

Height _____ cm Weight _____ kg

Allergies _____

Emergency (ED) Adult Acute Exacerbation of Asthma Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	Consultation			
	<input type="checkbox"/> Dr. _____ <input type="checkbox"/> Other: _____			
Time (hhmm)	Vitals and Respiratory			
	<input type="checkbox"/> Temp, HR, RR, BP, SpO ₂ q1h x4 then reassess <input type="checkbox"/> Continuous SpO ₂ monitoring <input type="checkbox"/> Titrate O ₂ to keep SpO ₂ greater than 92% OR <input type="checkbox"/> Titrate O ₂ to keep SpO ₂ between 88% and 92%			
By	Lab Investigations (if not done already)			
	<input type="checkbox"/> CBC <input type="checkbox"/> Na, K, Cl, TCO ₂ <input type="checkbox"/> Creatinine <input type="checkbox"/> Urea <input type="checkbox"/> Glucose <input type="checkbox"/> VBG <input type="checkbox"/> ABG <input type="checkbox"/> Urinalysis – Routine <input type="checkbox"/> _____			
Status	Diagnostics			
	<input type="checkbox"/> CXR PA+ Lateral OR <input type="checkbox"/> CXR Portable <input type="checkbox"/> ECG <input type="checkbox"/> Other: _____			
Processing Reviewed by	Fluids and Electrolytes			
	<input type="checkbox"/> _____ mL IV bolus over _____ THEN _____ <input type="checkbox"/> Other: _____			
Status	Bronchodilator Therapy (MDI's via spacer device)			
	<input checked="" type="checkbox"/> Perform Peak Spirometry at baseline, 1 hour after bronchodilators and before discharge. Document on ED face-sheet and inform physician if worsening or not improving <input checked="" type="checkbox"/> salbutamol (100 micrograms MDI) <input checked="" type="checkbox"/> 5 puffs with Aerochamber, q15minutes PRN (Max 3 doses) THEN 2 – 4 puffs q1h PRN <input checked="" type="checkbox"/> ipratropium (20 micrograms MDI) <input checked="" type="checkbox"/> 5 puffs inhalation, q15minutes PRN (Max 3 doses) THEN 2 puffs q4h PRN			
Faxed by	Corticosteroids			
	<input checked="" type="checkbox"/> predni SONE 50 mg PO x1 dose OR <input type="checkbox"/> methyl PREDNISolone sodium succinate <input type="checkbox"/> 40 mg OR <input type="checkbox"/> 125 mg IV x 1 dose			

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

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



Chart Copy – Do Not Destroy

Height _____ cm Weight _____ kg

Allergies _____

Emergency (ED) Adult Acute Exacerbation of Asthma Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	Upon Discharged from the ED <input checked="" type="checkbox"/> Provide prescription for further corticosteroid and Bronchodilator therapy <input checked="" type="checkbox"/> Document regular provider (Family Doctor, Respirologist or local clinic) below: _____ (Consider Respirology referral if never done) <input checked="" type="checkbox"/> Advise patient to follow up with regular provider within 2 – 5 days and when to return to ED <input checked="" type="checkbox"/> Fax ED chart to regular provider for follow up			
Time (hhmm)				
By	Additional Orders			
Status				
Processing Reviewed by				
Status				
Faxed by				

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

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

Rev. 03/2020/V2 ORD290



Chart Copy – Do Not Destroy

Height _____ cm Weight _____ kg

Allergies _____

Emergency (ED) Adult Acute Exacerbation of Asthma Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy)	THIS SECTION IS FOR PHYSICIAN INFORMATION ONLY (NOT ORDERS)			
Time (hhmm)	Adjunct Therapies for Severe/Life Threatening Asthma			
By	This section includes suggestions of adjunct therapies for the MRP to consider in the resuscitation			
Status	<ul style="list-style-type: none"> • Call for help Physician to remain at the bedside and consider the following:			
Processing Reviewed by	<ul style="list-style-type: none"> • Continuous salbutamol and ipratropium nebulization • Continuous cardiorespiratory monitoring • magnesium sulfate 2000 mg in 100 mL 5% dextrose in water IV over 20 minutes -check Blood Pressure 5 and 30 minutes from start of infusion • EPINEPHrine 0.5 mg IM x 1 • EPINEPHrine 0.1 mg over 5 – 10 minutes given by physician (1 mL of 0.1 mg/mL solution) • aminophylline 6 mg/kg or 3 mg/kg (if patient is already on theophylline) IV over 30 minutes (not recommended in first 4 hours) • ketamine 0.5 – 1 mg/kg slow IV push followed by ketamine infusion at 0.5 – 2 mg/h • Consider BiPAP with minimal PEEP If considering intubation in severe asthma			
Status	<ul style="list-style-type: none"> • Call for help. Prepare for Difficult Airway. • Rapid Sequence Intubation (RSI) with ketamine 2–3 mg/kg (propofol 2 – 3 mg/kg is an alternative) and paralytic agent (succinylcholine 1.5 mg/kg or rocuronium 1 mg/kg), with or without midazolam 0.1 – 0.3 mg/kg • Give continuous bronchodilation • Initial Settings: Tidal volume 6 – 8 mL/kg, Rate 11 – 14/min, PEEP 0 cm H₂O (up to 5), I/E ratio 1:4, FiO₂ 1, Triggering Sensitivity -2 L/min. Aim for Pplat <30 cm H₂O, O₂ Sat >88%, permissive hypercarbia • Watch pneumothorax and air trapping (immediate remedies include needle-thoracotomy and disconnection, and squeezing the chest x 30 seconds) 			
Faxed by	THIS SECTION IS FOR PHYSICIAN INFORMATION ONLY (NOT ORDERS)			

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

Rev. 03/2020/V2 ORD290



Chart Copy – Do Not Destroy