**BACKGROUND**

- Asthma is one of the most common chronic diseases of childhood.¹
- Little is published on critical asthma², defined as acute asthma requiring pediatric intensive care unit (PICU) admission due to lack of improvement, need for escalation of care, or close monitoring.³
- Specific guidelines for pulmonary specialist involvement in the management of critical asthma do not exist.

**PURPOSE**

To describe clinical care and outcomes of children admitted to a single center PICU for management of critical asthma, and to determine if pulmonary consult during admission impacted outcomes.

**METHODS**

- Retrospective chart review, patients age 4 through 18 years admitted to a single center PICU between January 1st, 2013 and July 31st, 2019 for critical asthma.
- Outcomes: – Primary outcomes: Total hospital length of stay (LOS) and PICU LOS. – Secondary outcomes: Escalation of controller medication, follow up scheduled with pulmonary, attendance of scheduled follow up, and emergency room encounters, admissions, and systemic steroid courses in the 12 months after discharge.

**RESULTS/CONCLUSIONS**

- 179 patients met inclusion criteria
- Median hospital length of stay (LOS) was 3.2 days and PICU LOS was 1.5 days.
- In the pulmonary consult group vs. the no-pulmonary consult group, there was a significant difference in:
  - Hospital and PICU LOS
  - Escalation of controller medication
  - Scheduled outpatient follow-up with pulmonary
  - Receiving ≥ 3 courses of systemic steroids in the 12 months after discharge.
- Pulmonary consultation during hospital admission may impact outcomes of children with critical asthma.
- Additional research is needed.

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