PEDIATRIC PICU ASTHMA PLAN EKM

	PHYSICIAN ORDERS				
	Diagnosis				
Weight	Allergies _				
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific ord	der detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	Patient Care				
	Vital Signs ☐ q4h	Per Unit Standards			
	Daily Weight				
	Patient Activity ☐ Up Ad Lib/Activity as Tolerated	Bedrest			
	Height Verification Once				
	Oxygen Spot Check				
	Educate Pedi Patient on Asthma Care				
	Communication				
	Notify Nurse (DO NOT USE FOR MEDS) T;N, Avoid Strong odors and play materials with strong fumes, avoid known allergies, and avoid visiting animals				
	Notify Nurse (DO NOT USE FOR MEDS) ☐ T;N, May go to Activity Center Notify Nurse (DO NOT USE FOR MEDS) ☐ T;N, Begin education about asthma care, utilize education record Notify Nurse (DO NOT USE FOR MEDS) ☐ T;N, Utilize Asthma Pathway Notify Provider of VS Parameters ☐ SpO2 Less Than 91				
	Dietary				
	NPO Diet ☐ NPO ☐ NPO, Except Ice Chips	☐ NPO, Except Meds ☐ NPO, Except Meds, Exce	ept Ice Chips		
	Oral Diet ☐ Regular Diet	Regular Diet, Encourage	oral fluids		
	IV Solutions				
	D5 1/2 NS ☐ IV, mL/hr				
	D5 1/2 NS + 20 mEq KCI/L ☐ IV, mL/hr				
	NS (Normal Saline) □ IV, mL/hr				
	Medications				
	Medication sentences are per dose. You will need to calculate a	total daily dose if needed.			
	Asthma Classification Guildelines				
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Order Take	n by Signature:	Date	Time		
Physician	Signature:	Date	Time		

PEDIATRIC PICU ASTHMA PLAN EKM

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	PHYSICIAN ORDERS			
	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			
	famotidine (famotidine pediatric) 0.25 mg/kg, PO, liq, BID Recommended maximum of 20 mg/dose. 0.5 mg/kg, IVPush, inj, q12h Recommended maximum of 20 mg/dose. 1 mg/kg, IVPush, inj, q12h Recommended maximum of 20 mg/dose. 20 mg, IVPush, inj, q12h Recommended maximum of 20 mg/dose.			
	Loading Dose (if not already given in EC)			
	prednisoLONE (prednisoLONE pediatric asthma) ☐ 2 mg/kg, PO, liq, ONE TIME			
	predniSONE (predniSONE pediatric asthma) ☐ 2 mg/kg, PO, tab, ONE TIME			
	methylPREDNISolone (methylPREDNISolone pediatric asthma) 2 mg/kg, IVPush, inj, ONE TIME			
	Maintenance Dose prednisoLONE (prednisoLONE pediatric asthma) ☐ 1 mg/kg, PO, liq, Daily Max Dose: 60 mg ☐ 1 mg/kg, PO, liq, BID Max Dose: 60 mg			
	predniSONE (predniSONE pediatric asthma) 1 mg/kg, PO, tab, Daily Max Dose: 60 mg 1 mg/kg, PO, tab, BID Max Dose: 60 mg			
	methylPREDNISolone (methylPREDNISolone pediatric asthma) 1 mg/kg, IVPush, inj, q6h Max Dose: 125 mg 1 mg/kg, IVPush, inj, q8h Max Dose: 125 mg			
	dexamethasone ☐ 0.6 mg/kg, PO, liq, ONE TIME Maximum dose: 16 mg			
	Respiratory			
	If needed, select one albuterol order for scheduled treatements and a secon	d albuterol order for PRN treatm	nents.	
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Physician S	n Signature:	Date	Time	

PEDIATRIC PICU ASTHMA PLAN EKM

	PHYSICIAN ORDERS				
	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				
	albuterol (albuterol-inhalation pediatric) ☐ 2.5 mg, inhalation, soln, q2h ☐ 5 mg, inhalation, soln, q2h	2.5 mg, inhalation, soln, q			
	albuterol (albuterol inhalation 90 mcg/inh MDI) 1 puff, inhalation, aerosol, q4h, PRN shortness of breath Do not substitute. 2 puff, inhalation, aerosol, q4h, PRN shortness of breath Do not substitute. 2 puff, inhalation, aerosol, q6h, PRN shortness of breath Do not substitute.				
	albuterol (albuterol-Continuous) ☐ 5 mg/hr, inhalation-continuous, q4h Final Concentration = 5 mg/mL. Pharmacy to prepare in AEROGEN ☐ 10 mg/hr, inhalation-continuous, q4h Final Concentration = 5 mg/mL. Pharmacy to prepare in AEROGEN ☐ 15 mg/hr, inhalation-continuous, q4h Final Concentration = 5 mg/mL. Pharmacy to prepare in AEROGEN ☐ 20 mg/hr, inhalation-continuous, q4h Final Concentration = 5 mg/mL. Pharmacy to prepare in AEROGEN	N syringe for CONTINUOUS INH N syringe for CONTINUOUS INH	ALATION ONLY. Administer via Aerogen		
	ipratropium (ipratropium pediatric) 250 mcg, inhalation, soln, q6h, x 4 dose	☐ 500 mcg, inhalation, soln,	q6h, x 4 dose		
	Flovent fluticasone (fluticasone CFC free 44 mcg/inh inhalation aerosol) 2 puff, inhalation, mdi, BID Shake well. Do Not Substitute - Needed for Education				
	fluticasone (fluticasone CFC free 110 mcg/inh inhalation aerosol) 2 puff, inhalation, mdi, BID Shake well. Do Not Substitute - Needed for Education				
,	fluticasone (fluticasone CFC free 220 mcg/inh inhalation aerosol) 2 puff, inhalation, mdi, BID Shake well. Do Not Substitute - Needed for Education Continued on next page				
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PEDIATRIC PICU ASTHMA PLAN EKM

	PHYSICIAN ORDERS			
	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			
	Dulera			
	mometasone-formoterol (mometasone-formoterol 100 mcg-5 mcg/inh	inhalation aerosol)		
	2 puff, inhalation, mdi, BID	imalation dolocol,		
	Do Not Substitute - Needed for Education			
	mometasone-formoterol (mometasone-formoterol 200 mcg-5 mcg/inh	inhalation aerosol)		
	2 puff, inhalation, mdi, BID Do Not Substitute - Needed for Education			
	Laboratory CBC with Differential			
	STAT			
	CBC with Differential			
	Next Day in AM, T+1;0300			
	Basic Metabolic Panel STAT			
	Basic Metabolic Panel			
	☐ Next Day in AM, T+1;0300			
	Comprehensive Metabolic Panel ☐ STAT			
	Comprehensive Metabolic Panel ☐ Routine, T;N			
	Troponin T High Sensitivity ☐ STAT			
	Troponin T High Sensitivity ☐ Next Day in AM, T+1;0300			
	ск			
	Theophylline Level STAT			
	Theophylline Level Next Day in AM, T+1;0300			
	Theophylline Level Routine, Comment: One hour after load			
	Respiratory			
	Oxygen Therapy Via: Nasal cannula	☐ Via: Simple mask		
	Via: Nasar carifida Via: Venturi mask	Via: High Flow Nasal Cannula	a	
	Initiate Clinical Asthma Score ☐ T;N, Before and After Treatments			
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	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN		detail hox(es) where applicable
ORDER	ORDER DETAILS	Dan X in the specific order	detail box(e3) where applicable.
ONDER	Perform CAS Score		
	ONE TIME	☐ 8x/day	
	12x/day	☐ 6x/day	
	BID	q12h	
	q24h q3h	☐ q2h ☐ q4h	
	q6h	q8h	
	Peak Flow Before/After Treatment	·	
	Pedi Asthma Education by RT		
	Additional Orders		
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PEDIATRIC DISCOMFORT MED PLAN

	PHYSI	CIAN ORDERS	
	Place an "X" in the Orders column to designate orders of choice	AND an "x" in the specific or	der detail box(es) where applicable
RDER	ORDER DETAILS		
	Medications		
	Medication sentences are per dose. You will need to calculate a Analgesics for Mild Pain	total daily dose if needed.	
	Select only ONE of the following for Mild Pain		
	acetaminophen (acetaminophen pediatric) 10 mg/kg, NGT/PO, liq, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 24 hour*** 15 mg/kg, NGT/PO, liq, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 24 hour*** 325 mg, NGT/PO, tab, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 24 hour*** 500 mg, NGT/PO, tab, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 24 hour*** 10 mg/kg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 24 hour*** 15 mg/kg, rectally, supp, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 2,600 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acet	24 hours if under the age of 12 y 24 hours if under the age of 12 y	years. For all others do not
	ibuprofen (ibuprofen pediatric) ☐ 5 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) Give with food ☐ 10 mg/kg, PO, liq, q6h, PRN pain-mild (scale 1-3) Give with food		
	Analgesics for Moderate Pain		
	Select only ONE of the following for Moderate Pain ***HYDROcodone-acetaminophen: Recommended not to exceed 15	mL/dose***	
	ketorolac □ 0.5 mg/kg, IVPush, inj, q6h, x 24 hr Recommended maximum pediatric dose = 15 mg □ 0.5 mg/kg, IVPush, inj, q6h, x 48 hr Recommended maximum pediatric dose = 15 mg		
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PEDIATRIC DISCOMFORT MED PLAN

	PHYSICIAN ORDERS		
	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		
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen (Norco) 7.5 mg-325 mg/15 mL oral solution) □ 0.2 mL/kg, PO, soln, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** □ 2.5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** □ 5 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** □ 10 mL, PO, soln, q4h, PRN pain-moderate (scale 4-7) ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours if under the age of 12 years. For all others do not exceed 4,000 mg of acetaminophen from all sources in 24 hours**		
	Analgesics for Severe Pain		
	morphine (morphine pediatric) 0.3 mg/kg, PO, liq, q3h, PRN pain-severe (scale 8-10) 0.1 mg/kg, IVPush, inj, q2h, PRN pain-severe (scale 8-10) Recommended maxiumum dose is 2 mg. 0.2 mg/kg, IVPush, inj, q4h, PRN pain-severe (scale 8-10) Recommended maxiumum dose is 2 mg. 2 mg, IVPush, inj, q4h, PRN pain-severe (scale 8-10), For patients weighing greater than or equal to 40 kg For patients weighing greater than or equal to 40 kg		
	Scheduled Analgesics		
	Gabapentin frequency increases over a three day period. Select all gabapentin orderables, using the same dose for each day. gabapentin 5 mg/kg, PO, liq, Nightly, x 1 dose, Day 1. For patients 3-11 years old. Recommended MAX dose of 300 mg. 100 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old. 200 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old. 300 mg, PO, cap, Nightly, x 1 dose, Day 1. For patients GREATER than 11 years old.		
	gabapentin ☐ 5 mg/kg, PO, liq, BID, x 2 dose, Day 2. For patients 3-11 years old. Recommended MAX dose of 300 mg. ☐ 100 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old. ☐ 200 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old. ☐ 300 mg, PO, cap, BID, x 2 dose, Day 2. For patients GREATER than 11 years old.		
	gabapentin ☐ 5 mg/kg, PO, liq, TID, x 3 dose, Day 3. For patients 3-11 years old. Recommended MAX dose of 300 mg. ☐ 100 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old. ☐ 200 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old. ☐ 300 mg, PO, cap, TID, x 3 dose, Day 3. For patients GREATER than 11 years old.		
Ī	Anti-pyretics		
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Order Taker	by Signature: Date Time		
Physician S	ignature: Date Time		

PEDIATRIC DISCOMFORT MED PLAN

	PHYSIC	CIAN ORDERS			
	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				
	Select only ONE of the following for Fever acetaminophen (acetaminophen pediatric) 10 mg/kg, NGT/PO, liq, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 24 hour*** 15 mg/kg, NGT/PO, liq, q6h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 22 exceed 4,000 mg of acetaminophen from all sources in 24 hour*** 325 mg, NGT/PO, tab, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 24 hour*** 500 mg, NGT/PO, tab, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 24 hour*** 10 mg/kg, rectally, supp, q4h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 2 exceed 4,000 mg of acetaminophen from all sources in 24 hour*** 15 mg/kg, rectally, supp, q6h, PRN fever ***Do not exceed 2,600 mg of acetaminophen from all sources in 2 exceed 4,000	4 hours if under the age of 12 y 4 hours if under the age of 12 y 4 hours if under the age of 12 y 4 hours if under the age of 12 y 4 hours if under the age of 12 y 4 hours if under the age of 12 y 4 hours if under the age of 12 y	ears. For all others do not		
	exceed 4,000 mg of acetaminophen from all sources in 24 hour*** ibuprofen (ibuprofen pediatric) 5 mg/kg, PO, liq, q6h, PRN fever Give with food 10 mg/kg, PO, liq, q6h, PRN fever Give with food 200 mg, PO, tab, q6h, PRN fever Give with food				
	Antiemetics				
	Select only ONE of the following for Nausea/Vomiting ondansetron (ondansetron pediatric) 0.1 mg/kg, PO, liq, q8h, PRN nausea/vomiting 0.15 mg/kg, PO, liq, q4h, PRN nausea/vomiting 0.1 mg/kg, IVPush, soln, q4h, PRN nausea/vomiting promethazine (promethazine pediatric) 0.25 mg/kg, PO, liq, q4h, PRN nausea/vomiting 0.25 mg/kg, rectally, supp, q4h, PRN nausea/vomiting	0.1 mg/kg, PO, liq, q4h, 0.1 mg/kg, IVPush, soln, 0.15 mg/kg, IVPush, soln 0.5 mg/kg, PO, liq, q4h, 0.5 mg/kg, rectally, supp	q8h, PRN nausea/vomiting n, q4h, PRN nausea/vomiting PRN nausea/vomiting		
	Constipation Treatment/Prevention				
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Order Take	n by Signature:	Date	Time		
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PEDIATRIC DISCOMFORT MED PLAN

	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific order det	ail box(es) where applicable.
ORDER	ORDER DETAILS		
	glycerin (glycerin pediatric rectal suppository) 0.25 supp, rectally, ONE TIME 1 supp, rectally, ONE TIME	0.5 supp, rectally, ONE TIME 1 supp, rectally, Daily, PRN cor	nstipation
	docusate (docusate sodium) 40 mg, PO, liq, Nightly, for patients LESS than 3 years of age 50 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years 100 mg, PO, liq, Nightly, for patients GREATER than or EQUAL to 3 years 100 mg, PO, cap, Nightly, for patients GREATER than or EQUAL to 3	ears of age	
	polyethylene glycol 3350 0.5 packet, PO, liq, Daily, [1 packet = 17 g] Mix in 4-8 oz of water, juice, soda, coffee, or tea. 1 packet, PO, liq, Daily, [1 packet = 17 g] Mix in 4-8 oz of water, juice, soda, coffee, or tea.		
	Notify Nurse (DO NOT USE FOR MEDS) Give patientounces of prune juice daily.		
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Order Taker	by Signature:	Date	Time
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