

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

ED Common Respiratory Medications

Version 2 11/16/15

Medications

Bronchodilators: Nebulized

albuterol-ipratropium 2.5 mg-0.5 mg/3 mL soln for inhalation (DUONEB)

- 3 milliliter by nebulizer once

albuterol 2.5 mg/3 mL (0.083 %) solution for nebulization (VENTOLIN)

- 2.5 milligram by nebulizer once
- 2.5 milligram by nebulizer every 2 hours as needed for shortness of breath or wheezing

ipratropium 0.5 mg/2.5 ml neb solution (ATROVENT)

- 0.5 milligram by nebulizer once

Provider Signature: _____ Date: _____ Time: _____