

Give all
together

O

Oxygen

→ *use oxygen-driven nebs*

S

Salbutamol 2.5-5mg NEB

→ *back-to-back nebs initially (5-10mg/hour)*

H

Hydrocortisone 100mg IV (or prednisolone 40mg PO)

→ *oral daily, IV 6 hourly; oral preferred if can swallow*

I

Ipratropium 500mcg NEB

→ *6 hourly (if poor response/severe/life-threatening)*

T

Theophylline: aminophylline infusion

→ *usually in ICU (need daily level, U&Es, cardiac monitor)*

M

Magnesium sulphate 2g IV over 20 minutes

→ *one-off dose if poor response/severe/life-threatening
(before theophylline)*

E

Escalate care (intubation and ventilation)

If patient tiring, hypoxaemia worsening, or any hypercapnia, involve senior/anaesthetist with a view to intubation and ventilation.

Give if needed
with senior input