 Policies:

EMERGENCY DEPARTMENT POLICIES

SUBJECT: Pediatric Emergency Room (PED) Asthma Protocol and Standing Orders

Original Date of Issue: 7/94

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POLICY: All children presenting to the PER with acute exacerbations of asthma will receive appropriate and timely treatment. Known asthmatics over the age of one year will be initially assessed, treated, and monitored by registered nurses in accordance with the following guidelines and standing orders.

IMPLEMENTATION:

1. All patients will have vital signs obtained at triage including blood pressure (as outlined in the Pediatric triage policy), pulse, respiration, and temperature.

2. Initial assessment by RN:
   Heart rate (HR), respiratory rate (RR), peak expiratory flow rate (PEFR), auscultation, use of accessory muscles, dyspnea, alertness, color, O2 saturation. (See attachment 1 for estimation of severity of exacerbation and pediatric respiratory rates.)

   Note: If a patient > 5 years of age is unable to generate PEFR or if a patient presents with severe symptoms, MD is to be notified immediately.

3. For children with mild to moderate distress, provide:
   * Oxygen to keep O2 sat. > 95%
   * Nebulized albuterol with O2 6 liters flow 0.15 mg/kg/dose (max 5mg/in 2.5 cc normal saline) every 20 minutes up to 1 hour. If PEFR > 90% after initial dose, additional doses not necessary.

4. Reassessment by RN:
   HR, RR, PEFR, auscultation, use of accessory muscles, dyspnea, alertness, color, O2 sat.

5. All further treatment will be dictated by specific physician orders.
6. The Emergency Room Asthma Flow Sheet will be utilized to document assessment, treatment and patient response.

Reference:
(National Asthma Education Program. Guidelines for the diagnosis and management of asthma. Bethesda, MD; National Institute of Health; 1991:105. US Department of Health and Human Services publication 91-3042.)