

Form Title      **Asthma, Adult - Admission Management and Discharge Orders**

Form Number   **frm-21051**

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## Asthma, Adult - Admission Management and Discharge Orders

Select orders by placing a (✓) in the associated box

For more information, see Clinical Knowledge Topic **Asthma**  
<http://insite.albertahealthservices.ca/klink/14163.asp>

Last Name	
First Name	
PHN#	MRN#
Birthdate (dd-Mon-yyyy)	Physician

### Goals of Care

*Conversations leading to the ordering of a Goals of Care Designation (GCD), should take place as early as possible in a patient's course of care. The Goals of Care Designation is created, or the previous GCD is affirmed or changed resulting from this conversation with the patient or, where appropriate, the Alternate Decision-Maker. Complete the Goals of Care Designation (GCD) Order Set within your electronic system, or if using paper process, complete the Provincial Goals of Care Designation (GCD) paper form (<http://www.albertahealthservices.ca/frm-103547.pdf>)*

### Admit

- Admit to: \_\_\_\_\_
- Anticipated Date of Discharge: \_\_\_\_\_
- Clinical Communication – Call for old charts from \_\_\_\_\_  
(clinician clinic, current site, other recent admission – specify site)
- Clinical Communication – Call for old PFT reports from \_\_\_\_\_ (clinician name or clinic)

### Intravenous Fluid Orders

- Intravenous Cannula – Insert
- lactated ringers infusion 30 mL/hour to keep vein open
- lactated ringers infusion at \_\_\_\_\_ mL/hour
- 0.9 % NaCl infusion 30 mL/hour to keep vein open
- 0.9 % NaCl infusion IV at \_\_\_\_\_ mL/hour
- D5W - 0.45% NaCl IV infusion 30 mL/hour to keep vein open
- D5W - 0.45% NaCl infusion at \_\_\_\_\_ mL/hour
- Saline Lock IV, flush with 2 - 5 mL 0.9% NaCl every 8 hours for peripheral lines
- Other \_\_\_\_\_ (specify fluid) infusion at \_\_\_\_\_ mL/hour

### Laboratory Investigations

#### Initial Investigations

- Complete Blood Count (CBC) with differential
- Electrolytes (Na, K, Cl, CO<sub>2</sub>)
- Creatinine
- HCG Beta
- Sputum Bacterial Culture

*Consider only for patients presenting with Influenza-like Illness symptoms*

- Respiratory Virus Panel via Nasal Pharyngeal Swab
- Other (specify) \_\_\_\_\_

#### Investigations Day 1 post admission

- Complete Blood Count (CBC) with differential on day 1 post admission. Date: \_\_\_\_\_
- Electrolytes (Na, K, Cl, CO<sub>2</sub>) on day 1 post admission. Date: \_\_\_\_\_

*Blood Gas is recommended in severe asthma, clinical deterioration (decreasing Peak Expiratory Flow [PEF], SPO<sub>2</sub> less than 92% / increasing O<sub>2</sub> requirement), or if PEF or FEV<sub>1</sub> under 50% predicted value*

- Blood Gas Arterial STAT

Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh:mm)
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<b>Diagnostic Imaging</b>		
<input type="checkbox"/> Chest X-ray PA and Lateral (GR Chest, 2 Projections) - indication: _____		
<b>Other Investigations</b>		
<input type="checkbox"/> Electrocardiogram - indication: _____		
<b>Medications</b>		
<input type="checkbox"/> Refer to local institutional practices for Venous Thromboembolism (VTE) Prophylaxis until provincial orders are available		
<b>Condition Specific Medication Considerations - Asthma</b>		
<ul style="list-style-type: none"> <li>• Ask about any previous reactions to NSAIDS or beta blockers, and document any allergies.</li> <li>• Presence of asthma, Chronic Rhinosinusitis with Nasal Polyposis, and Aspirin Sensitivity suggests Aspirin Exacerbated Respiratory Disease</li> <li>• Do not sedate patients with Acute asthma unless for intubation</li> </ul>		
<b>Acute Bronchodilation – Moderate-Severe Asthma</b>		
<i>Salbutamol is the mainstay of therapy. Ipratropium in moderate to severe exacerbations</i>		
<b>Metered Dose Inhaler (MDI) – preferred option</b>		
<input type="checkbox"/> salbutamol 100 mcg MDI 4 puffs inhaled every 20 minutes with spacer x 3 doses		
<input type="checkbox"/> salbutamol 100 mcg MDI 4 puffs inhaled every 1 hour PRN with spacer for wheeze		
<input type="checkbox"/> salbutamol 100 mcg MDI _____ puffs inhaled every _____ hour(s) with spacer		
<input type="checkbox"/> ipratropium 20 mcg MDI 4 puffs inhaled every 20 minutes with spacer x 3 doses		
<input type="checkbox"/> ipratropium 20 mcg MDI 4 puffs inhaled every 1 hour PRN with spacer for wheeze		
<input type="checkbox"/> ipratropium 20 mcg MDI _____ puffs inhaled every _____ hour(s) with spacer		
<b>Nebulization Therapy</b>		
<i>Formulary Restricted Use: Use nebulization ONLY for patients who have severe, life-threatening respiratory disease (e.g. impending respiratory arrest, continuous nebulization required), are uncooperative or are unable to follow the directions required for MDI with spacer.</i>		
<input type="checkbox"/> salbutamol 5 mg inhaled by nebulizer every 20 minutes x 3 doses		
<input type="checkbox"/> salbutamol 5 mg inhaled by nebulizer every 1 hour PRN for wheeze		
<input type="checkbox"/> salbutamol _____ mg inhaled by nebulizer every _____ hour(s) with spacer		
<input type="checkbox"/> ipratropium bromide 0.5 mg inhaled by nebulizer every 20 minutes x 3 doses		
<input type="checkbox"/> ipratropium bromide 0.5 mg inhaled by nebulizer every 1 hour PRN for wheeze		
<input type="checkbox"/> ipratropium bromide _____ mg inhaled by nebulizer every _____ hour(s) with spacer		
<b>Adjunctive Therapies</b>		
<i>If persistent severe airflow obstruction despite maximal medical therapy. Must be assessed by an Authorized Prescriber prior to administration.</i>		
<input type="checkbox"/> magnesium sulphate 2 g IV over 20 min once		
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### Medications (continued)

#### Maintenance Therapy

*There is perceived value in monitoring technique and emphasizing the importance of inhaled steroids, even during an acute exacerbation. Corticosteroids should be the first line controller medication. LABA should never be used as monotherapy.*

#### Inhaled Corticosteroid (choose ONE, utilize patient's home medication if possible)

*For ciclesonide, recommended frequency is daily or BID*

- ciclesonide (Alvesco) 100 mcg MDI \_\_\_\_\_ puff(s) inhaled \_\_\_\_\_ with spacer
- ciclesonide (Alvesco) 200 mcg MDI \_\_\_\_\_ puff(s) inhaled \_\_\_\_\_ with spacer
- fluticasone (Flovent) 50 mcg MDI \_\_\_\_\_ puff(s) inhaled BID with spacer
- fluticasone (Flovent) 125 mcg MDI \_\_\_\_\_ puff(s) inhaled BID with spacer
- fluticasone (Flovent) 250 mcg MDI \_\_\_\_\_ puff(s) inhaled BID with spacer
- fluticasone (Flovent) 250 mcg diskus \_\_\_\_\_ puff(s) inhaled BID
- beclomethasone (Qvar) 50 mcg MDI \_\_\_\_\_ puff(s) inhaled BID with spacer
- beclomethasone (Qvar) 100 mcg MDI \_\_\_\_\_ puff(s) inhaled BID with spacer
- budesonide (Pulmicort) 200 mcg turbuhaler \_\_\_\_\_ puff(s) inhaled BID

#### Combination Inhaled Corticosteroid / Long-Acting Beta-Agonist

- fluticasone-salmeterol (Advair) 100 mcg-50 mcg diskus 1 puff inhaled BID
- fluticasone-salmeterol (Advair) 125 mcg-25 mcg MDI \_\_\_\_\_ puff(s) inhaled BID with spacer
- fluticasone-salmeterol (Advair) 250 mcg-25 mcg MDI \_\_\_\_\_ puff(s) inhaled BID with spacer
- fluticasone-salmeterol (Advair) 250 mcg-50 mcg diskus 1 puff inhaled BID
- fluticasone-salmeterol (Advair) 500 mcg-50 mcg diskus 1 puff inhaled BID
- budesonide-formoterol (Symbicort) 100 mcg-6 mcg turbuhaler \_\_\_\_\_ puff(s) inhaled BID
- budesonide-formoterol (Symbicort) 200 mcg-6 mcg turbuhaler \_\_\_\_\_ puff(s) inhaled BID

*fluticasone-vilanterol is restricted to:*

1. Asthma uncontrolled on inhaled corticosteroid therapy OR
2. Maintenance treatment of moderate to severe (i.e. FEV1 less than 80% predicted) COPD AND inadequate response to a long-acting bronchodilator OR
3. Maintenance treatment of severe (i.e. FEV1 less than 50% predicted) COPD

- fluticasone-vilanterol (Breo Ellipta) 100 mcg-25 mcg DPI \_\_\_\_\_ puff(s) inhaled daily

*The inhalers listed above are on formulary. Use patient's own supply or complete non-formulary request when ordering non-formulary inhalers.*

- Other: \_\_\_\_\_  
(drug name, delivery device, strength, dose, route and frequency)

#### Corticosteroids

*Systemic corticosteroids are indicated in all acute asthma exacerbations.*

*Oral and parenteral agents are considered equivalent; consider IV administration if actively vomiting, too dyspneic to swallow, severe exacerbations, or high likelihood of requiring airway intervention.*

- predniSONE 50 mg PO once now if not already given
- predniSONE \_\_\_\_\_ mg PO daily x \_\_\_\_\_ days

*If not tolerating oral corticosteroids or is NPO; consider switching to PO once clinically appropriate*

- methylPREDNISolone (Solu-MEDROL) \_\_\_\_\_ mg IV every \_\_\_\_\_ hour(s)

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<b>Medications (continued)</b>		
<b>Immunization – Influenza and Pneumococcal</b> <i>If indicated, when the patient is no longer febrile or acutely ill, with verbal informed consent.</i> <i>During influenza season if NOT already vaccinated.</i>		
<input type="checkbox"/> influenza vaccine 0.5 mL IM once <i>Review vaccine history and eligibility criteria if not previously immunized</i>		
<input type="checkbox"/> pneumococcal polysaccharide vaccine 0.5 mL IM once		
<b>Patient Care</b>		
<b>Monitoring</b>		
<input type="checkbox"/> Vital Signs (respiratory rate, pulse, blood pressure, temperature, oxygen saturation) every ____ hour(s)		
<input type="checkbox"/> Notify Authorized Prescriber if patient develops tremors, or heart rate greater than ____ beats per minute		
<b>Respiratory Care</b>		
<input type="checkbox"/> Notify attending Authorized Prescriber if _____ (specify parameters)		
<input type="checkbox"/> O2 Therapy titrate to maintain O2 saturation between 92-96%		
<input type="checkbox"/> O2 Therapy titrate to maintain O2 saturation between ____ - ____%		
<b>Oxygen Therapy in Pregnancy</b>		
<input type="checkbox"/> O2 Therapy - titrate to maintain O2 saturation greater than 95%		
<b>Lung Function – Asthma</b>		
<input type="checkbox"/> Peak Expiratory Flow Rate - bedside for baseline (if not already completed in Emergency Department)		
<input type="checkbox"/> Peak Expiratory Flow Rate - bedside 15 minutes post bronchodilator		
<b>Daily Peak Expiratory Flow Rate (recommended)</b>		
<i>Pre-discharge PEF should be documented on discharge summary</i>		
<input type="checkbox"/> Peak Expiratory Flow Rate - bedside daily		
<input type="checkbox"/> Peak Expiratory Flow Rate - beside BID		
<input type="checkbox"/> Peak Expiratory Flow Rate - bedside pre-discharge		
<b>Pulmonary Function Test</b>		
<i>Required to confirm asthma diagnosis before discharge if the diagnosis of asthma has not been objectively demonstrated previously</i>		
<input type="checkbox"/> Spirometry - Pre and Post Bronchodilator (if available)		
<b>Activity</b>		
<input type="checkbox"/> Bedrest with bathroom privileges, head of bed elevated at 30 degrees. Progress to Activity as Tolerated as condition improves		
<input type="checkbox"/> Activity as tolerated		
<input type="checkbox"/> Mobilize - early mobilization		
<b>Safety and Precaution</b>		
<input type="checkbox"/> Isolation – Type: _____		
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<b>Patient Care (continued)</b>		
<b>Diet/Nutrition</b>		
<input type="checkbox"/> NPO	<input type="checkbox"/> Clear Fluids	
<input type="checkbox"/> NPO - may take medications with sips	<input type="checkbox"/> Regular Diet	
<input type="checkbox"/> Other Diet _____		
<b>Transition and Referral (Inpatient)</b>		
<input type="checkbox"/> Consult Respiriology		
<input type="checkbox"/> Consult General Internal Medicine		
<input type="checkbox"/> Consult Critical Care		
<input type="checkbox"/> Consult RAAPID in rural settings		
<input type="checkbox"/> Occupational Therapy (reason for referral): _____		
<input type="checkbox"/> Physiotherapy (reason for referral): _____		
<input type="checkbox"/> Respiratory Therapist (reason for referral): _____		
<input type="checkbox"/> Certified Respiratory Educator (reason for referral): _____		
<input type="checkbox"/> Social Work (financial concerns)		
<b>Teaching and Patient Discharge Instructions</b>		
<i>Educational intervention may decrease subsequent hospital admission in adults who present to emergency department for acute asthma. Should include Asthma Self-Management 'Action' Plan. Distribution of Asthma Action Plan to the patient's circle of care and pharmacy is suggested. Sample Asthma Action Plans: Asthma Action Plan (myHealthAlberta), also available at <a href="http://www.asthma.ca">www.asthma.ca</a>. Refer to AHS Asthma Toolkit</i>		
<input type="checkbox"/> Teach inhaler device technique (Registered Nurse / Respiratory Therapist / Certified Respiratory Educator / Pharmacist or Pharmacy Technician)		
<input type="checkbox"/> Patient to follow up with Family Physician 2 weeks post discharge		
<input type="checkbox"/> Send discharge summary to Family Physician		
<b>Outpatient Referrals</b>		
<i>Patients admitted for an Asthma Exacerbation should have a minimum of community respirologist referral, inpatient referral, or urgent outpatient referral.</i>		
<input type="checkbox"/> Consult Respiriology		
<input type="checkbox"/> Consult General Internal Medicine		
<input type="checkbox"/> Alberta Quits Helpline Referral		
<input type="checkbox"/> Certified Asthma Educator (if available or refer to highest level of asthma education)		
Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh:mm)