



**COVID-19**

**EMERGENCY MANAGEMENT OF SEVERE PEDS ASTHMA IN THE TIME OF COVID-19  
(ADJUST FOR MILD OR MODERATE EXACERBATIONS ACCORDINGLY).**

**Albuterol MDI w/space chamber to replace albuterol nebs:**

5-10 kg: 4 puffs q 20 min x 3 doses

10-20 kg: 6 puffs q 20 min x 3 doses

>20 kg: 8 puffs q 20 min x 3 doses

*If the patient continues to require albuterol, continuous albuterol nebulizer treatments may need to be initiated following appropriate safety measures in regard to aerosolized treatments.*

**Ipratropium bromide MDI w/space chamber for mod-severe asthma exacerbation to replace ipratropium nebs:**

*\*\*2020 Statement from AAAAI (American Academy of Allergy Asthma Immunology) states that current Atrovent MDIs are safe to use in patients with peanut or soy allergy.*

< 6 y.o.: 2 puffs inhaled q 20 min x 3 doses

6-12 y.o.: 4-8 puffs inhaled q 20 min PRN up to 3 hours

13 y.o. and older: 8 puffs inhaled q20 min PRN up to 3 hours

**Consider early use of IV magnesium.**

**Steroids:**

1. Asthma w/o PNA = use systemic steroids 2mg/kg/day for 3-5 days (standard)
2. Mild asthma + PNA = High dose ICS (Flovent 220mcg 4 puffs BID) but may also consider usual oral steroids instead to the discretion of the treating provider
3. Mod/Severe asthma + PNA = systemic steroids (standard dose as well)



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**EMERGENCY MANAGEMENT OF CROUP IN THE TIME OF COVID-19**

1. Continue with standard 0.6 mg/kg dexamethasone max of 10 mg one-time dose as opposed to Flovent MDI.
2. Primatene mist is not an option currently for croup in infants, young children.
3. Alternatives to racemic epinephrine nebs limited currently, however, the provider may consider using Heliox (which is not an AGP) for moderate to severe croup.