Alberta Health Services

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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**

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

SAMPLE

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

PRAM Score 5 – 8 Moderate

- Follow Moderate 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.

	Order	Details
■	Determine weight on admission	Weight: ________ kg
☐	O_2 Therapy (Titrate to Saturation) – Maintain SpO_2 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 _____ 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	
☐	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**

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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.

Order	Details
■ Determine weight on admission	Weight: ________ kg
■ NPO	
■ O_2 Therapy – Maintain SpO_2 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) *(O_2 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) *(O_2 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) *(O_2 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 _____ 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)*	
☐ 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**

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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
	☐ O_2 Sats on room air with vitals
	☐ O_2 Sats on O_2 therapy with vitals
	☐ O_2 Therapy (Non-rebreathing Mask) – Administer O_2 for PRAM Score 5-12 to maintain O_2 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, PA and lateral
	☐ Chest X-ray, AP portable STAT

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

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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% O_2 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) *(O_2 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) *(O_2 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) *(O_2 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**

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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 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	

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

SAMPLE