



Division of Paediatric Emergency Medicine

Asthma Initial Treatment Order Set

For children aged 1-17 years who present to the ED with asthma-like event

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

Time	Interval	PRAM	Signature
	Pre-treatment		
	1 hr post-treatment		

Order time / MD signature	Initial orders	Date:	Time noted / RN signature
Monitoring			
	<input checked="" type="checkbox"/> heart rate, respiratory rate, O ₂ sat <input checked="" type="checkbox"/> PRAM q1h and prn <input type="checkbox"/> consult RRT (consider for PRAM ≥ 5) <input type="checkbox"/> apply continuous SpO ₂ monitoring	<input type="checkbox"/> apply continuous cardiorespiratory monitoring (consider for PRAM ≥ 8) <input type="checkbox"/> consider supplemental oxygen for SpO ₂ < 90%	
	PRAM 1-3	<input type="checkbox"/> salbutamol MDI (100 mcg/puff) inhaled via spacer device 8 puffs x 1	
	PRAM 4-7	<input type="checkbox"/> salbutamol MDI (100 mcg/puff) inhaled via spacer device 8 puffs q15 min x 3	
	PRAM 8-12	<input type="checkbox"/> salbutamol MDI (100 mcg/puff) inhaled via spacer device 8 puffs q15 min x 3 <input type="checkbox"/> IPRAtropium MDI (20 mcg/puff) inhaled via spacer device 4 puffs q15 min x 3	
Corticosteroids (consult eMAR for medications given by medical directive)			
	PRAM 1-12	<input type="checkbox"/> dexamethasone _____ mg PO x 1 (0.3 – 0.6 mg/kg/dose, max 20 mg/dose) <input type="checkbox"/> predNISOLONE (liquid) _____ mg PO x 1 (2 mg/kg/dose, max 60 mg/dose) <input type="checkbox"/> predniSONE (tablet) _____ mg PO x 1 (2 mg/kg/dose, max 60 mg/dose) <input type="checkbox"/> hydrocortisone (IV) _____ mg IV now and q6h (5 mg/kg/dose)	
Magnesium sulfate			
	PRAM 8-12	<input type="checkbox"/> magnesium sulfate _____ mg IV (40 mg/kg/dose, max 2500 mg/dose)	
	<input checked="" type="checkbox"/> MD to reassess in _____ min (max 60 min)		
	<input checked="" type="checkbox"/> repeat PRAM score 1 hour post-initiation of treatment		
1 hour after initiation of treatment			
	PRAM 0-3	PRAM 4-12	
	<ul style="list-style-type: none"> if patient requires additional treatment, refer to <i>Asthma Continuing Treatment Order Set</i> consider discharge if <ul style="list-style-type: none"> mild distress at presentation no co-morbidities no history of ICU admission for asthma <i>and</i> – no other concerns	<ul style="list-style-type: none"> for further treatment, refer to <i>Asthma Continuing Treatment Order Set</i> consult CCRT if patient has impending respiratory failure 	