

(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: \_\_\_\_\_

**Pediatric-Asthma**

**Version 3 9/10/19**

- This pediatric order set is suggested for use in patients 1 month through 17 years of age AND less than 50 kilograms

Patient Weight: \_\_\_\_\_

**Respiratory**

- Asthma education
- Education, smoking cessation

**Medications**

**Bronchodilators: Beta-2 Agonists – Inhaled, Short-acting**

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

- 2.5 milligram by nebulizer every 4 hours
- 2.5 milligram by nebulizer every 2 hours as needed for shortness of breath or wheezing

levalbuterol 1.25 mg/0.5 mL neb solution (XOPENEX)

- 1.25 milligram by nebulizer every 6 hours as needed for respiratory distress
- \*\*RESTRICTED USE\*\***

Must meet one of the following criteria:

- Lack of response to albuterol after 2 treatments
- Pre-existing cardiac conditions including unstable angina, arrhythmias or tachycardia

**Corticosteroids: Inhaled**

budesonide 0.5 mg/2 mL neb suspension (PULMICORT)

- 0.5 milligram by nebulizer 2 times a day
- Mometasone Furoate (ASMANEX HFA) 110 mcg
- 1 puff inhaled, with spacer 2 times a day

Mometasone Furoate (ASMANEX HFA) 110 mcg

- 2 puff inhaled, with spacer 2 times a day

Mometasone Furoate (ASMANEX HFA) 210 mcg

- 2 puff inhaled, with spacer 2 times a day

Mometasone/formoterol (DULERA) 100mcg/5mcg

- 2 puff inhaled 2 times a day

**Corticosteroids: Systemic**

prednisolone sodium phosphate 15 mg/5 mL oral soln (ORAPRED)

- 1 milligram/kilogram orally 2 times a day (age less than or equal to 12 years: maximum 60 milligram/day; age greater than 12 years of age: maximum 80 milligram/day)

prednisONE

- 20 milligram orally 2 times a day

methylPREDNISolone sodium succ (SOLU-MEDROL)

- 1 milligram/kilogram intravenously every 12 hours (age less than or equal to 12 years: maximum 60 milligram/day; age greater than 12 years of age: maximum 80 milligram/day)

**Laboratory**

- Rapid respiratory viral panel (RAPV) nasopharyngeal swab: RT to collect

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_