THE STUDY VAULT

# Status Asthmaticus

*Emergency*

## DISEASE / PATHOLOGY

- Severe asthma attack that does not respond to routine bronchodilator therapy.
- Primary process: intense bronchospasm, edema, and mucus plugging severely limit airflow.
- Why it matters: can rapidly cause respiratory failure and death.

## RISK FACTORS

- Who is most at risk? Patients with poorly controlled asthma or prior severe attacks.
- History / exposure: trigger exposure, infection, poor med adherence, delayed treatment.
- Genetics / lifestyle: smoking and lack of asthma action plan worsen risk.

## SIGNS AND SYMPTOMS

- Hallmark findings: severe dyspnea, wheezing, tachypnea, accessory muscle use.
- Early: anxiety, prolonged expiration, low peak flow, tachycardia.
- Late / urgent: silent chest, cyanosis, exhaustion, decreased LOC, rising $CO_2$.

## DIAGNOSTIC TESTING

- Tests, labs, imaging, procedures: pulse oximetry, peak flow, ABGs, chest x-ray if needed.
- Gold standard: clinical recognition of severe refractory attack.
- What confirms it: severe airflow obstruction that is not improving with treatment.

## TREATMENT

- First-line: assess airway and breathing first; give oxygen and rapid bronchodilator therapy.
- Continuous nebulized beta agonists, ipratropium, systemic steroids, magnesium sulfate, and possible intubation may be needed.
- Nursing considerations: monitor breath sounds, $SpO_2$, peak flow, LOC, and fatigue.
- Nursing need-to-know: a silent chest is a life-threatening finding.
- Nursing need-to-know: prepare for intubation if work of breathing worsens.

## PATIENT EDUCATION

- Home care: use controller meds consistently and avoid triggers.
- Follow asthma action plan and seek care early when rescue meds fail.
- When to call: any severe shortness of breath, inability to speak, or poor relief from rescue inhaler.

## ADDITIONAL NOTES:

- NCLEX must know: worsening air movement despite less wheeze is a bad sign.
- Red flag: silent chest or decreasing LOC.
- Common exam trap: less wheezing can mean worse obstruction, not improvement.
- Priority action: support oxygenation and escalate emergency treatment immediately.