



Physician's Orders Pediatric Use Only

ADMISSION/TRANSFER ORDERS STATUS ASTHMATICUS

Date: _____ Time: _____

Height _____ cm Weight _____ kg

Admit To: ☐ Inpt ☐ Obs Service: _____

Allergies: _____

• Attending: _____

• Resident: _____

• Intern: _____ Pager _____

Diagnosis: **Status Asthmaticus**

Other Diagnoses: _____

Assess and Treat According to Asthma Guideline For Inpatients Beginning at Phase 1 2 (circle one)

Vitals: Temperature and Blood Pressure ☐ per routine ☐ other _____
RDAI score and Peak Flow measurements per Asthma Guideline For Inpatients

Diet: ☐ for age Other (specify) _____

IVF: ☐ None
☐ Heparin well
☐ D5 1/4 NS with 20mEq KCl/L at _____ cc/hr
☐ Other (specify) _____

Medications:

Acute Asthma Treatment:

Phase 1 (q2/per protocol)

- ☐ Albuterol _____ puffs via MDI
☐ with spacer OR
☐ with spacer and mask
- ☐ Albuterol _____ ml in 2 ml NS
via nebulization
- ☐ Ipratropium bromide 0.5 mg
via nebulization

- ☐ Prednisolone liquid _____ mg PO BID (1-2 mg/kg/day) (max dose 60 mg/day)
- ☐ Prednisone tablet _____ mg PO BID (1-2 mg/kg/day) (max dose 60 mg/day)
- ☐ Methylprednisolone _____ mg IV q 6 hours (1 mg/kg/dose) (max dose 80 mg/day)

Phase 2 (q4/per protocol)

- ☐ Albuterol _____ puffs via MDI
☐ with spacer OR
☐ with spacer and mask
- ☐ Albuterol _____ ml in 2 ml NS
via nebulization
- ☐ Other _____

Phase 3 (q6/per protocol)

- ☐ Albuterol _____ puffs via MDI
☐ with spacer OR
☐ with spacer and mask
- ☐ Albuterol _____ ml in 2 ml NS
via nebulization

Controller Asthma Therapy:

- ☐ Inhaled steroid _____ (specify drug name) _____ puffs BID or _____ (other freq)
- ☐ Pulmicort respules _____ mg via nebulization BID or _____ (other freq)
- ☐ Montelukast _____ mg PO qhs
- ☐ Zafirlukast _____ mg PO BID
- ☐ Nasal steroid _____ (drug name) _____ puffs with _____ frequency

- ☐ Other (specify) _____
- ☐ Other (specify) _____

Oxygen Therapy:

- ☐ O2 delivered via ☐ facemask at _____ % or ☐ nasal cannula at _____ L/min
- ☐ Wean O2 per Oxygen Therapy Protocol
- ☐ Intermittent pulse oximetry q _____ hrs.
- ☐ Continuous pulse oximetry

Equipment:

- ☐ Spacer device to bedside ☐ Optichamber ☐ Facemask ☐ Inspirease
- ☐ Peak flow meter to bedside
- ☐ Consult social work for home pulmoaide

Other Orders:

Physician Name Printed _____

Physician Signature _____