

PHYSICIAN'S ORDERS

ORDER WRITTEN DATE/TIME	INDICATION AND/OR PROBLEM NUMBER	REMINDER: For medical orders include dose/kg, total dose, route, frequency, duration, and working weight. Infusion dose (mcg/kg/min) total volume, total drug, and infusion rate.	ORDER ENTERED	
			DATE/TIME	NOTED
	Emergency Department Asthma Treatment Guideline Pediatric Patients			
	INITIAL TREATMENTS 1. Assess patient for severity of signs and symptoms (see back of form for severity assessment grid). 2. Initiate continuous pulse oximetry. 3. Initiate O2 via simple mask if SpO ₂ ≤ 92%. Titrate liter flow to achieve SpO ₂ > 92%. 4. Notify MD immediately if at any time the severity of symptoms suggests imminent respiratory arrest (Woods Down ≥ 6). 5. Give Albuterol 2.5 mg and Atrovent 0.5 mg via nebulizer. 6. If symptoms resolve, go to Discharge Plan. 7. If Woods Down score ≥ 2 after first treatment repeat nebulizer from #5. a. Give prelone (never > 2mg/kg): i. 0-15 kg, give 1 tsp (15 mg) ii. 15-30 kg, give 2 tsp (30 mg) iii. > 30 kg, give 3 tsp (45mg) 8. If Woods Down score ≥ 2 after the second nebulizer repeat nebulizer tx from #5. If symptoms resolve, go to Discharge Plan. 9. If Woods Down score ≥ 2 after third nebulizer treatment, Notify the MD to evaluate for continuous nebulizer therapy and/or admission. If symptoms resolve, go to Discharge Plan. a. Standard continuous nebulizer dose is: Albuterol at 0.5mg/kg /hr and Atrovent at 1.0 mg/hr X 2 hr. Assess symptoms Q15 min.			
	DISCHARGE PLAN Yes No <input type="checkbox"/> <input type="checkbox"/> Prelone, dose as determined above, QD X 5 days <input type="checkbox"/> <input type="checkbox"/> Flovent 110 mcg 2 puffs BID X 30 days (Medium Dose) <input type="checkbox"/> <input type="checkbox"/> Flovent 44 mcg 2 puffs BID X 30 days (Low Dose) <input type="checkbox"/> <input type="checkbox"/> Beclomethasone 42 mcg 4 puffs BID X 30 days (Low Dose) <input type="checkbox"/> <input type="checkbox"/> Albuterol 2-4 puffs Q4 hours. <input type="checkbox"/> <input type="checkbox"/> Other Medication: _____ <input type="checkbox"/> <input type="checkbox"/> Patient education. <input type="checkbox"/> <input type="checkbox"/> Discharge instructions. <input type="checkbox"/> <input type="checkbox"/> Followup with primary MD within one week.			
Date/Time	MD Signature/ Printed Name	MD Pager		
NOTE: Physician's signature must accompany each entry, including pre-printed order; date and hour instituting and discontinuing the order must be recorded. Nurse must sign each procedure as instituted or discontinued. REVIEW DATE: _____			PT NAME	MED RECORD NO.
			ADM DATE	BIRTH DATE SEX AGE
			DR. NAME	AD NO.
			P.C.U.	ROOM/BED NO.

The highest severity of signs and symptoms in any category marks the patient's severity level.

Signs & Symptoms: Woods-Down	0	1	2
SaO ₂	93-100% on Room Air	< 93% on Room Air	< 93% on 40% O ₂
Air Entry	Normal	Unequal	Decreased to Absent
Accessory Muscles Used	None - minimal	Moderate	Maximal
Expiratory Wheezing	None - minimal	Moderate	Marked or Absent
Cerebral Function	Normal	Depressed / Agitated	Coma

Predicted Average Peak Expiratory Flow Rates (Liters per Minute)

Normal Children and Adolescents

Height		Males & Females
Inches	Cm	
43	109	147
44	112	160
45	114	173
46	117	187
47	119	200
48	122	214
49	124	227
50	127	240
51	130	254
52	132	267
53	135	280
54	137	293
55	140	307
56	142	320
57	145	334
58	147	347
59	150	360
60	152	373
61	155	387
62	157	400
63	160	413
64	163	427
65	165	440
66	168	454
> 66 inches see Adult Charts		

Normal Adult Females

Height (in)	55	60	65	70	75
(cm)	140	152	165	178	191
Age: 20	444	460	474	486	497
25	455	471	485	497	509
30	458	475	489	502	513
35	458	474	488	501	512
40	453	469	483	496	507
45	446	462	476	488	499
50	437	453	466	478	489
55	427	442	455	467	477
60	415	430	443	454	464
65	403	417	430	441	451
70	390	404	416	427	436
75	377	391	402	413	422

Normal Adult Males

Height (in)	60	65	70	75	80
(cm)	152	165	178	191	203
Age: 20	554	575	594	611	626
25	580	603	622	640	656
30	594	617	637	655	672
35	599	622	643	661	677
40	597	620	641	659	675
45	591	613	633	651	668
50	580	602	622	640	656
55	566	588	608	625	640
60	551	572	591	607	622
65	533	554	572	588	603
70	515	535	552	568	582
75	496	515	532	547	560