

EC PEDIATRIC ASTHMA PLAN GREATER THAN OR EQUAL TO 20 KG, SCORE 6-10

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, soln, q15min, x 3 dose
Shake well

albuterol (albuterol-Continuous)

20 mg/hr, inhalation-continuous, ONE TIME, x 2 hr
For CONTINUOUS INHALATION ONLY. Administer 20 mg/hr for 2 hours. Total dose is 40 mg.
 20 mg/hr, inhalation-continuous, ONE TIME, x 1 hr
For CONTINUOUS INHALATION ONLY. Administer 20 mg/hr for 1 hour. Total dose is 20 mg.

methyIPREDNISolone (methyIPREDNISolone sodium succinate (SOLU-Medrol))

2 mg/kg, IVPush, inj, ONE TIME
Maximum dose is 125 mg.

NS (NS bolus)

20 mL/kg, IVPB, iv soln, ONE TIME, Infuse over 1 hr
Maximum dose 1,000 mL.

magnesium sulfate

50 mg/kg, IVPB syr, inj, ONE TIME, Infuse over 30 min
Maximum dose is 2,000 mg.

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

