

Asthma Orders

for use only in the Emergency Department

Draw a line through, initial and date all changes.
If generically equivalent medication is not acceptable, then write "brand necessary."

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Circles: mark one and only one.
Squares: mark one, many or none.

Beta-agonist therapy as per *DEM Initial Bronchodilator Treatment Guidelines*

Administer supplemental oxygen to maintain SpO2 >92%

Continuous pulse oximetry during bronchodilator continuous nebulization

Does patient need an oral/IM/IV steroids?

Yes →

No

prednisone PO mg
2 mg/kg; maximum 60 mg

prednisolone liquid PO mg
2 mg/kg; maximum 60 mg

SOLU-MEDROL (methylprednisolone) IV mg
2 mg/kg; maximum 125 mg

DECADRON (dexamethasone) PO mg
for those with prednisone intolerance; may give IV form
PO in formula/juice; 0.6 mg/kg; maximum 10 mg

DECADRON (dexamethasone) IM mg
0.6 mg/kg; maximum 10 mg

Resident/PA/CRNP

Print Last Name:

Date:

Time:

Sign:

ED Attending physician (required):

Print Last Name:

Date:

Time:

Sign: