Pediatric Asthma Orders for Emergent/Urgent Care
Recommended for children aged 12 months – 18 years
with a diagnosis of asthma

Instructions for completing orders:

- Determine PRAM Clinical Score as per the Alberta Acute Childhood Asthma Pathway for Emergent/Urgent Care and select orders based on PRAM Score.
- 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.
- Custom orders can be written on page 4.
- To cancel pre-selected orders, strike through and initial.
- If subsequent orders are added after initial sign-off, then date/time and initials should be indicated for each additional order given.
- Select and sign one order set:
  - PRAM Score 0 – 4  Mild – go to page 1
  - PRAM Score 5 – 8  Moderate – go to page 2
  - PRAM Score 9 – 12 Severe – go to pages 3-4
  - Impending Respiratory Failure – go to pages 5-6

PRAM Score 0 – 4  Mild

Follow Mild asthma orders for Alberta Acute Childhood Asthma Pathway for Emergent/Urgent Care

 Determine weight on admission
 Weight: __________ kg

- Salbutamol inhaler via MDI/spacer
  - If less than 20 kg, 5 puffs times _____ doses
  - If 20 kg or greater, 10 puffs times _____ doses

- Salbutamol solution via nebulizer
  - If less than 20 kg, 2.5 mg once
  - If 20 kg or greater, 5 mg once

- Dexamethasone liquid _____ mg PO. (Recommended dose is 0.3 mg/kg/DOSE after first aerosol treatment; round to the nearest whole number. Max dose 10 mg)

- PredniSONE/prednisoLONE _____ mg PO. (Recommended dose is 2 mg/kg/DOSE. Max dose 60 mg)

- Provide asthma teaching for patient and family

- Refer to highest level of asthma education available

Date (yyyy-Mon-dd)  Time (hh:mm)  Name of Physician (print)  Signature
Pediatric Asthma Orders for Emergent/Urgent Care
Recommended for children aged 12 months – 18 years
with a diagnosis of asthma

<table>
<thead>
<tr>
<th>PRAM Score 5 – 8  Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Follow Moderate asthma orders for Alberta Acute Childhood Asthma Pathway for Emergent/Urgent Care</td>
</tr>
<tr>
<td>• All orders that are pathway compatible (indicated by □) will be followed automatically.</td>
</tr>
<tr>
<td>• Optional orders (indicated by □) can be given by selecting the corresponding check boxes.</td>
</tr>
<tr>
<td>• Custom orders can be written on page 4.</td>
</tr>
<tr>
<td>• To cancel pre-selected orders, strike through and initial.</td>
</tr>
<tr>
<td>• If subsequent orders are added after initial sign-off, then date/time and initials should be indicated for each additional order given.</td>
</tr>
</tbody>
</table>

- Determine weight on admission
  Weight: ________ kg

- O₂ Therapy (Titrate to Saturation) – Maintain SpO₂ at 95%

- 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

- Ipratropium inhaler 4 puffs via MDI/spacer q20min, times 3 doses

- Salbutamol inhaler via MDI/spacer
  • If less than 20 kg, 5 puffs q30-60min PRN if PRAM Score greater than 3 at reassessment; if administered q30min notify MD
  • If 20 kg or greater, 10 puffs q30-60min PRN if PRAM Score greater than 3 at reassessment; if administered q30min notify MD

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

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

- Dexamethasone liquid PO. (Recommended dose is 0.3 mg/kg/DOSE after first aerosol treatment; round to the nearest whole number. Max dose 10 mg)

- PredniSONE/prednisoLONE ____ mg PO. (Recommended dose is 2 mg/kg/DOSE. Max dose 60 mg)

- Provide asthma teaching for patient and family

- Refer to highest level of asthma education available

- Notify attending Physician after first three aerosol treatments

- Notify attending Physician 4 hours after steroid is administered

- Notify attending Physician if PRAM Score increases by greater than or equal to 3 points

**Date (yyyy-Mon-dd)**  **Time (hh:mm)**  **Name of Physician (print)**  **Signature**
Pediatric Asthma Orders for Emergent/Urgent Care
Recommended for children aged 12 months – 18 years with a diagnosis of asthma

PRAM Score 9 – 12 Severe (continued on next page)
- Follow Severe asthma orders for Alberta Acute Childhood Asthma Pathway for Emergent/Urgent 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.
- Custom orders can be written on page 4.
- To cancel pre-selected orders, strike through and initial.
- If subsequent orders are added after initial sign-off, then date/time and initials should be indicated for each additional order given.

Determine weight on admission  Weight: ________ kg

NPO

O2 Therapy – Maintain SpO2 at 95% or greater

Salbutamol Solution (continuous via large volume nebulizer)
- If less than 20 kg, 7.5 mg via oxygen (mix with ipratropium and normal saline to make total volume of 20 ml) (O2 flowrate at minimum 8 LPM)
- If 20 kg or greater, 15 mg via oxygen (mix with ipratropium and normal saline to make total volume of 20 ml) (O2 flowrate at minimum 8 LPM)

Ipratropium solution (continuous via large volume nebulizer), 750 mcg via oxygen (mix with salbutamol and normal saline to make total volume of 20 ml) (O2 flowrate at minimum 8 LPM)

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

Ipratropium inhaler 4 puffs via MDI/spacer q20min, times 3 doses

Salbutamol inhaler via MDI/spacer
- If less than 20 kg, 5 puffs q30-60min PRN if PRAM Score greater than 3 at reassessment; if administered q30min notify MD
- If 20 kg or greater, 10 puffs q30-60min PRN if PRAM Score greater than 3 at reassessment; if administered q30min notify MD

Dexamethasone liquid PO. (Recommended dose is 0.3 mg/kg/DOSE after first aerosol treatment; round to the nearest whole number. Max dose 10 mg)

PrednisONE/prednisOLONE _____ mg PO. (Recommended dose is 2 mg/kg/DOSE. Max dose 60 mg)

Dexamethasone injection _____ mg IM once if IV/IO not available. (Recommended dose is 0.3 mg/kg/DOSE; round to the nearest whole number. Max dose 10 mg)

HydroCORTISone Na succinate injection _____ mg IV once. (Recommended dose is 4 – 8 mg/kg/DOSE. Max dose 400 mg)

MethylPREDNISolONE Na succinate injection _____ mg IV once. (Recommended dose is 1– 2 mg/kg/DOSE. Max dose 80 mg)

Insert intravenous cannula

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

Magnesium SULPHATE injection _____ mg IV infusion over 20 minutes once. (Recommended dose is 40 mg/kg/DOSE IV infusion over 20 minutes. Max dose 2000 mg)

Salbutamol infusion IV (continuous). Start at 1 mcg/kg/min, titrate upwards as per physician verbal order

Date (yyyy-Mon-dd)  Time (hh:mm)  Name of Physician (print)  Signature
Pediatric Asthma Orders for Emergent/Urgent Care
Recommended for children aged 12 months – 18 years with a diagnosis of asthma

PRAM Score 9 – 12  Severe (continued)

☐ Provide asthma teaching for patient and family
☐ Refer to highest level of asthma education available
☐ Notify attending Physician after first three aerosol treatments
☐ Notify attending Physician 4 hours after steroid is administered
☐ Notify attending Physician if PRAM Score increases by greater than or equal to 3 points

Date (yyyy-Mon-dd)  Time (hh:mm)  Name of Physician (print)  Signature

Other orders

Respiratory Care
☐ Continuous oxygen saturation monitoring
☐ O₂ Sats on room air with vitals
☐ O₂ Sats on O₂ therapy with vitals
☐ O₂ Therapy (Non-rebreathing Mask) – Administer O₂ for PRAM Score 5-12 to maintain O₂ Sat at 95% or greater

Clinical Communication
☐ Call for old charts
☐ Refer for asthma education
☐ Refer to Asthma Clinic
☐ Refer to Pediatrician

Blood gases
☐ 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

Chest X-rays
☐ Chest X-ray, AP and Lateral STAT
☐ Chest X-ray, PA portable STAT

Custom orders

Date (yyyy-Mon-dd)  Time (hh:mm)  Name of Physician (print)  Signature
Pediatric Asthma Orders for Emergent/Urgent Care
Recommended for children aged 12 months – 18 years with a diagnosis of asthma

Impending Respiratory Failure (continued on next page)
- Follow Impending Respiratory Failure orders for Alberta Acute Childhood Asthma Pathway for Emergent/Urgent 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.
- Custom orders can be written on page 6.
- To cancel pre-selected orders, strike through and initial.
- If subsequent orders are added after initial sign-off, then date/time and initials should be indicated for each additional order given.

□ Determine weight on admission

Weight: ________ kg

□ NPO

□ 100% O₂ Therapy (Non-rebreathing Mask)

□ Salbutamol solution (continuous via large volume nebulizer) • If less than 20 kg, 7.5 mg via oxygen (mix with ipratropium and normal saline to make total volume of 20 ml) (O₂ Flowrate 8 LPM)

• If 20 kg or greater, 15 mg via oxygen (mix with ipratropium and normal saline to make total volume of 20 ml) (O₂ Flowrate 8 LPM)

□ Ipratropium solution (continuous via large volume nebulizer), 750 mcg via oxygen (mix with salbutamol and normal saline to make total volume of 20 ml) (O₂ Flowrate 8 LPM)

□ EPINEPHrine injection _____ mL of 1:1000 solution IM. (Recommended dose is 0.01 mL/kg of 1:1000 solution, max dose 0.5 mL)

□ Insert intravenous cannula

□ Insert second intravenous cannula

□ HydroCORTISone Na succinate injection _____ mg IV once. (Recommended dose is 4 - 8 mg/kg/DOSE. Max dose 400 mg)

□ MethylPREDNISolone Na succinate injection _____ mg IV once. (Recommended dose is 1 - 2 mg/kg/DOSE. Max dose 80 mg)

□ Dexamethasone injection _____ mg IM once (if IV/IO not available). (Recommended dose is 0.3 mg/kg/DOSE; round to the nearest whole number. Max dose 10 mg)

□ 0.9% sodium CHLORIDE bolus infusion IV via peripheral line, 20 mL/kg as fast as possible

□ D5W-0.9% sodium CHLORIDE infusion IV via peripheral line, ______ mL/hr (maintenance IV fluid)

□ Magnesium SULPHATE injection _____ mg IV infusion over 20 minutes once. (Recommended dose is 40 mg/kg/DOSE IV infusion over 20 minutes. Max dose 2000 mg)

Date (yyyy-Mon-dd)  Time (hh:mm)  Name of Physician (print)  Signature
Pediatric Asthma Orders for Emergent/Urgent Care
Recommended for children aged 12 months – 18 years with a diagnosis of asthma

**Impending Respiratory Failure (continued)**

- [ ] Salbutamol infusion IV (continuous). Start at 1 mcg/kg/min, titrate upwards as per physician verbal order
  - Chest X-rays
    - [ ] Chest X-ray, AP and Lateral STAT
    - [ ] Chest X-ray, PA portable STAT
  - Blood gases
    - [ ] 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
  - Rapid Sequence Induction
    - [ ] Atropine _____ mg IV once. *(Recommended dose is 0.02 mg/kg. Max dose 1 mg)*
    - [ ] Midazolam _____ mg IV once. *(Recommended dose is 0.05 to 0.2 mg/kg)*
    - [ ] Ketamine _____ mg IV once. *(Recommended dose is 2 mg/kg)*
    - [ ] Succinylcholine _____ mg IV once. *(Recommended dose: if less than 1 year - 3 mg/kg, if 5 years or less - 2 mg/kg, if 5 years or greater - 1.5 mg/kg)*
    - [ ] Rocuronium _____ mg IV once. *(Recommended dose is 1 mg/kg)*

**Custom orders**

<table>
<thead>
<tr>
<th>Date (yyyy-Mon-dd)</th>
<th>Time (hh:mm)</th>
<th>Name of Physician (print)</th>
<th>Signature</th>
</tr>
</thead>
</table>

18562(2013-04)