# Physician Orders

## Care Set: PED ED Acute Asthma Orders

[X or R] = will be ordered unless marked out.

### Height: ___________ cm  Weight: ___________ kg

### Allergies:

- [ ] Medication allergy(s): ____________________________________________________________
- [ ] Latex allergy  
- [ ] Other: __________________________________________________________________________

### Initial Orders

- **NOTE:** If RT performs O2 Sat at your facility place RT orders below and uncheck the NSG O2 Sat orders

<table>
<thead>
<tr>
<th>O2 Sat Monitor NG</th>
<th>T;N, Stat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen Saturation-Spot Check (O2 Sat-Spot Check (RT))</td>
<td>T;N</td>
</tr>
<tr>
<td>Oxygen Saturation-Continuous Monitoring (O2 Sat-Continuous Monitoring (RT))</td>
<td>T;N, Stat, q4h(std)</td>
</tr>
</tbody>
</table>

### Admission/Transfer/Discharge

- **Admit Patient to Dr.** ____________________________

- **Admit Status:** [ ] Inpatient  [ ] Routine Post Procedure <24hrs  [ ] 23 hour OBS

- **NOTE to MD: Admit as Inpatient:** POST PCI (PTCA) care to cardiac monitored bed (Medicare requirement); severity of signs and symptoms, adverse medical event, patient does not respond to treatment.

- **Post Procedure:** routine recovery < 8 hours same day stay; extended recovery 8 -24 hours expected overnight stay, complexity of procedure or pt. condition, i.e., laparoscopy, HNP.

- **23 Hour Observation:** additional time needed to evaluate for inpatient admission, i.e. r/o MI, syncope, abdominal pain; patient will respond rapidly to treatment, i.e. dehydration.

- **Bed Type:** [ ] Med/Surg  [ ] Critical Care  [ ] Stepdown  [ ] Telemetry; Specific Unit Location: ________________

- **Notify physician-once of room number on arrival to unit**

### Primary Diagnosis: ____________________________________________________________

### Secondary Diagnosis: ____________________________________________________________

### Vital Signs

- **Vital Signs** T;N, Monitor and Record T,P,R,BP, per unit routine

### Activity

- **Activity As Tolerated** T;N

### Food/Nutrition

### Patient Care

- **Cardiopulmonary Monitor (LeBon only)** T;N Stat
- **Cardiac Monitoring** T;N, Stat
- **INT Insert/Site Care** T;N, Stat, q4day
- **INT Insert/Site Care LEB** T;N, Stat, q2h
- **IV Insert/Site Care** T;N, Stat, q4day
- **IV Insert/Site Care LEB** T;N, Stat, q2h

### Respiratory Care

- **O2-BNC** T;N Stat, Special Instructions: titrate to keep O2
- **ABG-RT Collect** T;N Stat once
- **Heliox** T;N, %Helium/Oxygen 60/40
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#### Continuous Infusions

- **Sodium Chloride 0.9%**
  - 0 mL, IV, STAT, (1 dose), (infuse over 30 min)
- **Sodium Chloride 0.9%**
  - 0 mL, IV, Routine, (1 dose), 0 (infuse over 30)
- **Sodium Chloride 0.45% D5W KCl**
  - 20 mL, IV, STAT, (infuse over 24 hr)
- **Sodium chloride 0.45% D5W KCl**
  - 20 mL, IV, STAT, mL/hr
- **D51/4 NS KCl**
  - 20 mL, IV, STAT, mL/hr

#### Severe Asthma Medications

- **albuterol**
  - 540 mcg, MDI, INH, once, STAT, T; N, (540 mcg = 6 Puffs)
- **albuterol**
  - 2.5 mg, Inh Soln, NEB, once, STAT, T; N

#### Steroids

- **predniSONE**
  - 2 mg/kg, Oral Soln, PO, once, STAT, T; N
- **dexamethasone**
  - 0.3 mg/kg, Elixir, PO, once, STAT, T; N
- **dexamethasone**
  - 0.3 mg/kg, Injection, IM, once, STAT, T; N
- **methylPREDNISolone sodium succinate**
  - 1 mg/kg, Injection, IV, once, STAT, T; N
- **methylPREDNISolone sodium**
  - 1 mg/kg, Injection, IM, once, STAT, T; N

#### Other Medications

- **EPINEPHrine**
  - 0.01 mg/kg, Injection, Subcutaneous, once, STAT, T; N
- **terbutaline (loading dose)**
  - 10 mcg/kg, Injection, IV, once, STAT, Infuse Over 20 minutes
- **terbutaline PED infusion**
  - 1 mg / 1 mL, IV, STAT, 0.2 mcg/kg/min, continuous infusion
- **theophylline**
  - 5 mg/kg, Injection, IV Piggyback, once, STAT, T; N, Loadi
- **theophylline infusion**
  - 400 mg / 500 mL, IV, STAT, mL/hr
- **magnesium sulfate**
  - 50 mg/kg, Injection, IV, once, STAT, T; N

#### Laboratory

- **BMP**
  - T; N, STAT, once, Type: Blood, Nurse Collect
- **CBC**
  - T; N, STAT, once, Type: Blood, Nurse Collect
- **Blood Culture**
  - T; N, STAT, once, Nurse Collect

#### Diagnostic Tests

- **Chest 1VW Frontal**
  - T; N, Reason for Exam: Difficulty Breathing, Stat,
- **Chest 2VW Frontal & Lat**
  - T; N, Reason for Exam: Difficulty Breathing, Stat,

### Consults/Notifications

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician's Signature</th>
<th>MD Number</th>
</tr>
</thead>
</table>

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