



Children's Hospital of Eastern Ontario
Centre hospitalier pour enfants de l'est de l'Ontario

**INITIAL PHYSICIAN ORDERS FOR
ASTHMA CRITICAL PATHWAY
IN THE EMERGENCY DEPARTMENT**

Weight: _____ kg Height: _____ cms Allergies: _____

START ASTHMA CRITICAL PATHWAY IN THE EMERGENCY DEPARTMENT

☐ **Pediatric droplet precautions**

TEST

☐ PFT (pt \geq 6 years old)

☐ Other: _____

TREATMENT / MEDICATION

☐ Salbutamol metered-dose inhaler (Ventolin MDI) 100mcg/puff with spacer as indicated by weight q _____

☐ < 6 kg = 2 puffs

☐ 26-34 kg = 8 puffs

☐ 6-18 kg = 4 puffs

☐ > 34 kg = 10 puffs

☐ 19-25 kg = 6 puffs

☐ Salbutamol nebule (Ventolin) by inhalation as indicated by weight q _____

☐ 3-6 kg = $\frac{1}{2}$ of a 1.25 mg / 2.5 mL nebule (quantity sufficient to 3mL with Normal Saline)

☐ > 6-12 kg = 1.25 mg / 2.5 mL nebule

☐ > 12-20 kg = 2.5 mg / 2.5 mL nebule

☐ > 20 kg = 5 mg / 2.5 mL nebule

☐ Ipratropium Bromide meter-dose inhaler (Atrovent MDI) 20mcg/puff with spacer 2 puffs q _____

☐ Ipratropium Bromide (Atrovent) 250 mcg/mL for inhalation

☐ 0.5 mL for age < 1 year old q _____

☐ 1 mL for age > 1 year old q _____

☐ Dexamethasone _____ mg PO x 1 dose (0.15-0.3 mg/kg/dose; MAX: 12 mg/dose)

☐ Prednisone _____ mg PO x 1 dose (1-2 mg/kg/dose; MAX: 60 mg/dose)

☐ Acetaminophen _____ mg (10-15 mg/kg/dose) PO / PR q 4-6 hr prn (MAX: 60 mg/kg/day)

☐ Ibuprofen _____ mg (10 mg/kg/dose) PO q 6-8 hr prn (MAX: 40mg/kg/day)

☐ Other: _____

HYDRATION

☐ IV _____ at _____ mL/hr

☐ IV _____ mL over _____ minutes

CONSULT

☐ ICU

☐ Social Work Service

☐ Chest Clinic

☐ Other: _____

OTHER

☐ _____

☐ _____

NARCOTICS – 48 HR STOP ORDER POLICY

PHYSICIAN SIGNATURE

PRINT NAME OF PHYSICIAN

DATE & TIME

NURSE SIGNATURE

PRINT NAME OF NURSE

DATE & TIME

Original Copy – Chart

Yellow Copy - Pharmacy