

|                         | ets/Protocols/PowerPlans  |  |              |  |  |  |  |
|-------------------------|---|--|--------------|--|--|--|--|
|                         | Initiate Powerplan Phase  |  |              |  |  |  |  |
| _                       | T;N, Phase: LEB Asthma Admit Phase, When to Initiate:                             |  |              |  |  |  |  |
| LEB A                   | sthma Admit Phase   |  |              |  |  |  |  |
| Non Ca                  | ategorized  |  |              |  |  |  |  |
|                         | Add To Problem List<br>T;N Problem: Asthma  |  |              |  |  |  |  |
|                         | Add To Problem List<br>T;N  |  |              |  |  |  |  |
| Admis                   | sion/Transfer/Discharge   |  |              |  |  |  |  |
| ☑                       | Patient Status Initial Inpatient<br>T;N Admitting Physician:<br>Reason for Visit: | <u> </u>   |              |  |  |  |  |
|                         | Bed Type:   | Specific Unit:   |              |  |  |  |  |
|                         | Care Team:  | Anticipated LOS: 2 midnights   | or more      |  |  |  |  |
|                         | Patient Status Initial Outpa<br>T;N Attending Physician:                          | -  |              |  |  |  |  |
|                         | Bed Type:   | Specific Unit:   |              |  |  |  |  |
|                         | Outpatient Status/Service   | e: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure [ ] OP OBSERVATION Services |              |  |  |  |  |
|                         | Notify Physician-Once   |  |              |  |  |  |  |
|                         | T;N, of room number on  | arrival to unit  |              |  |  |  |  |
| Vital Si                | gns   |  |              |  |  |  |  |
| $\overline{\mathbf{A}}$ | Vital Signs   |  |              |  |  |  |  |
|                         | T;N, Monitor and Record   | T,P,R,BP, q4h(std)   |              |  |  |  |  |
| Activity                |   |  |              |  |  |  |  |
|                         | Bedrest   |  |              |  |  |  |  |
|                         | T;N   |  |              |  |  |  |  |
|                         | Out Of Bed  |  |              |  |  |  |  |
|                         | T;N, Up Ad Lib  |  |              |  |  |  |  |
| ш                       | Activity As Tolerated   | a ramain an unit until ragnizatory tractment fraguancy in                          | ach ar mara  |  |  |  |  |
| Eood/N                  | T;N, Op Ad Lib, Patient to<br>lutrition   | o remain on unit until respiratory treatment frequency is                          | q3ri or more |  |  |  |  |
|                         |   |  |              |  |  |  |  |
|                         | NPO<br>Start at: T;N  |  |              |  |  |  |  |
|                         | Breastfeed  |  |              |  |  |  |  |
|                         |   |  |              |  |  |  |  |



|        | T;N  |  |  |  |  |
|--------|--|--|--|--|--|
|        | LEB Formula Orders Plan(SUB)*  |  |  |  |  |
|        | Regular Pediatric Diet Start at: T;N   |  |  |  |  |
|        | Clear Liquid Diet Start at: T;N  |  |  |  |  |
| Patien |  |  |  |  |  |
|        | Advance Diet As Tolerated  T;N, start clear liquids and advance to regular diet as tolerated |  |  |  |  |
|        | Isolation Precautions T;N  |  |  |  |  |
| ☑      | Intake and Output  T;N, Routine, q2h(std)  |  |  |  |  |
|        | Daily Weights T;N, Routine, gEve   |  |  |  |  |
|        | Cardiopulmonary Monitor  T;N Routine, Monitor Type: CP Monitor                               |  |  |  |  |
| ☑      | Smoking Cessation Advice/Counseling  T;N, for patient/family                                 |  |  |  |  |
|        | O2 Sat Continuous Monitoring NSG  T;N, Consider moving to Spot Check if not on O2.           |  |  |  |  |
|        | O2 Sat Spot Check-NSG  T;N   |  |  |  |  |
|        | Restraint Medical/Surgical(non-violent, non-self-destructive)  T;N                           |  |  |  |  |
| Respir | ratory Care <sup>2</sup>   |  |  |  |  |
| ☑      | Initiate Pediatric Asthma Treatment  T;N q2h(std), Special Instructions: Starting treatment  |  |  |  |  |
| ☑      | Oxygen Delivery  T;N, Special Instructions: Titrate to keep O2 sat =/>90%, Wean to room      |  |  |  |  |
|        | Peak Flow  T;N   |  |  |  |  |
| ☑      | Asthma Education  T;N, Topic: Asthma   |  |  |  |  |
| ☑      | RT Assess and Call T;N, Routine, Special Instructions: Assessment Protocol                   |  |  |  |  |
| Contin | nuous Infusion   |  |  |  |  |

\*065\*



| D5 1/2NS   |   |  |  |  |  |
|--|---|--|--|--|--|
| 1,000 mL, IV, Routine, mL/hr D5 1/4 NS   |   |  |  |  |  |
| 1,000 mL, IV, Routine, mL/hr)  |   |  |  |  |  |
| D5 1/2 NS KCI 20 mEq/L<br>1,000 mL, IV, Routine, mL/hr   |   |  |  |  |  |
| D5 1/4 NS KCI 20 mEg/L   |   |  |  |  |  |
| 1,000 mL, IV, Routine, mL/hr   |   |  |  |  |  |
| ations   |   |  |  |  |  |
| +1 Hours a   | acetaminophen   |  |  |  |  |
|  | 10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day EF)*                      |  |  |  |  |
|  | ,<br>10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/da                      |  |  |  |  |
| $\overline{\Box}$  | 325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day                             |  |  |  |  |
| .4 Haves   |   |  |  |  |  |
| +1 Hours montelukast   |   |  |  |  |  |
| =  | 4 mg, Chew tab, PO, qpm, Routine (DEF)*   |  |  |  |  |
| _  | 4 mg, Granule, PO, qpm, Routine   |  |  |  |  |
|  | 5 mg, Chew tab, PO, qpm, Routine  |  |  |  |  |
| _  | 10 mg, Tab, PO, qpm, Routine  |  |  |  |  |
|  |   |  |  |  |  |
|  | predniSONE  |  |  |  |  |
|  | mg/kg, Tab, PO, bid, Routine, Max dose = 60 mg/day  |  |  |  |  |
| +1 Hours prednisoLONE  |   |  |  |  |  |
| 1 mg/kg, Liq, PO, bid, Routine, Max dose = 60 mg/day, (1 mL = 3 mg)  |   |  |  |  |  |
| +1 Hours methylPREDNISolone  |   |  |  |  |  |
| 1 mg/kg, Ped Injectable, IV Piggyback, q12h, Routine, To be used if patient can not tolerate oral medication |   |  |  |  |  |
| Comments: Max daily dose = 80 mg/day   |   |  |  |  |  |
| +1 Hours   | dexamethasone   |  |  |  |  |
| _  | 0.6 mg/kg, Ped Injectable, IV Push, once, STAT, Max dose= 16 mg (DEF)*  |  |  |  |  |
| П  |   |  |  |  |  |
| H  | 0.6 mg/kg, Ped Injectable, IM, once, STAT, Max dose = 16 mg   |  |  |  |  |
| ⊔<br>hodilatora  | 0.6 mg/kg, Tab, PO, once, STAT, Max dose = 16 mg  |  |  |  |  |
| +1 Hours albuterol (MDI)   |   |  |  |  |  |
| _  |   |  |  |  |  |
|  | puff, MDI, INH, q2h, Routine, (1 puff = 90 mcg) (DEF)*  |  |  |  |  |
|  | 1 D5 1/4 NS 1 D5 1/2 NS 1 D5 1/4 NS 1 ations +1 Hours +1 Hours +1 Hours +1 Hours 1 +1 Hours 1 +1 Hours 1 hodilators |  |  |  |  |

\*065\*



|                         | $\square$ puff, MDI, INH, q4h, Routine, (1 puff = 90 mcg)   |  |  |  |  |  |  |
|-------------------------|---|--|--|--|--|--|--|
| Inhaled Corticosteroids |   |  |  |  |  |  |  |
|                         | budesonide DPI indicated for patients equal to or greater than 6 years of age(NOTE)*  |  |  |  |  |  |  |
|                         | +1 Hours budesonide flexhaler   |  |  |  |  |  |  |
|                         | $\square$ 90 mcg, MDI, INH, bid, Routine, (90 mcg = 1 puff) (DEF)*  |  |  |  |  |  |  |
|                         | $\square$ 180 mcg, MDI, INH, bid, Routine, (180 mcg = 1 puff)   |  |  |  |  |  |  |
|                         | budesonide Low dose: 0.5 mg/day Medium dose: 1 mg/day High dose: 2 mg/day(NOTE)*  |  |  |  |  |  |  |
|                         | +1 Hours budesonide   |  |  |  |  |  |  |
|                         | $\square$ 0.25 mg, Inh Soln, NEB, bid, Routine, (2 mL = 0.25 mg) (DEF)*   |  |  |  |  |  |  |
|                         | $\square$ 0.5 mg, Inh Soln, NEB, bid, Routine, (2 mL = 0.5 mg)  |  |  |  |  |  |  |
|                         | $\square$ 1 mg, Inh Soln, NEB, bid, Routine, (4 mL = 1 mg)  |  |  |  |  |  |  |
|                         | Consider steroid inhaler for children greater than 2 years  |  |  |  |  |  |  |
|                         | Low dose: 88 to 176 mcg/day Med dose: 176 to 440 mcg/day High dose: greater than 440 mcg/day(NOTE)*   |  |  |  |  |  |  |
|                         | +1 Hours fluticasone CFC free 44 mcg/inh inhalation aerosol   |  |  |  |  |  |  |
| _                       | 44 mcg, MDI, INH, bid, Routine, (1 puff = 44 mcg)   |  |  |  |  |  |  |
|                         | +1 Hours fluticasone CFC free 110 mcg/inh inhalation aerosol  |  |  |  |  |  |  |
|                         | 110 mcg, MDI, INH, bid, Routine, (1 puff = 110 mcg)   |  |  |  |  |  |  |
|                         | +1 Hours fluticasone CFC free 220 mcg/inh inhalation aerosol  |  |  |  |  |  |  |
|                         | 220 mcg, MDI, INH, bid, Routine, (1 puff = 220 mcg)   |  |  |  |  |  |  |
|                         | +1 Hours beclomethasone 40 mcg/inh inhalation aerosol   |  |  |  |  |  |  |
|                         | 40 mcg, MDI, INH, bid, Routine, (1 puff = 40mcg)  |  |  |  |  |  |  |
|                         | +1 Hours beclomethasone 80 mcg/inh inhalation aerosol   |  |  |  |  |  |  |
|                         | 80 mcg, MDI, INH, bid, Routine, (1 puff = 80mcg) Consider combination therapy, ICS plus LABA for children 5 years of age and greater who are not well |  |  |  |  |  |  |
|                         | controlled on inhaled steroid alone.(NOTE)*   |  |  |  |  |  |  |
|                         | +1 Hours Advair HFA 45 mcg-21 mcg/inh inhalation aerosol  |  |  |  |  |  |  |
|                         | puff, MDI, INH, bid, Routine, (1 puff = 45 mcg fluticasone/21 mcg salmeterol)   |  |  |  |  |  |  |
|                         | +1 Hours Advair HFA 115 mcg-21 mcg/inh inhalation aerosol   |  |  |  |  |  |  |
|                         | puff, MDI, INH, bid, Routine, (1 puff = 115 mcg fluticasone/21mcg salmeterol)   |  |  |  |  |  |  |
|                         | +1 Hours Advair HFA 230 mcg-21 mcg/inh inhalation aerosol   |  |  |  |  |  |  |
|                         | puff, MDI, INH, bid, Routine, (1 puff = 230 mcg fluticasone/21mcg salmeterol)   |  |  |  |  |  |  |
|                         | +1 Hours budesonide-formoterol 80 mcg-4.5 mcg/inh inhalation aerosol  puff, MDI, INH, bid, Routine, (1 puff = 80mcg budesonide/4.5 mcg formoterol)    |  |  |  |  |  |  |
|                         | +1 Hours budesonide-formoterol 160 mcg-4.5 mcg/inh inhalation aerosol   |  |  |  |  |  |  |
| _                       | puff, MDI, INH, bid, Routine, (1 puff = 160mcg budesonide/ 4.5 mcg formoterol)  |  |  |  |  |  |  |
|                         |   |  |  |  |  |  |  |



| Const                   | lits/Notification   | is/Referrais                     |                       |           |  |  |  |  |
|-------------------------|---|----------------------------------|-----------------------|-----------|--|--|--|--|
|                         | Notify Resident-Continuing  |                                  |                       |           |  |  |  |  |
|                         | T;N, increasing respiratory distress, decreased O2 sats less than 90%, respiratory rate greater than 65, apnea, temperature greater than 38.5 degrees Celsius, cardiac arrhythmia |                                  |                       |           |  |  |  |  |
|                         |   |                                  |                       |           |  |  |  |  |
|                         | Medical Socia   | Medical Social Work Consult      |                       |           |  |  |  |  |
|                         | T;N, Routine, Reason: Assistance at Discharge CHAMP Referral  |                                  |                       |           |  |  |  |  |
| $\overline{\mathbf{v}}$ |   |                                  |                       |           |  |  |  |  |
|                         |   | T;N, Add Qualifiers for Program. |                       |           |  |  |  |  |
|                         | 7,14,   | Add Qualificis for 1 rogic       | AITI.                 |           |  |  |  |  |
|                         |   |                                  |                       |           |  |  |  |  |
|                         | Date  | Time                             | Physician's Signature | MD Number |  |  |  |  |
|                         |   |                                  |                       |           |  |  |  |  |
| •                       | rt Legend:  |                                  |                       |           |  |  |  |  |
|                         |   | ence is the default for the      | selected order        |           |  |  |  |  |
|                         |   | ent is a goal IND -              |                       |           |  |  |  |  |
|                         | omponent is an  |                                  |                       |           |  |  |  |  |
|                         | •   | intervention IVS -               |                       |           |  |  |  |  |
|                         | omponent is an  |                                  |                       |           |  |  |  |  |
|                         | omponent is a n   |                                  |                       |           |  |  |  |  |
|                         | his component i   | •                                |                       |           |  |  |  |  |
| SUB -                   | This componen   | t is a sub phase, see sep        | arate sheet           |           |  |  |  |  |

R-Required order