Physician Orders ADULT: LEB Asthma Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase

T;N, Phase: LEB Asthma Admit Phase, When to Initiate: ________________________________

LEB Asthma Admit Phase
Non Categorized
☐ Add To Problem List

T;N Problem: Asthma
☐ Add To Problem List

T;N

Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient

T;N Admitting Physician: ________________________________
Reason for Visit: ______________________________________
Bed Type: __________________ Specific Unit: ________________
Care Team: __________________ Anticipated LOS: 2 midnights or more

☐ Patient Status Initial Outpatient

T;N Attending Physician: ________________________________
Reason for Visit: ______________________________________
Bed Type: __________________ Specific Unit: __________________
Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
[ ] OP OBSERVATION Services

☐ Notify Physician-Once

T;N, of room number on arrival to unit

Vital Signs
☐ 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
☐ Activity As Tolerated

T;N, Up Ad Lib, Patient to remain on unit until respiratory treatment frequency is q3h or more

Food/Nutrition
☐ NPO

Start at: T;N
☐ Breastfeed

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☐ LEB Formula Orders Plan(SUB)*
☐ Regular Pediatric Diet
   Start at: T;N
☐ Clear Liquid Diet
   Start at: T;N

Patient Care
☐ 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, qEve
☐ 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

Respiratory Care
☑ 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 air
☐ Peak Flow
   T;N
☐ Asthma Education
   T;N, Topic: Asthma
☑ RT Assess and Call
   T;N, Routine, Special Instructions: Assessment Protocol

Continuous Infusion

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☐ 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 KCl 20 mEq/L
  1,000 mL, IV, Routine, mL/hr
☐ D5 1/4 NS KCl 20 mEq/L
  1,000 mL, IV, Routine, mL/hr

Medications
☐ +1 Hours acetaminophen
  10 mg/kg, Liq, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day (DEF)*
  10 mg/kg, Supp, PR, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day
  325 mg, Tab, PO, q4h, PRN Pain or Fever, Routine, Max Dose = 75 mg/kg/day up to 4 g/day
☐ +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

Steroids
☐ +1 Hours predniSONE
  1 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)*
  0.6 mg/kg, Ped Injectable, IM, once, STAT, Max dose = 16 mg
  0.6 mg/kg, Tab, PO, once, STAT, Max dose = 16 mg

Bronchodilators
☐ +1 Hours albuterol (MDI)
  puff, MDI, INH, q2h, Routine, (1 puff = 90 mcg) (DEF)*

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- 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
  - 90 mcg, MDI, INH, bid, Routine, (90 mcg = 1 puff) (DEF)*
  - 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
  - 0.25 mg, Inh Soln, NEB, bid, Routine, (2 mL = 0.25 mg) (DEF)*
  - 0.5 mg, Inh Soln, NEB, bid, Routine, (2 mL = 0.5 mg)
  - 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)
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Consults/Notifications/Referrals
☑ 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 Social Work Consult
  T;N, Routine, Reason: Assistance at Discharge
☑ CHAMP Referral
  T;N, Add Qualifiers for Program.

Date ___________________________  Time ___________________________  Physician’s Signature ___________________________  MD Number ___________________________

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal IND -
  This component is an indicator INT -
  This component is an intervention IVS -
  This component is an IV Set NOTE -
  This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order

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