

<p><b>UMC Health System</b></p> <p>EC PEDIATRIC ASTHMA PLAN GREATER THAN OR EQUAL TO 20 KG, SCORE 3-5</p>	<p>Patient Label Here</p>
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**PHYSICIAN ORDERS**

**Diagnosis** \_\_\_\_\_

**Weight** \_\_\_\_\_ **Allergies** \_\_\_\_\_

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

**ORDER ORDER DETAILS**

**Communication**

Arrival Time to first nebulizer should be less than 30 minutes.

**Medications**

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

**predniSONE (predniSONE pediatric asthma)**  
 2 mg/kg, PO, tab, ONE TIME  
 Maximum daily dose 60 mg

**prednisoLONE (prednisoLONE pediatric asthma)**  
 2 mg/kg, PO, liq, ONE TIME  
 Maximum daily dose is 60 mg.

**albuterol-ipratropium**  
 3 mL, inhalation, soln, q15min, x 3 dose  
 Shake well

**dexAMETHasone**  
 0.6 mg/kg, PO, inj, ONE TIME, (max 16mg)  
 0.5 mg/kg, PO, inj, ONE TIME, Patients LESS than or EQUAL to 32 kg  
 Recommended maximum dose is 16 mg  
 16 mg, PO, inj, ONE TIME, Patients LESS than or EQUAL to 32 kg  
 Recommended maximum dose is 16 mg

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TO   
  Read Back   
  Scanned Powerchart   
  Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

