



**PHYSICIAN'S ORDER SHEET**

**Emergency Department Pediatric Asthma Care Map Standard Orders**

**WET NEBULIZATION SEVERE Asthma Exacerbations**

*These orders are to be used as a guideline and do not replace sound clinical judgment and professional practice standards.*

*Patient allergy and contraindications must be considered when completing these orders.*

■ **Standard orders. If not in agreement with an order, cross out and initial.** □ **Requires a check (✓) for activation.**

A Medication Order for pediatric patients who weigh 50 kg or less must include the dosage by weight in terms of 'milligrams per kilogram per day' or 'milligrams per kilogram per dose' OR by body surface area ('milligram per square meter per dose or day'). (WRHA Medication Order Writing Standard, March 2009)

<b>Drug Allergies</b> ▶ <b>See Clinical Circumstances Sheet</b>	ORDER TRANSCRIBED AND ACTIVATED	DATE                      TIME	Patient's Height _____ Patient's Weight _____
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<b>R</b> <b>MEDICATION ORDERS</b> TO BE INITIATED OR DISCONTINUED		TEST DONE	<b>GENERAL ORDERS</b>  PAGE 1 OF 1
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DATE _____ TIME _____  ■ First face mask: Salbutamol 5 mg and Ipratropium Bromide 250 micrograms by inhalation ■ Corticosteroid (choose one option): <input type="checkbox"/> Dexamethasone _____ mg po x 1 dose (0.6 mg/kg/dose; maximum 10 mg/dose) <input type="checkbox"/> Prednisone/Prednisolone _____ mg po x 1 dose (1 mg/kg/dose; maximum 50 mg/dose) <input type="checkbox"/> Methylprednisolone _____ mg IV x 1 dose (2 mg/kg/dose; maximum 125 mg/dose) ■ Second face mask (immediately following above steroid administration): Salbutamol 10 mg and Ipratropium Bromide 500 micrograms by inhalation			<b>Inclusion Criteria:</b> For pediatric patients with known asthma and severe asthma exacerbations (with a Pediatric Respiratory Assessment Measure (PRAM) of 9 - 12). Use with caution for co-morbid conditions. ■ PRAM Score: _____  <b>Exclusion Criteria:</b> Evidence of upper airway obstruction, active varicella infection. ■ Vital signs including oxygen saturation at baseline and 20 minutes after the second face mask (on room air) ■ Vital signs including oxygen saturation on room air q1h ■ Demonstration of metered-dose inhaler/spacer technique to patient and/or caregivers ■ Supplemental oxygen to keep oxygen saturation greater than 92% <input type="checkbox"/> Capillary Blood Gas <input type="checkbox"/> NPO
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PHYSICIAN'S SIGNATURE _____ MD PRINTED NAME _____ MD _____ <small>GENERIC EQUIVALENT AUTHORIZED</small>			TRANSCRIBED: _____ REVIEWER: _____  <input type="checkbox"/> FAXED DATE: _____ TIME: _____ INITIALS: _____
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DATE _____ TIME _____  <input type="checkbox"/> Salbutamol (100 micrograms/puff) 8 puffs via metered-dose inhaler/spacer x 1 dose <input type="checkbox"/> Salbutamol 5 mg by inhalation x 1 dose <input type="checkbox"/> IV normal saline lock <input type="checkbox"/> Magnesium sulfate IV _____ mg x 1 dose (50 mg/kg/dose, maximum dose 2000 mg)			<input type="checkbox"/> Vital signs with blood pressure at baseline and q20 minutes x 2
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### Pediatric Respiratory Assessment Measure (PRAM) Score

Signs	0	1	2	3
Suprasternal Indrawing	Absent		Present	
Scalene Retractions	Absent		Present	
Wheezing	Absent	Expiratory only	Inspiratory and Expiratory	Audible without stethoscope/Silent chest with minimal air entry
Breath Sound Intensity ("Air Entry")	Normal	Decreased at bases	Widespread Decrease	Absent/Minimal
SaO <sub>2</sub>	Greater than 94%	92 - 94%	Less than 92%	

Exacerbation Severity	PRAM Score	Initial Clinical Action
Mild	0 - 4	MDI/Spacer, intermittent use
Moderate	5 - 8	ED Asthma Care Map via MDI/spacer
Severe	Greater than or equal to 9	ED Asthma Care Map via aerosol
Impending Respiratory Failure	12 and lethargy, cyanosis, decreasing respiratory effort, and/or increasing PaCO <sub>2</sub>	ED Asthma Care Map via aerosol

MDI = Metered-dose Inhaler    ED = Emergency Department