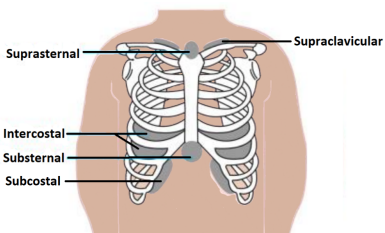

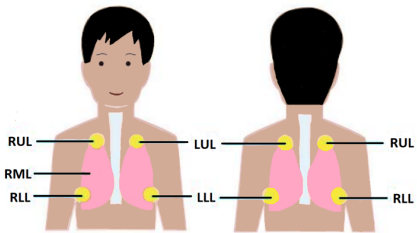


PRAM Scoring Table*

Criteria	Description	Score	Notes
Oxygen Saturation	Greater than or equal to 95% 92-94% Less than 92%	0 1 2	O ₂ saturation must be measured with the patient breathing ambient air until stabilization of the oximetry value for at least 1 minute. Turn off supplementary oxygen when measuring PRAM. If SpO ₂ falls to less than 92% you can turn oxygen back on immediately as they have automatically scored maximum (2) points.
Suprasternal Retraction 	Absent Present	0 2	Suprasternal retraction is a visible indrawing of the skin above the sternum and between the sterno-cleido-mastoid muscle with every intake of breath. It may cause an involuntary shoulder shrug in small children. This is a visual assessment.
Scalene Muscle Contraction 	Absent Present	0 2	The scalenes are deep cervical muscles located in the floor of the lateral aspect of the neck. Scalene contraction cannot be seen. This is a palpable assessment. It occurs only in those with severe asthma exacerbations. Scalene muscles are bordered on each side by the sterno-cleido-mastoid muscle, the trapezius (in the back) and the clavicle.
Air Entry 	Normal Decreased at bases Decreased at the apex and the base Minimal or absent	0 1 2 3	In cases of asymmetry, the most severely affected lung field determines the rating. Use lung fields to grade air entry. Lung field=two contiguous VERTICAL auscultation zones of the major lobes: Posterior lung fields: RUL & RLL or LUL & LLL Right anterior lung field: RUL & RML Left anterior lung field: LUL & LLL
Wheezing	Absent Expiratory only Inspiratory (± expiratory) Audible without stethoscope or silent chest (minimal or no air entry)	0 1 2 3	Use auscultation zones to grade wheeze. At least two auscultation zones must be affected to influence the rating. In case of asymmetry, the two most severely affected auscultation zones, irrespective of their location (RUL, RML, RLL, LUL, LLL), will determine the rating criteria.
PRAM Score Total	0 – 3 Mild 4 – 7 Moderate 8 – 12 Severe		

*Adapted from: Ducharme, F. M., Chalut, D., Plotnick, L., Savdie, C., Kudirka, D., Zhang, X., Meng, L., & McGillivray. (2008). The Pediatric Respiratory Assessment Measure: A valid clinical score for assessing acute asthma severity from toddlers to teenagers. *Journal of Pediatrics*, 152(4), 476-80.

Abbreviations:

RUL: Right Upper Lobe SpO₂: Oxygen Saturation
RML: Right Middle Lobe O₂: Oxygen
RLL: Right Lower Lobe
LUL: Left Upper Lobe
LLL: Left Lower Lobe

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This document is a component of the Child Health BC Provincial Asthma Guideline

For full recommendation refer to PHSA SHOP # C-0506-07-63037