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SEVERE ACUTE ASTHMA IN PRESCHOOL CHILDREN: MANAGEMENT IN THE PEDIATRIC EMERGENCY ROOM, A BIBLIOGRAPHICAL REVIEW

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## INTRODUCTION

is disease Severe acute asthma а characterized by allergic sensitization and multimorbidity, being one of the main diseases that causes recurrent emergency needs in children. Preschool asthma is one that occurs in children aged 1 to 5 years, and is difficult to diagnose between the ages of 1 and 2, as it is similar to other respiratory syndromes. When this is not diagnosed, incorrect treatment leads to frequent visits to emergency care. For its initial management, medications are used that will help improve symptoms and prevent further harm to the patient.

## OBJECTIVE

To identify in the literature the best management and treatment for severe acute asthma in pediatric emergency, in order to avoid complications and hospitalizations. METHODOLOGY: The simple summary is a narrative bibliographical review based on computation and interpretation of scientific articles in the PubMed database. For this purpose, the descriptors asthma, children and emergency management were used, and the Boolean operator AND. After this stage, the appropriate information was selected, in English, produced from the year 2021 onwards.

## **RESULTS AND DISCUSSION**

In the emergency, when asthma is identified, its management must be adapted to the patient's severity; for severe acute asthma, short-acting inhaled beta agonist (SABA) is used with the addition of systemic steroids, as the aim is to avoid hospitalizations, stays in the emergency room and return of symptoms. The use of injectable corticosteroids must only be used in children with severe asthma who are intolerant to oral steroids or with imminent respiratory failure. To apply the medication, metered dose inhalers (MDI) with an ageappropriate spacing device are more effective because, compared to nebulization, they reduce hospitalizations, especially in these cases. In the emergency, for these patients to be discharged, a period of 1 to 2 hours must pass since the last SABA treatment and they must have significant respiratory comfort, good air intake and an oxygen saturation  $\geq$ 92% in room air; Furthermore, parents are informed on how to act, in writing, which includes the method of administering regular salbutamol to control the condition.

## CONCLUSION

It was noted that, to avoid complications and hospitalizations, a combination of specific medications is necessary for each patient and their evolution, in addition to the importance of having education, providing explanatory booklets for parents and guardians of children with such comorbidity, about the asthma to reduce morbidity and mortality.

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