

EC PEDIATRIC ASTHMA PLAN LESS THAN 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, soln, ONE TIME
Shake well

albuterol

2.5 mg, inhalation, soln, ONE TIME

prednisolONE (prednisolONE pediatric asthma)

2 mg/kg, PO, liq, ONE TIME
Maximum dose is 40 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 _____

