**Children's Healthcare of Atlanta**

**ASTHMA ADMISSION ORDERS**

**PATIENT IDENTIFICATION**

Date: ______________  
Time: ______________  
Admit to: _____________________________  
□ Inpatient  □ Observation  

Diagnosis: □ Status Asthmaticus  □  

Weight: ________ kg  
Height: ________ cm  

Primary Care Physician: ____________________________

Allergies: □ NKA  □  

Diet: □ Regular for age  □  

Vital Signs: □ Every 4 hours  □  

Asthma Pathway Respiratory Management: (As per Clinical Asthma Scoring Protocol)

□ Intermittent Albuterol metered dose inhaler _______ puffs/dose  
(4 puffs with Aerocamber mouthpiece; 6 puffs with Aerocamber with mask)  

□ Intermittent Albuterol _______ mg in 2 ml NS (1.25-2.5 mg/dose; max dose 5 mg/dose)  

□ Continuous Albuterol _______ mg / hour (5-15 mg/ hour)  

□  

□ Document peak flow before and after every other treatment when awake for patients greater than 5 years old  

□ Maintain oxygen saturation ≥ 93%. Wean supplemental oxygen as tolerated. Continuous pulse oximeter only when on continuous aerosol; then intermittent pulse oximeter check before each treatment until O2 sat is ≥ 93% for ≥ 4 hours; then discontinue pulse oximeter.

**DO NOT USE CONTINUOUS PULSE OXIMETER IF PATIENT IS RECEIVING INTERMITTENT TREATMENTS.**

**Corticosteroid Regimen:**

Oral loading dose: 1-2 mg/ kg; maximum 80 mg/ dose  
Subsequent oral doses:  1-2 mg/ kg/day divided every 6 to 12 hours  

□ Prednisolone syrup (15 mg/5 ml) or prednisone tablets loading dose (if not already given) _______ mg PO x 1; then _______ mg PO every ________ hours  

□ Orapred (15 mg/5 ml) loading dose (if not already given) _______ mg PO x 1; then _______ mg PO every ______ hours  

□ Nurse will designate patient's preference □ Syrup □ Tablets  

IV loading dose: 1-2 mg/ kg/dose; maximum 120 mg/ dose  
Subsequent IV doses:  1-4 mg/ kg/day divided every 6-12 hours  
Consider using if patient is vomiting or taking no PO or other clinical indication.  

□ Methylprednisolone loading dose (if not already given) _______ mg IV x1; then _______ mg IV every ________ hours  

**Comfort:**

□ Acetaminophen _____ mg (10-15 mg/ kg/ dose) PO every 4 hours as needed for temperature >38°C or irritability  

□ Acetaminophen _____ mg (10-15 mg/ kg/ dose) PR every 4 hours as needed for temperature >38°C or irritability  

**Education:**

☑ Asthma education class.  

Dispense and teach: □ Metered dose inhaler with age-appropriate spacer  

□ Home nebulizer (notify case manager or respiratory therapist of order)  

□ Peak flow meter  

**Other:** □ See additional order sheet  

□  

Physician Designee Signature  
Date/Time  
Attending Physician Signature  
Date/Time  

Print Contact Name: ____________________________  
Pager number: ____________________________
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Physician Designee Signature  Date/Time  Attending Physician Signature  Date/Time

Print Contact Name: ____________________________  Pager number: ____________________________