



attach patient label

Physician Orders

PED Asthma Admit Plan

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PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Initiate Powerplan Phase		T;N, Phase: LEB Asthma Admit Phase
Admission/Transfer/Discharge		
<input type="checkbox"/> Admit Patient to Dr. _____		
Admit Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Routine Post Procedure <24hrs <input type="checkbox"/> 23 hour OBS		
Bed Type: <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____		
<input type="checkbox"/> Admit Patient	T;N	
<input type="checkbox"/> Notify Physician-Once	T;N, of room number on arrival to unit	
Primary Diagnosis: asthma, unspecified type, with status asthmaticus		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/> Vital Signs	T;N, Monitor and Record T,P,R,BP, q4h(std)	
<input type="checkbox"/> Vital Signs	T;N, Routine Monitor and Record T,P,R,BP	
Activity		
<input type="checkbox"/> Bedrest	T;N	
<input type="checkbox"/> Out Of Bed	T;N, Up Ad Lib	
<input type="checkbox"/> Activity As Tolerated	T;N, Up Ad Lib, Patient to remain on unit until respiratory treatment frequency is q3h or more	
Food/Nutrition		
<input type="checkbox"/> NPO	Start at: T;N	
<input type="checkbox"/> Breastfeed	T;N	
<input type="checkbox"/> Formula Per Home Routine	T;N	
<input type="checkbox"/> Regular Pediatric Diet	Start at: T;N	
<input type="checkbox"/> Clear Liquid Diet	Start at: T;N	
Patient Care		
<input type="checkbox"/> Advance Diet As Tolerated	T;N, start clear liquids and advance to regular diet as tolerated	
<input type="checkbox"/> Isolation Precautions	T;N, Type Isolation: _____	
<input type="checkbox"/> Strict I/O	T;N, Routine, q2h(std)	
<input type="checkbox"/> Daily Weights	T;N, Routine, qEve	
<input type="checkbox"/> INT Insert/Site Care	T;N, Routine, q2h(std)	
<input type="checkbox"/> Cardiopulmonary Monitor	T;N Routine, Monitor Type: CP Monitor	
<input type="checkbox"/> Smoking Cessation Advice/Counseling	T;N, for patient/family	
<input type="checkbox"/> O2 Sat Monitoring NSG	T;N	
<input type="checkbox"/> Instruct/Educate	T;N, Patient/Caregiver, Topic: Asthma	
<input type="checkbox"/> Instruct/Educate	T;N, Patient/Caregiver, Topic: Peak Flow Meter	
Respiratory Care		
<input type="checkbox"/> ISTAT POC (RT Collect)	T;N, Routine, ABG, frequency: _____, blood	
<input type="checkbox"/> Simple Facemask	T; N, _____ L/min, Titrate to keep O2 sat =/> 92%. Wean to room air.	
<input type="checkbox"/> O2-Nasal Cannula	T; N, _____ L/min, Titrate to keep O2 sat =/> 92%. Wean to room air.	
<input type="checkbox"/> Peak Flow	T;N	
<input type="checkbox"/> Spirometry (Pulmonary Function Test)	T;N Routine	



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Respiratory Care continued	
[]	Bedside Spirometry (Pulm Funct Test) T;N Routine
Continuous Infusions	
[]	D5 1/2NS 1000mL, IV, Routine, T;N, at ____ mL/hr
[]	D5 1/4 NS 1000mL, IV, Routine, T;N, at ____ mL/hr
[]	D5 1/2 NS KCl 20 mEq/L 1000mL, IV, Routine, T;N, at ____ mL/hr
[]	D5 1/4 NS KCl 20 mEq/L 1000mL, IV, Routine, T;N, at ____ mL/hr
Medications	
[]	acetaminophen ____mg(10 mg/kg), Liq, PO, q4h, PRN Pain or Fever, routine, T;N, Max Dose=90mg/kg/day up to 4 g/day
[]	acetaminophen 80 mg, chew tab, PO, q4h, PRN Pain or Fever, routine, T;N, Max Dose=90 mg/kg/day up to 4 g/day
[]	acetaminophen 325mg, tab, PO, q4h, PRN Pain or Fever, routine, T;N, Max Dose=90 mg/kg/day up to 4 g/day
[]	acetaminophen ____mg(10 mg/kg), Supp, PR, q4h, PRN Pain or Fever, routine, T;N, Max Dose=90mg/kg/day up to 4 g/day
[]	montelukast 4 mg, Chew Tab, PO, qpm, Routine, T;N
[]	montelukast 5 mg, Chew Tab, PO, qpm, Routine, T;N
[]	montelukast 4 mg, Granules, PO, qpm, Routine, T;N
[]	montelukast 10 mg, Tab, PO, qpm, Routine, T;N
Steroids	
[]	predniSONE ____ mg, (1 mg/kg), Tab, PO, bid, Routine, T;N, Max dose = 60 mg/day
[]	prednisoLONE ____ mg, (1 mg/kg), Syrup, PO, bid, Routine, T;N, Max dose = 60 mg/day, (1 mL = 3 mg)
[]	methyIPREDNISolone(Solu-MEDROL) ____ mg, (1 mg/kg), Injection, IVPiggyback, q6h, Routine, T;N, To be used if patient can not tolerate oral medications
Bronchodilators	
[]	albuterol MDI ____ puff, MDI, INH, q2h, Routine, T;N, (1 puff = 90 mcg)
[]	albuterol MDI ____ puff, MDI, INH, q4h, Routine, T;N, (1 puff = 90 mcg)
[]	albuterol MDI ____ puff, MDI, INH, q6h, Routine, T;N, (1 puff = 90 mcg)
[]	ipratropium 0.5 mg, Inh soln, NEB, q8h, routine, T;N (2.5 mL = 0.5 mg)
[]	ipratropium ____ puff, MDI, INH, qid, Routine, T;N, (1 puff = 17 mcg)
Inhaled Corticosteroids	
NOTE: budesonide DPI indicated for patients equal to or greater than 6 years of age	
[]	budesonide flexhaler ____ puff, MDI, INH, bid, Routine, T;N, (1 puff = 90 mcg)
[]	budesonide flexhaler ____ puff, MDI, INH, bid, Routine, T;N, (1 puff = 180 mcg)
NOTE: budesonide Low dose: 0.5 mg/day	Medium dose: 1 mg/day
[]	budesonide 0.25 mg, Inh soln, NEB, bid, Routine, T;N, (2 mL = 0.25 mg)
[]	budesonide 0.5 mg, Inh soln, NEB, bid, Routine, T;N, (2 mL = 0.5 mg)
[]	budesonide 1 mg, Inh soln, NEB, bid, Routine, T;N, (4mL = 1 mg)
NOTE: Consider steroid inhaler for children greater than 2 years	
Low dose: 88 to 176 mcg/day	Med dose: 176 to 440 mcg/day
[]	fluticasone CFC free 44 mcg/inh 44 mcg MDI, INH, bid, Routine, T;N, (1 puff = 44 mcg)
[]	fluticasone CFC free 110 mcg/inh 110 mcg MDI, INH, bid, Routine, T;N, (1 puff = 110 mcg)
[]	fluticasone CFC free 220 mcg/inh 220 mcg MDI, INH, bid, Routine, T;N, (1 puff = 220 mcg)

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Inhaled Corticosteroids continued

[]	beclomethasone 40 mcg/INH inhalation aerosol	40 mcg MDI, INH, bid, routine, T;N, (1 puff = 40mcg)
[]	beclomethasone 80 mcg/INH inhalation aerosol	80 mcg MDI, INH, bid, routine, T;N, (1 puff = 80mcg)

NOTE: Consider combination therapy, ICS plus LA β A for children 5 years of age and greater who are not well controlled on inhaled steroid alone.

[]	Advair HFA 45 mcg-21 mcg AER	_____ puff, MDI, INH, bid, Routine, T;N, (1 puff = 45 mcg fluticasone/21mcg salmeterol)
[]	Advair HFA 115 mcg-21 mcg AER	_____ puff, MDI, INH, bid, Routine, T;N, (1 puff = 115 mcg fluticasone/21mcg salmeterol)
[]	Advair HFA 230 mcg-21 mcg AER	_____ puff, MDI, INH, bid, Routine, T;N, (1 puff = 230 mcg fluticasone/21mcg salmeterol)
[]	budesonide-formoterol 80 mcg- 4.5 mcg/INH MDI	_____ puff, MDI, INH, bid, routine, T;N, (1 puff = 80mcg budesonide/4.5 mcg formoterol)
[]	budesonide-formoterol 160 mcg- 4.5 mcg/INH MDI	_____ puff, MDI, INH, bid, routine, T;N, (1 puff = 160mcg budesonide/4.5 mcg formoterol)

Laboratory

[]	CBC	T;N, Routine, once, Type: Blood
[]	Basic Metabolic Panel (BMP)	Routine, T;N, once, Type: Blood
[]	CMP	Routine, T;N, once, Type: Blood
[]	UA	Routine, T;N, once, Type: Urine, Nurse Collect
[]	Urinalysis w/Reflex Microscopic Exam	Routine, T;N, once, Type: Urine, Nurse Collect

Diagnostic Tests

[]	Chest 1VW Frontal (Chest 1 VW)	T;N, Reason for Exam: Wheeze, Portable, Comment: shortness of breath
[]	Chest PA & Lateral	T;N, Reason for Exam: Wheeze, Routine, Wheelchair, Comment: shortness of breath

Consults/Notifications

[]	Notify Physician -Continuing	T;N, Who: _____, For: increasing respiratory distress, decreased O2 sats <90%, respiratory rate > 65, apnea, temperature >38.5 degrees Celsius, cardiac arrhythmia
[]	Notify Physician-Once	T;N, For: of admission, Who: _____, Pulmonology
[]	Notify Physician-Once	T;N, For: of admission, Who: _____, Allergy/Immunology



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Consults/Notifications continued

<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____, Pulmonology
<input type="checkbox"/>	Consult MD Group	T;N, Consult Who: _____, Reason: _____, Allergy/Immunology
<input type="checkbox"/>	Consult MD Group	T;N, Consult _____
<input type="checkbox"/>	Consult MD	T;N, Consult _____
<input type="checkbox"/>	Medical Social Work Consult	T;N, Routine, Reason: Assistance at Discharge
<input type="checkbox"/>	Dietitian Consult	T;N, Type of Consult: Nutrition Management
<input type="checkbox"/>	Lactation Consult	T;N
<input type="checkbox"/>	Speech Therapy Ped Eval & Tx	T;N, Routine, for: Speech Therapy Evaluate and Treat

Date

Time

Physician's Signature

MD Number