





**PHYSICIAN ORDERS  
FOR  
SEVERE ASTHMA in the  
EMERGENCY DEPARTMENT  
Page 2 of 2**

Patient Identification

Weight: \_\_\_\_\_ kg    Height: \_\_\_\_\_ cm    Allergies: \_\_\_\_\_

... Continued from Page 1

*Initial on all lines applicable*

**For severe respiratory distress/signs of respiratory failure  
OR failure to improve after 1 hour of treatment**  
(Ensure nurse is aware of page 2 at time of completion)

**INVESTIGATIONS/MONITORING: (If not previously completed)**

- Na, K, Cl, Capillary or arterial blood gas
- CBC
- Other: \_\_\_\_\_
- Continuous cardio-resp monitoring
- Monitor BP q 5 min during magnesium infusion then q30 min

**FLUIDS/MEDICATIONS:**

- If not already ordered, initiate IV  
    \_\_\_\_\_ 0.9% NS bolus \_\_\_\_\_ mL over \_\_\_\_\_ min  
    \_\_\_\_\_ D5NS/0.9% NS at \_\_\_\_\_ mL/hr  
    \_\_\_\_\_ **Hydrocortisone** \_\_\_\_\_ mg (8 mg/kg/dose, MAX 400 mg/dose) IV x 1 dose  
    \_\_\_\_\_ **Magnesium sulfate** \_\_\_\_\_ mg (50 mg/kg/dose, MAX 2000 mg/dose) IV x 1 dose over 20 – 30 min  
Other: \_\_\_\_\_

**CONSIDER TRANSFER FOR:**

- Not improving  $\geq 4$  hours post steroid
- PRAM  $\geq 8$  with:
  - 1) no improvement post 3 doses of Ventolin & Atrovent    **OR**
  - 2) decreasing LOC or cyanosis

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
PRINT NAME OF PHYSICIAN

\_\_\_\_\_  
DATE & TIME

\_\_\_\_\_  
NURSE SIGNATURE

\_\_\_\_\_  
PRINT NAME OF NURSE

\_\_\_\_\_  
DATE & TIME