Unique Plan Description: PED Asthma Module
Plan Selection Display: PED Asthma Module
PlanType: Medical
Version: 10
Begin Effective Date: 07/01/2025 07/01/2025 8:03
End Effective Date: Current
Available at: ***EMMC***
Plan Comment: PRJ0389914 Print supportive documents order added @DF

Legend		
Green Highlight	=	Addition
Red Highlight	=	Deletion

PED Asthma Module
Patient Care

☑ Print Supportive Documents for Network Downtime
_SD PED Asthma Module
For patients 1 -18 years old with bronchodilator-responsive wheezing Pediatric Asthma Score should be done by multidisciplinary team and charted by RN(NOTE)*

☑ Reference EMMC
Child Aged 1-18 Years with Asthma: INPATIENT
Provider Considerations:-Viral illness will affect Pediatric Asthma Score-Patients less than 2 years of age with poor response to albuterol or suctioning may indicate bronchiolitis -Need for continuous oxygen in Stage 2 may indicate pneumonia-Consult pediatric intensivist for signs of deterioration (drowsiness, confusion, silent chest exams, hypercapnia)(NOTE)*
For Inadequate Urine Output(NOTE)*
If unable to maintain appropriate urine output consider ordering Sodium Chloride bolus, followed by D5NS with KCl for maintenance.(NOTE)*

☐ Sodium Chloride 0.9% (Bolus Infusion)
20 mL/Kg, Soln, IVPB, ONCE, Infuse Over: 30 Minutes

☐ D5W+ NS & Potassium Chloride 20mEq/L
Tot Vol: 1,000 mL, mL/hr, Soln, IV

Order corticosteroid loading dose if not previously given(NOTE)*

☐ Decadron
0.6 mg/kg, Soln, PO, ONCE, Weight less than 27 kg [Less Than 27 kg] (DEF)*
Comments: Loading dose, Only if not previously given. Give IV formulation by mouth; mix in flavoring agent such as apple juice or grape syrup. Max dose = 16 mg. Weight less than 27 kg.
16 mg, Soln, PO, ONCE, Weight greater than or equal to 27 kg [Greater Than or Equal To 27 kg]
Comments: Loading dose, Only if not previously given. Give IV formulation by mouth; mix in flavoring agent such as apple juice or grape syrup. Max dose = 16 mg. Weight greater than or equal to 27 kg.
16 mg, Tab, PO, ONCE, Weight greater than or equal to 27 kg [Greater Than or Equal To 27 kg]
Comments: Loading dose, Only if not previously given. Max dose = 16 mg. Weight greater than or equal to 27 kg.
0.6 mg/kg, Soln, IV Push, ONCE, Weight less than 27 kg [Less Than 27 kg]
Comments: Loading dose, Only if not previously given. Max dose = 16 mg. Weight less than 27 kg.
16 mg, Soln, IV Push, ONCE, Weight greater than or equal to 27 kg [Greater Than or Equal To 27 kg]
Comments: Loading dose, Only if not previously given. Max dose = 16 mg. Weight greater than or equal to 27 kg.

Order one of the following ongoing corticosteroids for the next AM(NOTE)*
Decadron does not require discharge prescription conversion and is preferred for use patients who received a Decadron loading dose(NOTE)*

☐ **+24 Hours** Decadron
0.6 mg/kg, Soln, PO, ONCE, Weight less than 27 kg [Less Than 27 kg] (DEF)*
Comments: 24-hours after loading dose. Give IV formulation by mouth; mix in flavoring agent such as apple juice or grape syrup. Max dose = 16 mg. Weight less than 27 kg.
16 mg, Soln, PO, ONCE, Weight greater than or equal to 27 kg [Greater Than or Equal To 27 kg]
Comments: 24-hours after loading dose. Give IV formulation by mouth; mix in flavoring agent such as apple juice or grape syrup. Max dose = 16 mg. Weight greater than or equal to 27 kg
16 mg, Tab, PO, ONCE, Weight greater than or equal to 27 kg [Greater Than or Equal To 27 kg]
Comments: 24-hours after loading dose. Max dose = 16 mg. Weight greater than or equal to 27 kg.
0.6 mg/kg, Soln, IV Push, ONCE, Weight less than 27 kg [Less Than 27 kg]

Comments: 24-hours after loading dose. Max dose = 16 mg. Weight less than 27 kg.
16 mg, Soln, IV Push, ONCE, Weight greater than or equal to 27 kg [Greater Than or Equal To 27 kg]
Comments: 24-hours after loading dose. Max dose = 16 mg. Weight greater than or equal to 27 kg.

☐ **+1 Days** Orapred
2 mg/kg, Liquid, PO, Daily, 7 Days, Weight less than 30 kg [Less Than 30 kg] (DEF)*
Comments: 24-hours after loading dose. Max dose = 60 mg. Weight less than 30 kg.
60 mg, Liquid, PO, Daily, 7 Days, Greater than or equal to 30 kg. [Greater Than or Equal To 30 kg]
Comments: 24-hours after loading dose. Max dose = 60 mg. Greater than or equal to 30 kg.

☐ predniSONE
20 mg, Tab, PO, Daily, 7 Days, Weight 10 kg up to 15 kg [10 - 15 kg] (DEF)*
Comments: 12-hours after loading dose. Max dose = 60 mg. Weight 10 kg up to 15 kg
30 mg, Tab, PO, Daily, 7 Days, Weight 15 kg up to 20 kg [15 - 20 kg]
Comments: 12-hours after loading dose. Max dose = 60 mg. Weight 15 kg up to 20 kg
40 mg, Tab, PO, Daily, 7 Days, Weight 20 kg up to 25 kg [20 - 25 kg]
Comments: 12-hours after loading dose. Max dose = 60 mg. Weight 20 kg up to 25 kg
50 mg, Tab, PO, Daily, 7 Days, Weight 25 kg up to 30 kg [25 - 30 kg]
Comments: 12-hours after loading dose. Max dose = 60 mg. Weight 25 kg up to 30 kg
60 mg, Tab, PO, Daily, 7 Days, Weight greater than or equal to 30 kg [Greater Than or Equal To 30 kg]
Comments: 12-hours after loading dose. Max dose = 60 mg. Weight greater than or equal to 30 kg

☐ SOLU-Medrol
0.5 mg/kg, Soln, IV, Every 6 Hour Interval, 7 Days, Weight less than 120 kg [Less Than 120 kg] (DEF)*
Comments: 12-hours after loading lose. Max dose 60 = mg. Weight less than 120 kg.
60 mg, Soln, IV, Every 6 Hour Interval, 7 Days, Weight greater than or equal to 120 kg [Greater Than or Equal To 120 kg]
Comments: 12-hours after loading lose. Max dose = 60 mg. Weight greater than or equal to 120 kg.

Albuterol Stage Progression(NOTE)*
Pediatric Asthma Score: - 1-4: Advance 1 Stage - 5-8: Repeat current Stage - 9-12: Go back 1 Stage - Consider discussion with PICU any score of 11-12(NOTE)*
Stage 1 If initial score is 1-5, skip to Stage 2 Order Albuterol neb every 15 minutes x 3 doses and reassess in 1 hour, substitute DuoNeb if not previously given(NOTE)*
Discuss with PICU if repeating this stage(NOTE)*

☐ Albuterol NEB
2.5 mg, Soln, NEB, Every 15 Minute Interval, 3 Doses/Times
Comments: Reassess and document Pediatric Asthma Score every 1 hour

☐ DuoNeb 0.5 mg-2.5 mg/3 mL inhalation solution
1.5 mL, Soln, NEB, Every 15 Minute Interval, 3 Doses/Times
Comments: Only if not previously given. Reassess and document Pediatric Asthma Score every 1 hour

Stage 2 Order Albuterol 8 puffs and reassess every 2 hours(NOTE)*
Discuss with PICU if repeating this stage 3 times(NOTE)*

☐ Proventil HFA
8 Puffs, Aerosol, INHALATION, Every 2 Hours
Comments: Reassess and document Pediatric Asthma Score every 2 hours

☐ Proventil HFA
8 Puffs, Aerosol, INHALATION, Every 2 Hours
Comments: Reassess and document Pediatric Asthma Score every 2 hours

Stage 3 Order Albuterol 8 puffs and reassess every 4 hours(NOTE)*

☐ Proventil HFA
8 Puffs, Aerosol, INHALATION, Every 4 Hours
Comments: Reassess and document Pediatric Asthma Score every 4 hours

☐ Proventil HFA
8 Puffs, Aerosol, INHALATION, Every 4 Hours
Comments: Reassess and document Pediatric Asthma Score every 4 hours

Stage 4 Order Albuterol 4 puffs and reassess every 4 hours(NOTE)*

☐ Proventil HFA
4 Puffs, Aerosol, INHALATION, Every 4 Hours

Comments: Reassess and document Pediatric Asthma Score every 4 hours

☐ Proventil HFA
4 Puffs, Aerosol, INHALATION, Every 4 Hours
Comments: Reassess and document Pediatric Asthma Score every 4 hours

Other(NOTE)*

☑ Aerochamber Inhaler Device
1 EA, Device, INHALATION, Daily, PRN, Other(comment), Use Aerochamber plus infant (orange) device with inhaler [Less Than 18 Month] (DEF)*
1 EA, Device, INHALATION, Daily, PRN, Other(comment), Use Aerochamber plus child (yellow) device with inhaler [18 - 60 Month]
1 EA, Device, INHALATION, Daily, PRN, Other(comment), Use Aerochamber with mouthpiece (blue) with inhaler [Greater Than or Equal To 5 YR]

☑ Pharmacy Consult - Patient Education
ONCE, Comment: Pharmacist to complete and document asthma education in the Pharmacy Consultation note prior to discharge

☑ Provider Communication
Inpatient RN to document Pediatric Asthma Respiratory Score from multidisciplinary team as a flagged annotation in Patient Note and Story

☑ Provider Communication
Prior to discharge schedule 24-48 hour follow up appointment with PCP

☑ Notify If
Notify provider for signs of deterioration (drowsiness, confusion, silent chest exams, hypercapnia), score increase, or not advancing to the next stage after 2 score cycles

Non Categorized

Providers must exercise independent clinical judgment when using order sets.(NOTE)*

***Report Legend:**
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase