



## Cincinnati Children's Hospital Medical

### WARM / WARME Respiratory Scoring Tool

Select one from each Group:

#### Wheeze

|  | Score |
|--|-------|
| <input type="checkbox"/> None                                | 0     |
| <input type="checkbox"/> End Expiratory                      | 1     |
| <input type="checkbox"/> Entire Expiratory / Any Inspiratory | 2     |

#### Air Exchange

Assess the following 4 chest areas: (Left and Right Front, Left and Right Back)

|   | Score |
|---|-------|
| <input type="checkbox"/> Normal                       | 0     |
| <input type="checkbox"/> One area Decreased           | 1     |
| <input type="checkbox"/> More Than One Area Decreased | 2     |

#### Respiratory Rate

|  | Score |
|--|-------|
| <input type="checkbox"/> Normal                    | 0     |
| <input type="checkbox"/> Above Tachypnea Threshold | 1     |

#### Muscle Use (Retraction)

|  | Score |
|--|-------|
| <input type="checkbox"/> None                    | 0     |
| <input type="checkbox"/> Subcostal / Intercostal | 1     |
| <input type="checkbox"/> Any Neck or Abdominal   | 2     |

#### Prolonged Expiration

|   | Score |
|---|-------|
| <input type="checkbox"/> Normal                     | 0     |
| <input type="checkbox"/> Expiration 3x> Inspiration | 1     |

Total Score \_\_\_\_\_

Comments/Feedback \_\_\_\_\_

**WARME Scale:** Used for scoring Asthma Patients. Treatment is indicated for a score of 2 or higher.

**WARM Scale:** Used for scoring Bronchiolitis Patients. Trial treatment is recommended for a score of 3 or higher. Discontinuation of treatment is recommended when no improvement is assessed