

EC PEDIATRIC ASTHMA PLAN GREATER THAN OR EQUAL TO 20 KG, SCORE 1-2

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.

**albuterol-ipratropium**

- 3 mL, inhalation, neb, ONE TIME, x 1 dose  
Shake well
- 3 mL, inhalation, neb, q5min, x 2 dose  
Shake well

**albuterol**

- 2.5 mg, inhalation, neb, ONE TIME
- 2.5 mg, inhalation, neb, q5min, x 2 dose

**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.

**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 Greater than 32 kg  
Recommended maximum dose is 16 mg

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

