

## ASTHMA/BRONCHITIS SS

### RESPIRATORY

- Peak flows - pre and post Bronchodilator Prn [Evidence](#)
- Apply oxygen (O2) with defined parameters to maintain oxygen saturation  $\geq 92\%$

### MEDICATIONS

#### Antibiotic medications

- AZithromycin (Zithromax) 500 mg IVPB Q 24 Hrs
- CefTRIAxone (Rocephin) 1 Gm IVPB Q 24 Hrs
- Doxycycline (Vibramycin) 100 mg Po BID
- Levofloxacin (Levaquin) 750 mg IVPB Q 24 Hrs. Pharmacy to adjust dose per Renal Dosing Protocol.

#### Respiratory medications: Beta-2 Agonists + Anticholinergic Agents

- Duoneb (albuterol 2.5 mg/ipratropium 0.5 mg) 3 mL via nebulizer Q 4 Hrs
- Duoneb (albuterol 2.5 mg/ipratropium 0.5 mg) 3 mL via nebulizer Q 2 Hrs Prn wheezing

#### Respiratory medications: Beta-2 Agonists [Evidence](#)

REMINDER: Use an inhaled short-acting beta-2 agonist for treatment of acute asthma symptoms.

- Albuterol (Proventil) 2.5 mg/0.5 mL via nebulizer Q 4 Hrs
- Albuterol (Proventil) 2.5 mg/0.5 mL via nebulizer Q 2 Hrs Prn wheezing

#### Respiratory medications: Levalbuterol \*Physician to select **ONE** dose only\*

RESTRICTION CRITERIA: Levalbuterol (Xopenex) (please select one criteria if ordering)

- Patients who were on levalbuterol PTA.
- Patients who developed side effects to albuterol (Tachycardia, Tremors, etc.)
- Patients who cannot take albuterol due to side effects (Tachycardia, tremors, etc.)
- Other: \_\_\_\_\_
- Levalbuterol (Xopenex) 0.63 mg via nebulizer Q 6 Hrs while awake
- Levalbuterol (Xopenex) 1.25 mg via nebulizer Q 6 Hrs while awake

#### Respiratory medications: Anticholinergic Agents

- Ipratropium (Atrovent) 0.5 mg via nebulizer Q 4 Hrs
- Ipratropium (Atrovent) 0.5 mg via nebulizer Q 2 Hrs Prn wheezing

#### Respiratory medications: Corticosteroids [Evidence](#)

REMINDER: For patients with acute asthma admitted to the hospital, give systemic corticosteroids. [Evidence](#)

#### \*\*Corticosteroids (Systemic) \*Physician to select **ONE** drug only\*

- PredniSONE 40 mg Po daily
- MethylPREDNISolone (Solu-Medrol) 60 mg IV Push Q 6 Hrs

#### \*\*Corticosteroids (Inhalation) \*Physician to select **ONE** drug only\*

- Beclomethasone (QVAR) 40 mCg/inhalation MDI 2 puffs BID
- Beclomethasone (QVAR) 40 mCg/inhalation MDI 4 puffs BID
- Budesonide (Pulmicort Flexhaler) 90 mCg/inhalation DPI 2 puffs BID
- Budesonide (Pulmicort Flexhaler) 90 mCg/inhalation DPI 4 puffs BID

#### Respiratory medications: Corticosteroids/Beta-2 Agonists – Long-acting Inhalation \*Physician to select **ONE** drug only\*

- Advair (fluticasone/salmeterol) 250/50 DPI 1 puff BID
- Symbicort (budesonide/formoterol) 160/4.5 mCg/inhalation MDI 2 puffs BID

#### Respiratory medications: Leukotriene Receptor Antagonists [Evidence](#)

- Montelukast (Singulair) 10 mg Po at bedtime

Other medications: \_\_\_\_\_

**LABORATORY** – Blood Gas

Arterial Blood Gas (ABG) – STAT

**DIAGNOSTICS** – Radiology

Chest 1 View X-ray (CXR) Portable; STAT Reason for exam: ASTHMA

**MD CONSULTS**

REMINDER: Consider specialty referral to Allergy/Immunologist [Evidence](#) , Pulmonologist)

Consult MD \_\_\_\_\_

Consult MD \_\_\_\_\_

**REMINDERS**

- For all patients discharged from the ED or hospital after an acute exacerbation of asthma, provide appropriate asthma education and a written discharge asthma plan to the patient and caregivers, and schedule a follow-up appointment [Evidence](#)
- Discuss trigger avoidance and how to institute appropriate environmental control measures with the patient [Evidence](#)
- Education, metered-dose inhaler [Evidence](#)
- Education, peak expiratory flow meter [Evidence](#)