attach patient label here

Methodist SM Le Bonheur Healthcare
PEDIATRIC

Physician Orders

Care Set: PED ED Acute Asthma Orders

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

Height: _____cm Weight: _____kg

Allergies: [ ] No known 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**
[ ]	Oxygen Saturation-Spot Check(RT) (O2 Sat-Spot Check (RT))	T;N
[ ]	Oxygen Saturation-Continuous Monitoring (O2 Sat-Continuous Monitoring (RT))	T;N, Stat, q4h(std)
[ ]	O2 Sat Monitoring NSG	T;N, Stat
	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 overnnight 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	
	NOTE: Dose pediatric fluid bolus and pediatric maintinence BOLUS FLUID - 10 mL/kg or 20/kg over 30 min or 60 min	
[ ]	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 0.9%	mL, IV, STAT, (1 dose), 0 (infuse over 30 min)
[ ]	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 mEq	mL, IV, STAT, (infuse over 24 hr)
[ ]	D51/4 NS KCl 20 mEq	mL, IV, STAT, mL/hr
	Mild/Moderate 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
	Severe Asthma Medications	
[ ]	albuterol	540 mcg,MDI,INH,once,STAT,T;N, (540mcg= 6 puffs)
[ ]	albuterol	2.5 mg,Inh Soln,NEB,once,STAT,T;N
[ ]	albuterol	5 mg,Inh Soln,NEB,once,STAT,T;N
	NOTE: For patients < 20 kg, place albuterol nebul	
[ ]	albuterol	7.5 mg,Inh Soln,NEB,once,STAT,T;N
	NOTE: For patients > 20 kg, place albuterol nebul	
[ ]	albuterol	15 mg,Inh Soln,NEB,once,STAT,T;N
[ ]	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
[ ]	dexamethasone	0.3 mg/kg,Injection,IV,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	

Date **Time** **Physician's Signature** **MD Number**