



PHYSICIAN ORDERS  
FOR  
SEVERE ASTHMA in the  
EMERGENCY DEPARTMENT  
Page 1 of 2

Patient Identification

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

**REFER TO PEDSPAC SEVERE ASTHMA ALGORITHM**  
**DOSE GUIDELINES FOR SALBUTAMOL**

**Salbutamol MDI (Metered Dose Inhaler)** 100 mcg/puff by spacer:  
Less than 20 kg = 5 puffs                      Greater than or equal to 20 kg = 10 puffs

**Salbutamol Nebule** by inhalation (may need to top up to 3 mL with NS):  
Less than 20 kg = 2.5 mg                      Greater than or equal to 20 kg = 5 mg

**MEDICATIONS:**

***Initial on all lines applicable***

**For PRAM Score of 1 – 3 (MILD)**

\_\_\_\_\_ Salbutamol MDI \_\_\_\_\_ puffs q1h x 3 doses PRN (if not already given as per medical directive) then  
continue q \_\_\_\_\_ and q \_\_\_\_\_ PRN

**For PRAM Score of 4 – 7 (MODERATE)**

\_\_\_\_\_ Salbutamol MDI \_\_\_\_\_ puffs q20minutes x 3 doses (if not already given as per medical directive) then  
continue q \_\_\_\_\_ and q \_\_\_\_\_ PRN

**AND**

**Oral steroid (if not already given as per medical directive)**

\_\_\_\_\_ Dexamethasone \_\_\_\_\_ mg (0.6 mg/kg/dose, MAX 12 mg) PO x 1 dose

**OR**

\_\_\_\_\_ PredniSONE/ PrednisoLONE \_\_\_\_\_ mg (2 mg/kg/dose, MAX 60 mg) PO x 1 dose

**For PRAM Score of 8 – 12 (SEVERE)**

\_\_\_\_\_ Salbutamol MDI: \_\_\_\_\_ puffs q20minutes x 3 doses (if not already given as per medical directive) then  
continue q \_\_\_\_\_ and q \_\_\_\_\_ PRN **WITH**  
**Ipratropium MDI (20 mcg/puff):** 4 puffs q20minutes x 3 doses (if not already given as per medical directive)

**OR**

\_\_\_\_\_ Salbutamol Nebule: \_\_\_\_\_ mg q20minutes x 3 doses (if not already given as per medical directive) then  
continue q \_\_\_\_\_ and q \_\_\_\_\_ PRN **WITH**

**Ipratropium Nebule:** 250 mcg q20minutes x 3 doses (if not already given as per medical directive)

**AND**

**Oral steroid (if not already given as per medical directive)**

\_\_\_\_\_ Dexamethasone \_\_\_\_\_ mg (0.6 mg/kg/dose, MAX 12 mg) PO x 1 dose

**OR**

\_\_\_\_\_ PredniSONE/ PrednisoLONE \_\_\_\_\_ mg (2 mg/kg/dose, MAX 60 mg) PO x 1 dose

\_\_\_\_\_ After initial 3 Salbutamol nebulizations AND if clinically improved (i.e. PRAM score less than 8,  
oxygen saturations greater than 92% in room air), change to **Salbutamol MDI** \_\_\_\_\_ puffs  
q \_\_\_\_\_ and q \_\_\_\_\_ PRN

**Continued on Page 2...**

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

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

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

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

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

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



**PHYSICIAN ORDERS  
FOR  
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Page 2 of 2**

Patient Identification

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... Continued from Page 1

*Initial on all lines applicable*

**For severe respiratory distress/signs of respiratory failure (PRAM  $\geq$ 8)  
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, blood gas (capillary, arterial or venous depending on availability)
- CBC & Diff
- Other: \_\_\_\_\_
- Continuous cardiorespiratory monitoring
- Monitor BP q5minutes during magnesium infusion then q30minutes

**FLUIDS/MEDICATIONS:**

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

**SPEAK TO PEDIATRIC REFERRAL SITE OR CONSIDER TRANSFER FOR:**

- PRAM greater to or equal to 8 with:
  - no improvement after 3 consecutive doses of salbutamol & ipratropium (over first hour of treatment) **OR**
  - decreasing level of consciousness or cyanosis at any time
- PRAM greater than or equal to 4 and not improving after 4 or more hours post steroid treatment

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

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

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

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

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