Order Set: Admission for Asthma

This order set template pertains to patients with the diagnosis of asthma who are admitted from the ED or direct admit to the hospital and does not include orders that pertain to intensive care admission.

Legend:
☐ Open boxes are orders that a clinician will need to order by checking the box
☐ Pre-checked boxes are those orders with strong supporting evidence and/or regulatory requirements that require documentation if not done. (See Annotation #1)

Admit/Attending Information (See Annotation #2)
Admit unit: ______________________________
Attending physician: ______________________________
How to contact: ______________________________

Diagnosis
Admitting Dx: asthma exacerbation

Secondary Dx: ______________________________

Condition
☐ Stable ☐ Guarded ☐ Unstable ☐ Other ______________________________

Code status ☐ Full code ☐ DNR ☐ DNI ☐ Other

Vitals
☐ On admission and every _____ hours
☐ Pulse oximetry every _____ hours
☐ Continuous pulse oximetry
☐ Weight on admission and then every _____ days

Activity
☐ Bed rest for _____ hours
☐ Bathroom privileges with assist as needed
☐ As tolerated

Adverse Drug Reactions/Allergies
☐ None
☐ Yes, Name: ______________________________ Type of reaction: ______________________________
Type of reaction: ______________________________
Type of reaction: ______________________________

Patient Information (Two are required.)

Last Name: ______________________________
First Name: ______________________________
Date of Birth: __/__/____
Patient’s age: ____________
ID #: ______________________________
Admission for Asthma  

Nursing Orders *(See Annotation #3)*  
- Elevate head of bed 30 degrees  
- Fall alert  
- Intake and output every shift  
- Foley catheter  
- Insert now  
- Insert as needed  
- Oxygen:  
  - O₂ by nasal canula at _____ liters per minute  
  - O₂ by nasal canula to keep saturation greater than_____.  
- Peak flows every _____ hours  
- BiPAP  
  - IPAP with starting pressure _____ *(suggested starting pressures: 10)*  
  - EPAP with starting pressure _____ *(suggested starting pressures: 5)*  

Call physician if:  
- Heart rate greater than _____ or less than____.  
- Respiratory rate greater than _____ or less than____.  
- O₂ saturation less than ______.  
- Systolic blood pressure greater than _____ or less than____.  
- Temperature greater than _____.

Patient weight: _____ kg  
Patient height: _____ cm

Diet  
- NPO for _____ hours  
- as tolerated  
- No added salt  
- constant carbohydrate (CHO)_.

IVs  
- Establish IV saline lock with flush every day as needed  
Check IV fluid if appropriate:  
  - D5 0.45% NaCl with 20 mEq KCl at _____ mL/hour  
  - D5 0.45% NaCl at _____ mL/hour  
  - Lactated ringers at _____ mL/hour  
  - ___________________________ at _____ mL/hour

Sedative/Symptom Medications  
- Acetaminophen 650 mg rectal suppository every 4 hours as needed  
- Acetaminophen 1,000 mg by mouth _____ (3-4) times daily as needed for fever or pain *(maximum daily adult dose 4,000 mg)*  

Medications *(See Annotation #)*  
- Albuterol _____ mg by nebulizer every _____ hours *(suggested dose 2.5 mg/neb)*  
- Albuterol _____ mg by nebulizer continuously *(suggested dose 10 mg/hour)*  
- Albuterol MDI _____ puffs every _____ hours as needed *(suggested dose 4 puffs every 20 minutes as needed)*  
- Levalbuterol _____ mg by nebulizer every _____ hours as needed *(suggested dose 0.63 mg-1.25 mg/neb)*  
- Levalbuterol MDI _____ puffs every _____ hours as needed  
- Albuterol/ipratropium MDI _____ puffs every _____ hours as needed *(suggested dose 8 puffs every 20 minutes as needed)*  
- Albuterol/ipratropium _____ mL by nebulizer every _____ hours as needed *(suggested dose 3 mL/neb)*  
- Ipratropium _____ mg by nebulizer every _____ hours *(suggested dose 0.5 mg every 2 hours)*  
- Methylprednisolone _____ mg IV every _____ hours *(suggested dose 30 mg-60 mg every 6 hours)*
Prednisone _____ mg by mouth daily (*suggested dose 40 mg-60 mg daily*)
Monteleukast _____ mg by mouth at bedtime (*maximum adults dose is 10 mg/hour*)

**Corticosteroids (see table in guideline for suggested dosages)**
- Mometasone _____ mcg puffs every _____ hours
- Beclomethasone HFA _____ mcg puffs every _____ hours
- Budesonide DPI _____ mcg puffs every _____ hours
- Budesonide _____ mg by nebulizer every _____ hours
- Fluticasone _____ mcg puffs every _____ hours

Antibiotics

Antihistamine

Other

**Diagnostic Tests (First day – those not performed in ED)**

Indication:
- CBC/Plts with differential
- Theophylline level
- Blood culture x2
- Sputum gram stain and culture
- Nasal pharyngeal swab for influenza
- Nasal wash for influenza
- Arterial blood gases
- Chest x-ray:
  - PA
  - Lateral
  - Portable

A.M. labs at _____ hours

**Other**

**Consults**
- Pulmonary consult: reason
- Social work referral
- Asthma education consult
- Tobacco cessation education consult (*for current users*)

**Discharge Planning**
- Social service consult for assistance in discharge planning
- Financial counselor consult
- Consult for home nebulizer
- Allergy consult

**Immunization Evaluation**
- Pneumococcal vaccine 0.5 mg IM on discharge if:
  - Never received vaccine or vaccination status unknown
  - Received vaccine before age 65 or it has been greater than 5 years
Pneumococcal vaccination indicated but not given. Reason: ____________________________
Influenza vaccine 0.5 mg IM on discharge (October-March only) if patient has not received
Influenza vaccination indicated but not given. Reason: ____________________________
Vaccination record sent to primary care

Authorized Prescriber Signature: ____________________________________________

Printed Name: ____________________________

Date/Time of Orders: ____/____/_____    ____:____