

**Asthma Exacerbation  
Pre-Printed Orders For  
AGE >= 16**

(addressograph)

**EMERGENCY DEPARTMENT ORDERS:**

1. Meds:

a. Beta2-agonist: Notify physician if patient develops tremors or HR 130 or more.

**Salbutamol MDI + spacer (100 mcg/puff)**

Initial dose: \_\_\_\_\_ puffs inhaled q \_\_\_\_\_ min for \_\_\_\_\_ doses.

Subsequent doses: \_\_\_\_\_ puffs inhaled q \_\_\_\_\_ hour(s).

Note: Usually 4 – 8 puffs inhaled q15 – 20 minutes for 3 doses. For FEV<sub>1</sub> or PEF less than 40% predicted, consider 1 puff q30 – 60 sec for 4 – 20 puffs, within patient's tolerability:

**OR Nebulized salbutamol (5 mg/ml)**

Initial dose: \_\_\_\_\_ mg in 3 ml 0.9% sodium chloride q \_\_\_\_\_ min for \_\_\_\_\_ doses.

Subsequent doses: \_\_\_\_\_ mg in 3 ml 0.9% sodium chloride q \_\_\_\_\_ hour(s)

Note: Usually 5 mg (1 mL) in 3 ml NS q15 – 20 minutes for 3 doses:

b. Anticholinergic:

**Ipratropium bromide MDI + spacer (20 mcg/puff)**

Initial dose: \_\_\_\_\_ puffs inhaled q \_\_\_\_\_ min for \_\_\_\_\_ doses.

Subsequent doses: \_\_\_\_\_ puffs inhaled q \_\_\_\_\_ hour(s).

Note: Usually 4 – 8 puffs inhaled q15 – 20 minutes for 3 doses:

**OR Nebulized ipratropium (250 mcg/ml)**

Initial dose: \_\_\_\_\_ mcg in 3 ml 0.9% sodium chloride q \_\_\_\_\_ min for \_\_\_\_\_ doses.

Subsequent doses: \_\_\_\_\_ mcg in 3 ml 0.9% sodium chloride q \_\_\_\_\_ hour(s)

Note: Usually 250 – 500 mcg (1 – 2 ml) in 3 NS q 15 – 20 minutes for 3 doses with continuous nebulization if necessary:

c. Corticosteroid:

Prednisone 50 mg PO once now **OR**

Prednisone \_\_\_\_\_ mg PO once now **OR**

IV Methylprednisolone \_\_\_\_\_ mg (40 – 125 mg) in 50 mL NS one now (if there is concern about the reliability of the oral route) **AND**

Fluticasone (or equivalent) 500 mcg q10 minutes for 1 hour

Initial dose: \_\_\_\_\_ Fluticasone \_\_\_\_\_ mcg/puff \_\_\_\_\_ puffs inhaled q \_\_\_\_\_ min for \_\_\_\_\_ hour(s).

**FOR SEVERE and POTENTIALLY FATAL ASTHMA**

IV Corticosteroid:

Methylprednisolone \_\_\_\_\_ mg (40 – 125 mg) IV once now.

**OR** in severe circumstances:

Hydrocortisone \_\_\_\_\_ mg (250 – 500 mg) IV once now **AND**

Continuous nebulized salbutamol: \_\_\_\_\_

Continuous nebulized ipratropium: \_\_\_\_\_

Magnesium sulphate \_\_\_\_\_ grams IV once now (Note: usually 2 grams in 100 mL D5W over 20 minutes)

\*Epinephrine: (IM or IV). Comes as 1 mg/mL (1:1000) solution in 1 mL ampoules\*:

Epinephrine 0.1 mg IV over 5 – 10 minutes once now: dilute 1 mL of 1:1000 solution (1mg/mL) with 9 mL 0.9% sodium chloride (= 1:10,000 dilution) = 0.1 mg/mL.

**OR**  Continuous Epinephrine \_\_\_mg/min (1 -4 mcg/min) IV infusion: dilute 2 mL of 1:1000 solution mL of D5W (=8 mcg/mL)(1 – 4 mcg/min = 7.5 – 30 mL/hr).

d. Other Meds

Nicotine transdermal patch \_\_\_\_\_mg/day

Other \_\_\_\_\_

**TREATMENT OF REFRACTORY CASES:**

Consider Consulting: Anesthesiology and/or Internal Medicine and refer to Medication Guidelines on reverse of orders.

2. Activity  AAT  
 Other \_\_\_\_\_

3. Nursing  HR,BP,RR,SpO2 q \_\_\_\_\_h  
 O2 to keep SpO2 > 95%  
 O2 to keep SpO2 > 92%  
 O2 \_\_\_\_\_

Baseline lung function assessment:

Bedside spirometry (FEV) **OR**  PEF (Circle: Sitting or Standing)

\* Reassess and record FEV<sub>1</sub> or PEF % predicted after each bronchodilator treatment and before discharge.

4. IV:  Normal saline \_\_\_\_\_ml bolus then \_\_\_\_\_ ml/hr  
 No IV

5. Invest:  CXR PA & Lat  
 ECG  
 Other \_\_\_\_\_

6. Patient Education:  Smoking cessation counseling  
 Reminder Influenza Vaccine (September-March) through primary GP  
 Reminder to ascertain pneumococcal vaccination status  
 Proper MDI Use

7. Additional Orders:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Consults:

Respiratory Therapist  Other \_\_\_\_\_

REASON: \_\_\_\_\_

Signature

Print name

Date/Time