

Height _____ cm Weight _____ kg

Allergies _____

Emergency (ED) Pediatric Acute Asthma Management Order Set		M	K	O																														
For ages 1 to 17																																		
Orders Processed Date (dd/mm/yyyy)	<div style="background-color: #e0e0e0; padding: 5px;">PRAM Scoring</div> <input checked="" type="checkbox"/> Use the PRAM score to both classify the severity and monitor the clinical course of the patient. <input checked="" type="checkbox"/> If PRAM score worsening, or not improving with treatment, inform physician immediately																																	
Time (hhmm)	<div style="background-color: #c0e0e0; padding: 5px;">PRAM Scoring Table</div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">SIGNS</th> <th style="width: 15%;">0</th> <th style="width: 15%;">1</th> <th style="width: 15%;">2</th> <th style="width: 35%;">3</th> </tr> </thead> <tbody> <tr> <td>Suprasternal indrawing</td> <td>Absent</td> <td></td> <td>Present</td> <td></td> </tr> <tr> <td>Scalene retractions</td> <td>Absent</td> <td></td> <td>Present</td> <td></td> </tr> <tr> <td>Wheezing</td> <td>Absent</td> <td>Expiratory only</td> <td>Inspiratory +/- expiratory</td> <td>Audible wheeze / silent chest / minimal air entry</td> </tr> <tr> <td>Air entry</td> <td>Normal</td> <td>Decreased at bases</td> <td>Widespread decrease</td> <td>Absent / minimal</td> </tr> <tr> <td>O₂ Saturation (R/A)</td> <td>>94%</td> <td>92 – 94%</td> <td><92%</td> <td></td> </tr> </tbody> </table>				SIGNS	0	1	2	3	Suprasternal indrawing	Absent		Present		Scalene retractions	Absent		Present		Wheezing	Absent	Expiratory only	Inspiratory +/- expiratory	Audible wheeze / silent chest / minimal air entry	Air entry	Normal	Decreased at bases	Widespread decrease	Absent / minimal	O₂ Saturation (R/A)	>94%	92 – 94%	<92%	
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Faxed by	<div style="background-color: #e0e0e0; padding: 5px;">Mild Asthma Exacerbation: PRAM score 0 to 3</div> <input type="checkbox"/> For Management for Mild Asthma <ul style="list-style-type: none"> <input type="checkbox"/> Repeat PRAM Score q1h until patient ready for reassessment by physician <input type="checkbox"/> HR, RR, BP, SpO₂ at baseline, and at every q1h reassessment <input type="checkbox"/> Bronchodilators: <ul style="list-style-type: none"> <input type="checkbox"/> salbutamol 100 mcg/puff metered dose inhaler (MDI) via aerochamber <ul style="list-style-type: none"> <input type="checkbox"/> Patient less than 20 kg: 4 puffs now, THEN q1h PRN <input type="checkbox"/> Patient 20 kg or greater: 8 puffs now, THEN q1h PRN <input type="checkbox"/> Physician to reassess for discharge after treatment 																																	

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm) Read Back



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For ages 1 to 17						
Orders Processed Date (dd/mm/yyyy)	Moderate Asthma Exacerbation: PRAM score 4 to 7					
Time (hhmm)	<input type="checkbox"/> For Management for Moderate Asthma					
By	<input type="checkbox"/> Repeat PRAM Score q30 – 60 minutes until PRAM is less than 4 THEN q1h until reassessed by physician					
Status	<input type="checkbox"/> HR, RR, BP, SpO ₂ at baseline, and at every reassessment					
Processing Reviewed by	<input type="checkbox"/> Administer O ₂ to keep SpO ₂ at 92% or more					
Status	<input type="checkbox"/> Continuous cardiorespiratory monitoring					
Faxed by	<input type="checkbox"/> Bronchodilators:					
	<input type="checkbox"/> salbutamol 100 mcg/puff metered dose inhaler (MDI) via aerochamber					
	<input type="checkbox"/> Patient less than 20 kg: 4 puffs inhaled q20minutes for 3 doses THEN q1h PRN					
	<input type="checkbox"/> Patient 20 kg or greater: 8 puffs inhaled q20minutes for 3 doses THEN q1h PRN					
	<input type="checkbox"/> ipratropium 20 mcg/puff metered dose inhaler (MDI) 4 puffs inhaled q20minutes for 3 doses (always give in conjunction with salbutamol. Do not administer alone)					
	<input type="checkbox"/> Corticosteroids (administer once bronchodilators have started)					
	<input type="checkbox"/> dexamethasone _____ mg PO x 1 dose (0.3 – 0.6 mg/kg/dose, max 10 mg/dose)					
	<input type="checkbox"/> predni S ONE _____ mg PO x 1 dose (2 mg/kg/dose, max 50 mg/dose)					
	<input type="checkbox"/> predni L ONE _____ mg PO x 1 dose (2 mg/kg/dose, max 50 mg/dose)					
	<input type="checkbox"/> Physician to reassess for discharge once PRAM is less than 3, otherwise consider further workup/admission					
		Severe Asthma Exacerbation: PRAM score 8 to 12				
Status	<input type="checkbox"/> For Management for Severe Asthma					
Faxed by	<input type="checkbox"/> Repeat PRAM Score q20minutes until PRAM is less than 8, then q30-60minutes until PRAM is less than 4, then q1h until reassessed by physician					
	<input type="checkbox"/> HR, RR, BP, SpO ₂ at baseline, and at every reassessment					
	<input type="checkbox"/> Execute the following orders in the sequence they are written:					
	<input type="checkbox"/> Administer O ₂ to keep SpO ₂ at 92% or more					
	<input type="checkbox"/> Continuous cardiorespiratory monitoring					
	<input type="checkbox"/> Bronchodilators (start immediately and without delay):					
	<input type="checkbox"/> salbutamol 100 mcg/puff metered dose inhaler (MDI) with aerochamber					
	<input type="checkbox"/> Patient less than 10 kg: 4 puffs inhaled q20minutes for 3 doses THEN q1h PRN					
	<input type="checkbox"/> Patient greater than 10 kg: 8 puffs inhaled q20minutes for 3 doses THEN q1h PRN					
	<input type="checkbox"/> ipratropium 20 mcg/puff metered dose inhaler (MDI) 4 puffs inhaled q20minutes for 3 doses					
	<input type="checkbox"/> Corticosteroids (administer once bronchodilators have started)					
	<input type="checkbox"/> dexamethasone _____ mg IM x 1 dose (0.3-0.6 mg/kg/dose, max 10 mg/dose)					
	<input type="checkbox"/> CXR Portable					

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For ages 1 to 17				
Orders Processed Date (dd/mm/yyyy)	Severe Asthma Exacerbation: PRAM score 8 to 12 Continued...			
Time (hhmm)	<input type="checkbox"/> IV Fluids: <input type="checkbox"/> sodium chloride 0.9% _____ mL IV bolus (10 – 20 mL/kg) THEN <input type="checkbox"/> D5W in sodium chloride 0.9% _____ mL/h IV infusion maintenance OR <input type="checkbox"/> D5W in sodium chloride 0.9% with 20 mmol KCl per liter at _____ mL/h IV infusion maintenance (as salbutamol might cause hypokalemia)			
By	<input type="checkbox"/> If PRAM score still 8-12 after 2 rounds of bronchodilators, administer: magnesium sulphate _____ mg IV over 20 minutes (50 mg/kg/dose, max 2,000 mg/dose) <input type="checkbox"/> physician to reassess for possible consultation / admission to Paediatrics			
Status	Lab Investigations <input type="checkbox"/> CBC <input type="checkbox"/> Na, K, Cl <input type="checkbox"/> TCO ₂ <input type="checkbox"/> Creatinine <input type="checkbox"/> Urea <input type="checkbox"/> VBG <input type="checkbox"/> NPS <input type="checkbox"/> Blood Culture Set <input type="checkbox"/> Other: _____			
Processing Reviewed by	Discharge			
Status	<input checked="" type="checkbox"/> Upon discharge <input checked="" type="checkbox"/> Provide Asthma education, instruct on importance of follow up and return to ED if worse			
Faxed by	Additional Orders			
	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____			

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For ages 1 to 17				
Orders Processed Date (dd/mm/yyyy)	THIS SECTION IS FOR PHYSICIAN INFORMATION ONLY (NOT ORDERS)			
Time (hhmm)	Adjunct Therapies for Impending Respiratory Failure, at any time			
By	Suggestions of adjunct therapies for the MRP to consider in the resuscitation			
Status	<ul style="list-style-type: none"> • Execute orders for Severe Acute Exacerbation above, including cardiac monitor • Activate Paediatric Tele-Resuscitation system (or Critical Care if not available) • Call for help • Physician to remain at the bedside and consider the following: <ul style="list-style-type: none"> - Alternative diagnosis (pneumothorax, CHF, Sepsis, Foreign Body ...etc.) - Continuous co-nebulization with salbutamol and ipratropium using Oxygen: <ul style="list-style-type: none"> Weight <10 kg: salbutamol 2.5 mg and ipratropium 250 mcg in 3 mL of sodium chloride 0.9% Weight >10 kg: salbutamol 2.5 mg and ipratropium 500 mcg in 3 mL of sodium chloride 0.9% - IV Salbutamol infusion at 1 – 10 micrograms/kg/minute - EPINEPHrine 0.01 mg/kg IM (max dose 0.5 mg) (use 1 mg/mL solution for injection) - Repeat second dose of magnesium sulphate in 1 hour after first dose (50 mg/kg/dose over 20 minutes, max 2,000 mg/dose) - Low dose ketamine infusion at 7.5 to 12.5 micrograms/kg/minute - Repeat corticosteroids: methylPREDNISolone 2 mg/kg (max. 125 mg) q6h PRN - Intubation and transport decisions to be made in collaboration with tertiary care center through Tele-Resuscitation or Critical Care systems 			
Processing Reviewed by	THIS SECTION IS FOR PHYSICIAN INFORMATION ONLY (NOT ORDERS)			
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