Inpatient Pediatric Asthma Orders
Recommended for children aged 12 months – 18 years with a diagnosis of asthma

Instructions for completing orders
- Complete pages 1 - 3 for General Inpatient Orders.
- All pathway compatible orders (indicated by ■) within the General Inpatient Orders will be followed automatically.
- Optional orders (indicated by □) can be given by selecting the corresponding check boxes.
- To cancel pre-selected orders, strike through and initial.
- Determine entry phase on admission as per the AHS Pediatric Asthma Clinical Pathway for Inpatient Care and complete orders for entry into Phase I (page 4) or Phase II (page 6).
- Complete orders for each subsequent phase when patient is ready to be moved from Phase I to II, or from Phase II to III.

General Inpatient Orders (page 1 of 3)

- Admit to hospital
- Diagnosis: Status Asthmaticus
- Isolation: Droplet and contact isolation
- Determine height and weight on admission Height _____ cm Weight _____ kg
- Diet: Clear fluids while in Phase I, diet as tolerated once in Phase II and III
- Monitor intake and output, q8h
- Vital signs: respiratory rate, heart rate with each modified PRAM assessment, blood pressure q4h, O₂ saturation q4h and PRN before each dose of salbutamol, temperature q4h
- Asthma education: Arrange for asthma education. (Best done in Phase II or III)

Referrals: □ Social Work referral
□ Respiratory Therapy referral

Investigations (indicate timing for labs) (Continued on next page)
□ Complete Blood Count (CBC) __________
□ Creatinine __________
□ Electrolytes (Na, K, Cl, CO₂) __________
□ Glucose Random __________
□ Urea __________

Name of Physician (print)  Signature
# Inpatient Pediatric Asthma Orders

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## General Inpatient Orders (page 2 of 3)

### Investigations (continued)

- Bedside spirometry (pre-bronchodilators) – once daily, in patients greater than or equal to age 6

**Physician:** Please ensure the Patient is well enough to do a 10 sec breath hold, repeatable Vital Capacity maneuvers and tolerate being off O₂ for up to 30 min. Testing will only be performed on patients who are not on ISOLATION and are negative for TB TESTING.

### Oral/IV corticosteroids

- **PredniSONE/prednisoLONE liquid _____ mg PO daily for 5 days.** *(Recommended dosing 1-2 mg/kg/day. Max dose 60 mg)*
- **PredniSONE tab _____ mg PO daily for 5 days.** *(Recommended dosing 1-2 mg/kg/day. Max dose 60 mg)*
- **Dexamethasone liquid _____ mg PO, daily for _____ days.** *(Recommended dosing 0.15-0.3 mg/kg/DOSE. Max dose 10 mg)*
  - Consider if emesis with predniSONE
- **MethylPREDNISolone IV _____ mg loading dose once if loading dose is not already given in ED.** *(Only if patient is not tolerating oral). (Recommended loading dose 2 mg/kg. Max 80 mg/dose for load)*
- **MethylPREDNISolone IV _____ mg q6h.** *(Only if patient not tolerating oral; assumes loading dose has been given prior.) (Recommended maintenance dose 1 mg/kg/day. Max 80 mg/day for maintenance)*

### Inhaled corticosteroids

- **Beclomethasone inhaler, _____ puffs bid.** *(100 microgram per puff; usual dosing 2 puffs)*
- **Fluticasone inhaler, _____ puffs bid.** *(125 microgram per puff; usual dosing 2 puffs)*
- **Fluticasone Diskus, _____ puffs bid.** *(250 microgram per puff; usual dosing 1 puff)*
- **Budesonide Turbuhaler, _____ puffs bid.** *(200 microgram per puff; usual dosing 2 puffs)*
- **Ciclesonide inhaler, _____ puffs daily.** *(100 microgram per puff; usual dosing 1 puff)*
- **Ciclesonide inhaler, _____ puffs daily.** *(200 microgram per puff; usual dosing 1-2 puffs)*
- **Ciclesonide inhaler, _____ puffs bid.** *(100 microgram per puff; usual dosing 1 puff)*
- **Ciclesonide inhaler, _____ puffs bid.** *(200 microgram per puff; usual dosing 1-2 puffs)*

### Maintenance Therapy (continued on next page)

- If patient is less than 6 years of age, montelukast CHEW tab, 4 mg PO, qhs
- If patient is 6-14 years of age, montelukast CHEW tab, 5 mg PO, qhs
- If patient is greater than 14 years of age, montelukast tab, 10 mg PO, qhs

## Name of Physician (print) | Signature
General Inpatient Orders (page 3 of 3)  

**Maintenance Therapy (continued)**  

- ☐ ADVAIR inhaler _____ puffs bid. (*Contains Fluticasone 125 microgram + Salmeterol 25 microgram per puff*)  
- ☐ ADVAIR Diskus _____ puffs bid. (*Contains Fluticasone 250 microgram + Salmeterol 50 microgram per puff*) *(Max suggested dose 1 puff bid due to Salmeterol dosing)*  
- ☐ SYMBICORT Turbuhaler _____ puffs bid. (*Contains Budesonide 100 microgram + Formoterol 6 microgram per puff*)  
- ☐ SYMBICORT Turbuhaler _____ puffs bid. (*Contains Budesonide 200 microgram + Formoterol 6 microgram per puff*)  

**IV Fluids Bolus**  

- ☐ 0.9% sodium CHLORIDE bolus infusion IV via peripheral line, 10 mL/kg once as fast as possible  
- ☐ 0.9% sodium CHLORIDE bolus infusion IV via peripheral line, 20 mL/kg once as fast as possible  

**IV Fluids Infusion**  

- ☐ D5W-0.45% sodium CHLORIDE with 20 mmol potassium CHLORIDE/Liter at _____ mL/h IV via peripheral line  
- ☐ D5W-0.45% sodium CHLORIDE with 40 mmol potassium CHLORIDE/Liter at _____ mL/h IV via peripheral line  
- ☐ D5NS with 20 mmol potassium CHLORIDE/Liter at _____ mL/h IV via peripheral line  
- ☐ D5NS with 40 mmol potassium CHLORIDE/Liter at _____ mL/h IV via peripheral line  

**Custom orders**  

**Name of Physician (print)  
Signature**
# Inpatient Pediatric Asthma Orders

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## Phase I Orders

<table>
<thead>
<tr>
<th>Date (yyyy-Mon-dd)</th>
<th>Time (hh:mm)</th>
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- Admit into Phase I of AHS Pediatric Asthma Clinical Pathway for Inpatient Care
- All orders that are pathway compatible (indicated by ☐) will be followed automatically.
- Optional orders (indicated by ☐) can be given by selecting the corresponding check boxes.
- To cancel orders, strike through and initial.

- Assessment by modified PRAM score q30min to q1h as per pathway; modified PRAM assessment 15 minutes post each dosing of salbutamol as per pathway

- **O₂ Therapy (Titrate to Saturation)** – Maintain SpO₂ at 93%. If O₂ requirements are rising rapidly, please call the physician

- Continuous oxygen saturation monitoring

- CardioRespiratory monitor with central monitoring; reassess after 24 hours

- Salbutamol inhaler via MDI/Spacer
  - If less than 20 kg, 5 puffs q30-60min PRN as per Phase I of Asthma Pathway based on modified PRAM score
  - If 20 kg or greater, 10 puffs q30-60min PRN as per Phase I of Asthma Pathway based on modified PRAM score

- Salbutamol solution via nebulizer via oxygen
  - If less than 20 kg, 2.5 mg q30-60min PRN as per Phase I of Asthma Pathway based on modified PRAM score
  - If 20 kg or greater, 5 mg q30-60min PRN as per Phase I of Asthma Pathway based on modified PRAM score

- Once modified PRAM score is less than 3 when assessed 1 hour after last salbutamol, or if in Phase I for 6 hours, call MD to consider transfer to Phase II

## Custom orders

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<tr>
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Affix patient label within this box.

**Orders if patient is clinically deteriorating while in Phase I**

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<th>Date (yyyy-Mon-dd)</th>
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- **Chest X-ray, AP and Lateral STAT**
- **Chest X-ray, PA portable STAT**
- **Capillary blood gas, once, STAT on current therapy**
- **Venous blood gas, once, STAT on current therapy**
- **Arterial blood gas, once from radial artery, STAT on current therapy**

- **Salbutamol inhaler via MDI/Spacer**
  - If less than 20 kg, 5 puffs q20min, times 3 doses
  - If 20 kg or greater, 10 puffs q20min, times 3 doses

- **Salbutamol solution via nebulizer**
  - If less than 20 kg, 2.5 mg in 3 mL saline via oxygen q20min, times 3 doses
  - If 20 kg or greater, 5 mg in 3 mL saline via oxygen q20min, times 3 doses

- **Continuous salbutamol solution via nebulizer via oxygen**
  - If less than 20 kg, 2.5 mg in 3 mL saline via oxygen
  - If 20 kg or greater, 5 mg in 3 mL saline via oxygen

- **Ipratropium inhaler via MDI/Spacer, 4 puffs q20min, times 3 doses with salbutamol**

- **Ipratropium solution via nebulizer via oxygen, 250 mcg q20min, times 3 doses with salbutamol**

- **MethylPREDNISolone Na succinate _____ mg IV injection, once.** *(Recommended 2 mg/kg loading dose, max 80 mg/dose)*

- **MethylPREDNISolone Na succinate _____ mg IV injection, q6h.** *(Recommended 1 mg/kg/day, max 80 mg/day)*

- **Magnesium SULPHATE _____ mg IV bolus injection over 20 minutes.** *(Dosing 40 mg/k/dose over 20 minutes; max 2000 mg)*
  - Cardiorespiratory monitoring recommended

- **0.9% sodium CHLORIDE bolus infusion via peripheral line, 10 mL/kg as fast as possible**
- **0.9% sodium CHLORIDE bolus infusion via peripheral line, 20 mL/kg as fast as possible**

**Custom orders**

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Name of Physician *(print)* | Signature
## Inpatient Pediatric Asthma Orders
Recommended for children aged 12 months – 18 years with a diagnosis of asthma

### Phase II Orders

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<th>Custom orders</th>
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### Assessment by modified PRAM score q1h to q2h as per pathway; modified PRAM assessment 15 minutes post each dosing of salbutamol as per pathway

### O₂ Therapy (Titrate to Saturation) – Maintain SpO₂ at 93%. If O₂ requirements are rising rapidly, please call the physician

### Salbutamol inhaler via MDI/Spacer
- If less than 20 kg, 5 puffs q1-2h PRN as per Phase II of Asthma Pathway based on modified PRAM score
- If 20 kg or greater, 10 puffs q1-2h PRN as per Phase II of Asthma Pathway based on modified PRAM score

### Salbutamol solution via nebulizer via oxygen
- If less than 20 kg, 2.5 mg q1-2h PRN as per Phase II of Asthma Pathway based on modified PRAM score
- If 20 kg or greater, 5 mg q1-2h PRN as per Phase II of Asthma Pathway based on modified PRAM score

### Once in Phase II for 4 hours and modified PRAM score is less than 3 on assessment 2 hours after last salbutamol, and respiratory rate and O₂ needs are stable, RN/RT may direct transfer to Phase III.

If modified PRAM score is less than 3 on assessment 2 hours after last salbutamol but directed transfer criteria are not met or patient has been in Phase II for 24 hours, call MD to consider transfer to Phase III.

### Return to Phase I of Asthma Pathway. Please use a new set of Phase I orders.

### Custom orders

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## Inpatient Pediatric Asthma Orders

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### Phase III Orders

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- Transfer to Phase III of **AHS Pediatric Asthma Clinical Pathway for Inpatient Care**
- All orders that are pathway compatible (indicated by ■) will be followed automatically.
- Optional orders (indicated by □) can be given by selecting the corresponding check boxes.
- To cancel orders, strike through and initial.

- **Assessment by modified PRAM score q4h as per pathway; modified PRAM assessment 15 minutes post each dosing of salbutamol as per pathway**
- **O₂ Therapy (Titrate to Saturation) – Maintain SpO₂ at 90%. If O₂ requirements are rising rapidly, please call the physician**
- **Salbutamol inhaler via MDI/Spacer 5 puffs q4h as per Phase III of Asthma Pathway based on modified PRAM score**
- **Salbutamol solution via nebulizer via oxygen 2.5 mg q4h as per Phase III of Asthma Pathway based on modified PRAM score**
- **Consider using patient’s usual home therapy for B₂ agonist [specify here] _________________________ puffs q4h as per Phase III of Asthma Pathway based on modified PRAM score.**
  - Salbutamol Diskus and Terbutaline Turbuhaler may be used in Phase III instead of Salbutamol MDI if the patient will be using a dry powder inhaler at home; dosing equivalency is
    - 1 dose Salbutamol Diskus = 2 doses Salbutamol MDI
    - 1 dose Terbutaline Turbuhaler = 2 doses Salbutamol MDI

- Return to Phase II of Asthma Pathway. Please use a new set of Phase II orders.

### Custom orders

Name of Physician *(print)* | Signature |
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### Discharge Instructions

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<tr>
<th>Follow up</th>
<th>Date (yyyy-Mon-dd)</th>
<th>Time (hh:mm)</th>
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<tbody>
<tr>
<td>MD: _________________________</td>
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<tr>
<td>Refer for further asthma education: _________________________</td>
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<tr>
<td>Give Childhood Asthma Essentials handout to family</td>
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</tbody>
</table>

- If site does not have a mandated medicine reconciliation process, complete Pediatric Asthma Discharge Prescription and Short-Term Plan, give to family and fax to:
  - MD: _________________________

### Name of Physician (print) | Signature

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