

Appendix 1

| ASTHMA SCORE | | | |
|--|--|---|--|
| Characteristics | 0 | 1 | 2 |
| Respiratory Rate¹ | | | |
| 1 – 3 years | ≤34 | 35 - 39 | ≥40 |
| 4 – 5 years | ≤30 | 31 - 35 | ≥36 |
| 6 – 12 years | ≤26 | 27 - 30 | ≥31 |
| > 12 years | ≤23 | 24 - 27 | ≥28 |
| Room Air (RA) Oxygen Saturation (POx)² | ≥ 94% | 89% – 93% | ≤88% |
| Auscultation | Normal Breath Sounds | Expiratory Wheeze | Inspiratory & Expiratory Wheeze or Diminished BS |
| Retractions³ | ≤1 accessory muscle | 2 accessory muscles | ≥3 accessory muscles |
| Dyspnea | Speaks in sentences, playful, able to po | Speaks in partial sentences, short cry, poor po | Speaks in short phrases, grunting, unable to po |

¹Respiratory rate must be obtained over a 30 second time period and then multiplied by 2.

²RA Pox must be obtained after the patient has been on room air for 2 minutes.

³Accessory muscle use includes the following: Nasal Flaring, Supra-sternal muscle group use, Intra-costal muscle group use, Sub-Sternal muscle group use

| ASTHMA SEVERITY | |
|-----------------|-------|
| Mild | 1 – 3 |
| Moderate | 4 - 7 |
| Severe | ≥7 |

Appendix 2

**CNMC Emergency Department
Asthma Flow Sheet for Patients:
Less than 30 Kg**

Page # _____

Weight _____ **kg** Measured today Estimate
Height _____ **cm** Measured today Estimate

**DO NOT WRITE IN
THIS BOX**

Label

| Assessments ↓ | Time/Initials → | Triage | / | / | / | / | / |
|--|-----------------|--------|---|---|---|---|---|
| HR – RR | → | - | - | - | - | - | - |
| T – BP | → | - | - | - | - | - | - |
| Room Air Pulse Oximetry (%) | → | | | | | | |
| Peak Flow Reading | → | | | | | | |
| ASTHMA SCORE (AS) (See Back) | | | | | | | |
| Respiratory Rate ¹ | → | | | | | | |
| Room Air Pulse Oximetry (%) ² | → | | | | | | |
| Auscultation | → | | | | | | |
| Retractions ³ | → | | | | | | |
| Dyspnea | → | | | | | | |
| TOTAL ASTHMA SCORE (AS) | → | | | | | | |
| O₂ % or lpm to keep O₂ sat ≥93% | → | | | | | | |

| ASTHMA SCORE (AS) ≥ 4 | | | | | ASTHMA SCORE (AS) <4 | | | | |
|---|-----------------|-------|--------|-------|---|-----------------|-------|--------|-------|
| TREATMENT | Time/Initials → | ORDER | COSIGN | GIVEN | TREATMENT | Time/Initials → | ORDER | COSIGN | GIVEN |
| Corticosteroids: <input type="checkbox"/> Dexamethasone _____mg PO Suggested dosing: 7-10 kg kg = 6 mg; 10-20kg = 10 mg; > 20 kg= 16 mg Fax Rx for 2nd dose to pharmacy or <input type="checkbox"/> Prednisone / prednisolone 2 mg/kg _____ mg PO (max dose 80 mg) or <input type="checkbox"/> Methylprednisone 2mg/kg _____ mg IV/IM (max dose 80 mg) | | | | | | | | | |
| <input type="checkbox"/> Albuterol 7.5mg & Ipratropium 0.5 mg over 1 hour <input type="checkbox"/> Albuterol 7.5 mg over 1 hour or <input type="checkbox"/> Albuterol MDI 0.5 puffs/kg _____puffs q 20 minutes x 3 (max = 8puffs/dose x 3) After 2nd round, if AS 4-7 ADMIT To Obs status. If AS ≥8 NOTIFY MD. | / | / | / | / | <input type="checkbox"/> Albuterol 2.5 mg over 20 minutes or <input type="checkbox"/> Albuterol MDI 0.5 puffs/kg _____ puffs with spacer and teaching (max=8 puffs/dose) | / | / | / | / |
| Continuous Albuterol Nebulization x4 hrs <input type="checkbox"/> 5mg/hr <input type="checkbox"/> 10mg/hr <input type="checkbox"/> 15mg/hr <input type="checkbox"/> 20mg/hr (Calculate based on 0.6 mg/kg/hr) ADMIT TO PICU or ETU <5YRS, INPT >5YRS | / | / | / | / | Corticosteroids: <input type="checkbox"/> Prednisone/Prednisolone 2mg/kg _____mg PO(max dose 80 mg) or | / | / | / | / |
| With Continuous Neb consider IVF: <input type="checkbox"/> D5 ___NS with 20 meq KCl/liter@ _____ml/hr | / | / | / | / | <input type="checkbox"/> Dexamethasone _____mg po Suggested dose: 7-10 kg kg = 6 mg 10-20kg = 10 mg; > 20 kg= 16 mg Fax Rx for 2nd dose. | / | / | / | / |
| <input type="checkbox"/> Magnesium Sulfate 25-75 mg/kg IV over 20 min: _____ mg (max dose 2g) | / | / | / | / | Pts to be discharged: Dispense & Teach <input type="checkbox"/> Home Nebulizer <input type="checkbox"/> Albuterol MDI & Spacer | / | / | / | / |
| <input type="checkbox"/> Epinephrine 1:1000(0.01ml/kg) _____ml _____ (indicate Route IM or SC) (max dose 0.5 ml) | / | / | / | / | <input type="checkbox"/> 2 nd dose of Dexamethasone, _____mg po Suggested dose: 7-10kg kg = 6 mg; 10-20kg = 10 mg> 20 kg= 16 mg Dispense to guardian to be given in 24 hours | / | / | / | / |
| Obtain ASAP if anticipate admission <input type="checkbox"/> RSV antigen <input type="checkbox"/> Influenza A&B antigen <input type="checkbox"/> Respiratory Viral Panel | | | | | / | / | / | / | / |

Signature, Title& initials

Signature, Title& initials

Resident Signature, Title and Initials

Staff MD Signature, Title and Initials

P&T Subcommittee on Approval of Preprinted Orders (SAPO) – PATHWAY approved for content 8/15/2007

Appendix 2

CNMC Emergency Department Asthma Flow Sheet for Patients: Greater than or equal to 30 Kg

Page # _____

Weight _____ **kg** Measured today Estimate
Height _____ **cm** Measured today Estimate

DO NOT WRITE IN THIS BOX

Label

| Assessments ↓ | Time/Initials → | Triage | / | / | / | / | / |
|---|-----------------|--------|---|---|---|---|---|
| HR – RR | → | - | - | - | - | - | - |
| T – BP | → | - | - | - | - | - | - |
| Room Air Pulse Oximetry (%) | → | | | | | | |
| Peak Flow Reading | → | | | | | | |
| ASTHMA SCORE (AS) (See Back) | | | | | | | |
| Respiratory Rate ¹ | → | | | | | | |
| Room Air Pulse Oximetry (%) ² | → | | | | | | |
| Auscultation | → | | | | | | |
| Retractions ³ | → | | | | | | |
| Dyspnea | → | | | | | | |
| TOTAL ASTHMA SCORE (AS) | → | | | | | | |
| O ₂ % or lpm to keep O ₂ sat ≥93% | → | | | | | | |

| ASTHMA SCORE (AS) ≥ 4 | | | | | ASTHMA SCORE (AS) <4 | | | | |
|---|-----------------|-------|--------|-------|--|-----------------|-------|--------|-------|
| TREATMENT | Time/Initials → | ORDER | COSIGN | GIVEN | TREATMENT | Time/Initials → | ORDER | COSIGN | GIVEN |
| Corticosteroids: | | | | | | | | | |
| <input type="checkbox"/> Dexamethasone 16 mg PO Fax Rx for 2nd dose to pharmacy or | | | | | | | | | |
| <input type="checkbox"/> Prednisone / prednisolone 2 mg/kg _____ mg PO (max dose 80 mg) or | | | | | | | | | |
| <input type="checkbox"/> Methylprednisone 2mg/kg _____ mg IV/IM (max dose 80 mg) | | | | | | | | | |
| <input type="checkbox"/> Albuterol 15 mg & Ipratropium 1 mg over 1 hour | | | | | | | | | |
| <input type="checkbox"/> Albuterol 15 mg over 1 hour or | | | | | | | | | |
| <input type="checkbox"/> Albuterol MDI 8 puffs q 20 minutes x 3 After 2nd round, if AS 4-7 ADMIT TO ETU. Submit form to clerk. If AS ≥8 NOTIFY MD. | | | | | | | | | |
| Continuous Albuterol Nebulization x4 hrs | | | | | Corticosteroids: | | | | |
| <input type="checkbox"/> 5mg/hr <input type="checkbox"/> 10mg/hr <input type="checkbox"/> 15mg/hr <input type="checkbox"/> 20mg/hr (Calculate based on 0.6 mg/kg/hr) ADMIT TO PICU or ETU <5YRS , INPT >5YRS | | | | | <input type="checkbox"/> Prednisone/Prednisolone 2mg/kg____mg PO(max dose 80 mg) or | | | | |
| With Continuous Nebs consider IVF: | | | | | <input type="checkbox"/> Dexamethasone 16 mg po Fax Rx for 2nd dose. | | | | |
| <input type="checkbox"/> D5 ____NS with 20 meq KCl/liter@ ____ml/hr | | | | | | | | | |
| <input type="checkbox"/> Magnesium Sulfate 25–75 mg/kg IV over 20 min: _____ mg (max dose 2g) | | | | | | | | | |
| <input type="checkbox"/> Epinephrine1:1000(0.01ml/kg)____ml ____ (indicate Route IM or SC) (max dose 0.5 ml) | | | | | | | | | |
| Obtain ASAP if anticipate admission <input type="checkbox"/> RSV antigen <input type="checkbox"/> Influenza A&B antigen <input type="checkbox"/> Respiratory Viral Panel | | | | | | | | | |

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