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

- Complete General Inpatient Orders (page 1). Determine entry phase on admission and complete orders for that phase: either Phase I (page 2) or Phase II (page 4) or Phase III (page 5). **Send only** general orders and admission phase order to pharmacy.
- Pre-selected orders (■) will be followed automatically. To cancel pre-selected orders, strike through and initial.
- Optional orders (□) can be given by selecting the corresponding check boxes.
- Upon subsequent phase change, complete orders for next phase and send to pharmacy.

General Inpatient Orders (page 1)	Date (yyyy-Mon-dd)	Time (hh:mm)
<input type="checkbox"/> Admit to hospital <input type="checkbox"/> Diagnosis: Status Asthmaticus <input type="checkbox"/> Isolation _____ <input type="checkbox"/> Determine height and weight on admission <input type="checkbox"/> Diet: Clear fluids while in Phase I; diet as tolerated once in Phase II and III <input type="checkbox"/> Monitor intake and output, q _____ h <input type="checkbox"/> Vital signs: respiratory rate, heart rate with each PRAM assessment, O2 saturation q4h and PRN before each dose of salbutamol, temperature q4h <input type="checkbox"/> Blood pressure q _____ h <input type="checkbox"/> Asthma education: Arrange for asthma education (<i>Best done in Phase II or III</i>)		
Other Investigations (<i>indicate timing for labs</i>) / Referrals <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Oral/IV corticosteroids <input type="checkbox"/> PredniSONE/prednisoLONE liquid/tablet (<i>circle choice</i>) _____ mg PO daily for 5 days. (<i>Recommended dosing 1-2 mg/kg/day. Max dose 60 mg</i>) OR <input type="checkbox"/> Dexamethasone liquid _____ mg PO daily for _____ days (<i>recommended dosing 0.15-0.3 mg/kg/day. Max dose 10 mg recommended 3-5 days</i>) OR <input type="checkbox"/> Other corticosteroid (<i>specify</i>) _____		
Inhaled corticosteroids <input type="checkbox"/> Beclomethasone inhaler, _____ puffs bid (<i>100 microgram per puff; usual dosing 1 – 2 puffs</i>) OR <input type="checkbox"/> Other inhaled corticosteroid (<i>specify</i>) _____ <input type="checkbox"/> Other maintenance asthma medication (<i>specify</i>) _____		
IV Fluids Infusion <input type="checkbox"/> D5W-0.45% sodium CHLORIDE with 20 mmol potassium CHLORIDE/Liter at _____ mL/h IV via peripheral line <input type="checkbox"/> Other IV fluids (<i>specify</i>) _____		
Other Orders <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Physician Name (<i>print</i>)	Signature	

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Phase I orders	Date (yyyy-Mon-dd)	Time (hh:mm)
<ul style="list-style-type: none"> ■ Admit into Phase I of AHS Pediatric Asthma Clinical Pathway for Inpatient Care Entry Point “A” ■ 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 (<i>Titrate to Saturation</i>) – Maintain SpO2 at 93%. If O2 requirements are rising rapidly, please call the physician <input type="checkbox"/> Other monitoring (<i>specify</i>) _____ <input type="checkbox"/> Continuous oxygen saturation monitoring ■ Salbutamol inhaler via MDI/Spacer <ul style="list-style-type: none"> <input type="checkbox"/> If less than 20 kg, 5 puffs q30-60min PRN as per Phase I of Asthma Pathway based on modified PRAM score <input type="checkbox"/> If 20 kg or greater, 10 puffs q30-60min PRN as per Phase I of Asthma Pathway based on modified PRAM score <input type="checkbox"/> Other Salbutamol (<i>specify</i>) _____ ■ 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 		
Other Orders (<i>If additional orders are required during Phase I, fill in boxes below</i>)		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
Physician Name (<i>print</i>)	Signature	
Date (yyyy-Mon-dd)	Time (hh:mm)	

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Orders if patient is clinically deteriorating while in Phase I	Date (yyyy-Mon-dd)	Time (hh:mm)
<input type="checkbox"/> Chest X-ray, PA and Lateral <input type="checkbox"/> Chest X-ray, AP portable STAT <input type="checkbox"/> Capillary blood gas, once, STAT on current therapy <input type="checkbox"/> Venous blood gas, once, STAT on current therapy <input type="checkbox"/> Arterial blood gas, once from radial artery, STAT on current therapy <input type="checkbox"/> Salbutamol inhaler via MDI/Spacer <input type="checkbox"/> If less than 20kg, 5 puffs q20min, times 3 doses <input type="checkbox"/> If 20kg or greater, 10 puffs q20min, times 3 doses <input type="checkbox"/> Salbutamol solution via nebulizer <input type="checkbox"/> If less than 20kg, 2.5 mg in 3 mL saline via oxygen q20min, times 3 doses <input type="checkbox"/> If 20 kg or greater, 5 mg in 3 mL saline via oxygen q20min, times 3 doses <input type="checkbox"/> Continuous salbutamol solution via nebulizer via oxygen <input type="checkbox"/> If less than 20kg, 2.5 mg in 3 mL saline via oxygen <input type="checkbox"/> If 20 kg or greater, 5 mg in 3 mL saline via oxygen <input type="checkbox"/> Ipratropium inhaler via MDI/Spacer, 4 puffs q20min, times 3 doses with salbutamol <input type="checkbox"/> Ipratropium solution via nebulizer via oxygen, 250 mcg q20min, times 3 doses with salbutamol <input type="checkbox"/> MethylPREDNISolone Na succinate _____ mg IV injection (<i>choose one</i>) <input type="checkbox"/> once (<i>Recommended 2 mg/kg loading dose, max 80 mg/dose</i>) <input type="checkbox"/> q6h. Start 6h after loading dose (<i>Recommended 1 mg/kg/day, max 80 mg/day</i>) <input type="checkbox"/> Magnesium SULPHATE _____ mg IV bolus injection over 20 minutes (<i>Dosing 40 mg/kg/dose over 20 minutes; max 2000 mg</i>) ► Cardiorespiratory monitoring recommended <input type="checkbox"/> 0.9% sodium CHLORIDE bolus infusion via peripheral line (<i>choose one</i>) <input type="checkbox"/> 10 mL/kg as fast as possible <input type="checkbox"/> 20 mL/kg as fast as possible		
Custom Orders <hr/> <hr/> <hr/> <hr/>		
Physician Name (<i>print</i>)	Signature	

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Phase II orders	Date (yyyy-Mon-dd)	Time (hh:mm)
<ul style="list-style-type: none"> ■ Admit/Transfer into Phase II of AHS Pediatric Asthma Clinical Pathway for Inpatient Care. ■ If Admit, start at Entry Point “A”. If Transfer, start at Entry Point “B”. ● All pathway compatible orders (<i>indicated by ■</i>) within this order will be followed automatically. ● Optional orders (<i>indicated by □</i>) can be given by selecting the corresponding check boxes. ● To cancel pre-selected orders, strike through and initial. 		
<ul style="list-style-type: none"> ■ 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 (<i>Titrate to Saturation</i>) – Maintain SpO2 at 93%. If O2 requirements are rising rapidly, please call the physician □ Salbutamol inhaler via MDI/Spacer <ul style="list-style-type: none"> □ 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 □ Other Salbutamol (<i>specify</i>) _____ 		
<p>□ 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 not met or patient has been in Phase II for 24 hours, call MD to consider transfer to Phase III.</p>		
<p>Other Orders (<i>if additional orders are required during Phase II, fill in boxes below</i>)</p> <p>□ _____</p> <p>□ _____</p> <p>□ _____</p>		
Physician Name (<i>print</i>)	Signature	
Date (yyyy-Mon-dd)	Time (hh:mm)	

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Phase III orders	Date (yyyy-Mon-dd)	Time (hh:mm)
<ul style="list-style-type: none"> ■ Transfer to Phase III of AHS Pediatric Asthma Clinical Pathway for Inpatient Care Entry Point “B” ● All orders that are pathway compatible (<i>indicated by ■</i>) will be followed automatically. ● Optional orders (<i>indicated by □</i>) can be given by selecting the corresponding check boxes. ● To cancel orders, strike through and initial. 		
<ul style="list-style-type: none"> ■ Assessment by modified PRAM score q4h as per pathway; modified PRAM assessment 15 minutes post each dosing of salbutamol as per pathway. ■ O2 Therapy (<i>Titrate to Saturation</i>) – Maintain SpO2 at 90%. If O2 requirements are rising rapidly, please call the physician 		
<p>Bronchodilator</p> <ul style="list-style-type: none"> <input type="checkbox"/> Salbutamol inhaler via MDI/Spacer 5 puffs q4h as per Phase III of Asthma Pathway OR <input type="checkbox"/> Terbutaline Turbuhaler (Bricanyl) 2 puffs q4h as per Phase III of Asthma Pathway OR <input type="checkbox"/> Salbutamol Discus (Ventolin Discus) 2 puffs q4h as per Phase III of Asthma Pathway OR <input type="checkbox"/> Other order _____ 		
<p>Other Orders (<i>If additional orders are required during Phase III, fill in boxes below</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ 		
Physician Name (<i>print</i>)	Signature	
Date (yyyy-Mon-dd)	Time (hh:mm)	

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Discharge Instructions	Date (yyyy-Mon-dd)	Time (hh:mm)
<p><input checked="" type="checkbox"/> Discharge Patient</p> <p><input checked="" type="checkbox"/> Follow up</p> <p style="padding-left: 20px;"><input type="checkbox"/> Physician _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Refer for further asthma education _____</p> <p><input type="checkbox"/> Give Childhood Asthma Essentials handout to family</p> <p><input type="checkbox"/> 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 Physician _____</p> <p>Other Orders</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>		
Physician Name (print)	Signature	

SAMPLE