



Division of Paediatric Emergency Medicine

Asthma Continuing Treatment Order Set

For patients who have received treatment as per the *Asthma Initial Treatment Order Set* and require continuing treatment for their symptoms

LAST NAME	(FIRST)
MRN	VISIT NUMBER
DATE OF BIRTH YYYY-MM-DD	SEX
ADDRESS	
IMPRINT OR ENTER DETAILS BY HAND	

PRAM Score (Pediatric Respiratory Assessment Measure)				
Signs	0	1	2	3
Suprasternal retractions	Absent		Present	
Scalene muscle contractions	Absent		Present	
Air entry*	Normal	Decreased at bases	Widespread decrease	Absent / minimal
Wheezing*	Absent	Expiratory only	Inspiratory expiratory	Audible without stethoscope / silent chest with minimal air entry
O ₂ saturation	≥95%	92-94%	<92%	

* If asymmetric findings between right and left lungs, the most severe side is rated

Weight (kg)	Allergies <input type="checkbox"/> NKDA
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Time	Interval	PRAM	Signature
	1 hr post-treatment		
	2 hr post-treatment		

Order time / MD signature	Continuing orders	Date:	Time noted / RN signature
1 hour	salbutamol MDI (100 mcg/puff) inhaled via spacer device		
	PRAM 1-3 <input type="checkbox"/> 8 puffs x 1 <input type="checkbox"/> continue to observe	PRAM 4-7 <input type="checkbox"/> 8 puffs q15 min x 3 <input type="checkbox"/> 8 puffs q4h and q _____ min prn	PRAM 8-12 <input type="checkbox"/> 8 puffs q15 min x 3 <input type="checkbox"/> 8 puffs q2h and q _____ min prn
	magnesium sulfate If minimal or no improvement, deteriorating, or PRAM ≥ 5 consider: <input type="checkbox"/> magnesium sulfate _____ mg IV (40 mg/kg/dose, max 2500 mg/dose)		
	<input checked="" type="checkbox"/> MD to reassess in _____ minutes		
2 hours	salbutamol MDI (100 mcg/puff) inhaled via spacer device		
	PRAM 1-3 <input type="checkbox"/> 8 puffs x 1 <input type="checkbox"/> continue to observe	PRAM 4-7 <input type="checkbox"/> 8 puffs q15 min x 3 <input type="checkbox"/> 8 puffs q4h and q _____ min prn	PRAM 8-12 <input type="checkbox"/> 8 puffs q15 min x 3 <input type="checkbox"/> 8 puffs q2h and q _____ min prn
	<input checked="" type="checkbox"/> MD to reassess in _____ minutes		
3 hours	salbutamol MDI (100 mcg/puff) inhaled via spacer device		
	PRAM 1-3 <input type="checkbox"/> 8 puffs x 1 <input type="checkbox"/> continue to observe	PRAM 4-7 <input type="checkbox"/> 8 puffs q15 min x 3 <input type="checkbox"/> 8 puffs q4h and q _____ min prn	PRAM 8-12 <input type="checkbox"/> 8 puffs q15 min x 3 <input type="checkbox"/> 8 puffs q2h and q _____ min prn
	<input checked="" type="checkbox"/> MD to reassess in _____ minutes		
	Disposition		
	PRAM 1-3 <ul style="list-style-type: none"> if previous ICU admission, observe for minimum 4 hr 	PRAM 4-7 <ul style="list-style-type: none"> consider admission consider transfer to peripheral paediatrics ward 	PRAM 8-12 <ul style="list-style-type: none"> consider admission, consult Paediatrics or CCRT consider alternative Ddx
	Discharge instructions		
	<ul style="list-style-type: none"> additional systemic steroids <ul style="list-style-type: none"> <input type="checkbox"/> dispense 2nd dose of dexamethasone _____ mg PO x 1 (0.3 mg/kg/dose, max 20 mg/dose) for home use the next day OR <ul style="list-style-type: none"> prescribe predniSONE/predniSOLONE (1mg/kg/day, max 60 mg/day) PO as a single daily dose x 4 more days (consider for patients with previous PICU admissions) recommend salbutamol inhaler (4-8 puffs q4h as needed) recommend inhaled corticosteroids (eg. Flovent) twice daily for 12 weeks review discharge instructions review MDI and spacer technique (resources provided from AboutKidsHealth) follow up with primary care physician for assessment and/or referral to an asthma specialist 		