



Affix patient label within this box

## Pediatric Asthma Assessment for Emergent/Urgent Care

Date (yyyy-Mon-dd)		Weight			Height		
PRAM Scoring <i>(see table on Side B)</i>		Pre tx	Time (hh:mm)				
<b>Signs</b>	<b>Scoring</b>						
Suprasternal indrawing	0 or 2						
Scalene retractions	0 or 2						
Wheezing	0, 1, 2 or 3						
Air entry	0, 1, 2 or 3						
Oxygen saturation on room air	0, 1 or 2						
Asthma Score (Total PRAM Score)							
Respiratory Rate	Per min						
Heart Rate	Per min						
O <sub>2</sub> delivery and rate							
O <sub>2</sub> saturation on oxygen							
Color							
Cough							
Crackles							
Indrawing	Yes or No						
Stridor (Do not add to PRAM Score)	0, 1, 2 or 3						
0 - No Stridor							
1 - Stridor with Agitation only							
2 - Inspiratory Stridor at Rest							
3 - Inspiratory/ Expiratory Stridor at Rest							
Initials <i>(provide full name and signature on Side B)</i>							
<input type="checkbox"/> Salbutamol MDI (100 mcg/puff) Less than 20 kg = 5 puffs 20 kg or greater = 10 puffs <input type="checkbox"/> Nebulized salbutamol Less than 20 kg = moderate (2.5 mg x 3 q20min) or severe (7.5 mg over 60 min) 20 kg or greater = moderate (5 mg x3 q20min) or severe (15 mg over 60min) Circle the dose given		<b>Dose</b>	<b>Time Started</b>	<b>Initials</b>	<b>Dose</b>	<b>Time Started</b>	<b>Initials</b>
		<b>1</b>			<b>7</b>		
		<b>2</b>			<b>8</b>		
		<b>3</b>			<b>9</b>		
		<b>4</b>			<b>10</b>		
		<b>5</b>					
<input type="checkbox"/> Ipratropium MDI (20 mcg/puff ) All weights = 4 puffs <input type="checkbox"/> Nebulized ipratroprium moderate = 250mcg x 3 q20min severe = 750mcg over 60min		<b>Dose</b>	<b>Time Started</b>	<b>Initials</b>	Spirometry consideration? <input type="checkbox"/> Yes <input type="checkbox"/> No  Exposed to second-hand smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No  Refer to Alberta Quits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<b>1</b>					
		<b>2</b>					
<input type="checkbox"/> Dexamethasone 0.3 mg/kg (max 10 mg) Dose _____ <input type="checkbox"/> predniSONE/predniisoLONE 2 mg/kg (max 60 mg) Dose _____		<b>Dose</b>	<b>Time Given</b>	<b>Initials</b>	Tobacco use by patient? <input type="checkbox"/> Never <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Experiment/Social		
		<b>1</b>					
		<b>2</b>					
		<b>*Second dose should only be given if child vomits</b>					

Name (Print)	Signature	Initials

### Asthma Clinical Score (PRAM) for Emergent/Urgent Care

SIGNS	SCORING			
	0	1	2	3
Suprasternal indrawing	Absent		Present	
Scalene retractions	Absent		Present	
Wheezing	Absent	Expiratory only	Inspiratory & Expiratory	Audible without stethoscope/silent chest with minimal air entry
Air entry (breath sounds)	Normal	Decreased at bases	Widespread decrease	Absent/minimal
Oxygen saturation on ROOM AIR	94% or greater	90% – 93%	89% or less	

SEVERITY CLASSIFICATION	PRAM CLINICAL SCORE
Mild	0 – 4
Moderate	5 – 8
Severe	9 – 12
Impending Respiratory Failure	Regardless of score, presence of: lethargy, cyanosis, decreasing respiratory effort, and/or rising pCO <sub>2</sub>