

ASTHMA

I. Exclusion Criteria

- A. New EKG change (except sinus tachycardia)
- B. RR >40
- C. Impending respiratory fatigue/failure
- D. Evidence of CHF
- E. Inability to perform spirometry
- F. ABG's (if obtained) $7.30 < \text{pH} < 7.50$, $\text{pO}_2 < 70$, $\text{pCO}_2 > 45$
- G. Pulse oxymeter < 90% on room air
- H. Bronchospasm due to epiglottitis, aspiration, FB
- I. Temp > 101F

II. OBS Interventions

- A. Serial exams including vital signs every 1-4 hours
- B. Pulse oximeter monitoring
- C. Supplement oxygen
- D. Repeat ABG's if indicated
- E. Hydration
- F. Steroids, bronchodilator
- G. Peak flow

III. Disposition Criteria

HOME

- A. Major resolution of SOB
- B. Resolution of accessory muscle usage
- C. Resolution of most wheezing

HOSPITAL

- A. Deterioration of condition
- B. PEFr deterioration to < 20% expected
- C. RR >35
- D. EKG abnormalities
- E. Pulse oxymeter < 90% on room air x 30 min.

IV. Time Frame

- A. 8-12 hours for observation and treatment

NOT A PART OF THE MEDICAL RECORD

**EMERGENCY DEPARTMENT
OBSERVATION UNIT
Admission Orders**

Addressograph

DIAGNOSIS: ASTHMA

1. Admit to Emergency Department Observation Unit
2. Initial Emergency Department Physician: _____
3. Private Physician: _____ Time Contacted: _____
4. Consult: _____
5. Condition: ___ Stable ___ Serious
6. Copies of Emergency Department H&P on chart
7. Allergies: _____
8. Routine Vital Signs
9. ST segment - continuous monitoring, ___ continuous pulse oximetry
10. Activity: ___ up ad lib ___ Other: _____
11. Diet: ___ Clear liquid, advance as tolerated ___ Regular
 ___ Oral rehydration solution (pedialyte) ___ Other: _____
12. IV Fluids: ___ D5½NS + 20 meq KCl/1000ml at ___ ml/hour
 ___ NS at ___ ml/hour
 ___ Other: _____
13. Medications:
 ___ Tylenol 1 gram po every 6 hours prn pain or fever > 101°
 ___ Tylenol 10mg/kg oral/rectal every 6 hours prn fever > 101°
 ___ Motrin 800 mg po every 6 hours prn pain
 ___ Ultram 50 mg po every 6 hours prn pain
 ___ Maalox 30 cc po every 4 hours prn indigestion
 ___ Phenergan
 ___ 25mg IV every 6 hours prn nausea/vomiting
 ___ 12.5mg IV every 6 hours prn nausea/vomiting
 ___ Zofran
 ___ 4mg IV every 4 hours prn nausea/vomiting
 ___ 0.15mg/kg IV every 4 hours prn nausea/vomiting
 ___ Rocephin 1 gram IV every 24 hours plus Zithromax 500mg IV every day
 ___ Levaquin 500mg IV every 24 hours (only if allergic to cephalosporins)
 ___ Solumedrol 80 mg IV q 8 hours
 ___ Prednisone ___ mg po q day
 ___ Albuterol 1 ud q 3 hours and prn OR ___ Albuterol ___ ud q ___ hours and prn
 ___ Atrovent 1 ud q 6 hours and prn
14. Re-evaluate for discharge every 3 hours
15. Peak Flow before each treatment
16. Oxygen ___ L NC or ___ % VM to keep O2 sat above 94%

Emergency Department Physician Signature

Date/Time

EMERGENCY DEPARTMENT OBSERVATION UNIT

ASTHMA PROGRESS NOTE

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: ASTHMA			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	IV Hydration as indicated		Oxygen as needed
	Serial Exams and Vital Signs		Pulse Oximetry
	Bronchodilators, Steroids		Repeat ABG's as indicated
GOALS OF OBSERVATION PERIOD:			
HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:			
MORNING PLAN			
PRIMARY PHYSICIAN CONTACTED:			
	YES NAME:		
	NO		

ATTENDING SIGNATURE / DATE

**EMERGENCY DEPARTMENT
OBSERVATION UNIT**

**ASTHMA
DISCHARGE NOTE**

Addressograph

DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:

- Serial Exams, Vital Signs, Pulse oximetry
- Bronchodilators
- Steroids
- IV Hydration
- Tolerating PO
- Peak Flow with improvement

PHYSICAL EXAM:

FINAL DIAGNOSIS:

DISPOSITION: Home Admission

DISCHARGE INSTRUCTION GIVEN: Yes No

PRIMARY PHYSICIAN CONTACTED: Yes No

NAME: _____

FOLLOW UP:

ATTENDING SIGNATURE / DATE