

EC PEDIATRIC ASTHMA PLAN GREATER THAN OR EQUAL TO 20 KG, SCORE 11-12

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, q5min, x 3 dose
Shake well. Administer continuously until all three doses are complete

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 20mg/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.

Consider the following medications when needed:

EPINEPHrine (EPINEPHrine pediatric)

0.01 mg/kg, IM, syringe, ONE TIME 0.01 mg/kg, subcut, syringe, ONE TIME
 0.01 mg/kg, IM, syringe, q20min, PRN shortness of breath or wheezing, x 2 dose
 0.01 mg/kg, subcut, syringe, q20min, PRN shortness of breath or wheezing, x 2 dose

ketamine (ketamine pediatric)

0.5 mg/kg, IVPush, inj, ONE TIME
Maximum dose is 25 mg.
 0.5 mg/kg, IM, inj, ONE TIME
Maximum dose is 25 mg.

Loading dose:

terbutaline

2 mcg/kg, Slow IVPush, inj, ONE TIME
Maximum dose is 250 mcg.
 6 mcg/kg, Slow IVPush, inj, ONE TIME
Maximum dose is 250 mcg.
 10 mcg/kg, Slow IVPush, inj, ONE TIME
Maximum dose is 250 mcg.

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Maintenance dose: terbutaline 5 mg/20 mL NS (Pedi) <input type="checkbox"/> Start at rate: _____ mcg/kg/min <input type="checkbox"/> 20 mL final vol, IVsyr
	IF NO IV ACCESS: terbutaline <input type="checkbox"/> 10 mcg/kg, subcut, inj, q20min, PRN shortness of breath or wheezing, x 2 dose Maximum dose is 250 mcg.

Consults/Referrals

	Consult MD <input type="checkbox"/> Service: Pedi Critical Care
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TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

