

ASTHMA IN PREGNANCY
IMPT PULMUNARY FUNCTION TEST IN PREGNANCY ARE
FORCED VITAL CAPACITY (fvc)
FORCED EXPIRATORY VOLUME (IN 1 SEC) FEV1
PEAK EXPIRATORY FLOW ATE (PEFR) (BEST FOR MONITERING IMPROVEMENT WITH THERAPY)

ASTHMA:

**ACUTE
EXACERBATION**

**HX: SIMILAR ATTACKS IN PAST, HOW WERE
THEY TREATED AND OUTCOME. ONSET OF
ATTACK AND WHAT LED INTO ATTACK.
CURRENT MEDICATIONS, PRESENCE OF COUGH
OR FEVER**

**PHYSICAL EXAM: CYANOTIC, SPEAK COMPLETE
SENTENCES WITH PAUSE, WALK ACROSS ROOM
RESPIRATORY RATE AND TEMPERATURE**

**LABORATORY : FEV1 OR PEFR REPEAT AFTER EACH
BRONCHODILATOR TREATMENT
ARTERIAL BLOOD GASS DETERMINATIONS
IF FEVER CBC AND CHEST XRAY**

**TREATMENT: INHALED BETA AGONIST IS RX OF CHOICE
ALBUTEROL 2.5MG IN 3MLS NORMAL SALINE
METAPOTEENOL 15MG IN 4ML NORMAL SALINE
OTHER RXS: TERBUTALINE 0.25MG
PREDNISONE 60-80MG IV BOLUS Q 6-8 HRS
ORAL PREDNISONE 60/120MG QID TAPER OVER 7 DAYS**

CHRONIC ASTHMA

MILD PEFR OVER 80%, MODERATE PEFR 60-80%, SEVERE PEFR BELOW 60%

**CROMOLYN SODIUM 2PUFFS QID
BECLOMETHASONE 2-5 PUFFS QID
THEOPHYLLINE ORAL DOSE NEEDED TO REACH SDRUM
CONCENTRATION 8-12 MICROGMS
INHALED BETA AGONIST 2 PUFFS Q 4HRS PRN**

**IN LABOR: 100MG OF IV HYDROCORTISONE Q 8 HRS ON ANY
WOMAN WHO RECEIVED CORTICOSTEROIDS DURING
PREGNANCY
AVOID USE OF 15 METHYL PROSTAGLANDIN
AVOID MORPHINE AND DEMEROL.
FENTANYL AND LUMBAR ANESTHESIA BEST CHOICE**