation worsens, a weak flexor response may develop in the lower extremities.