CHAMPLAIN LHIN VERSION
ASTHMA CRITICAL PATHWAY
Emergency Department (ED)

Critical pathways are not a substitute for sound professional judgement

Pt Identification

Documentation Codes: ✓ =Completed / Within normal limits; ★ = Significant findings documented; N/A = Not applicable

DATE: **START TIME:** **INITIALS:**

	Aspect of care		Time	Code	Initials
1	**Assessment** document below	Temp, RR, HR and oxygen saturation q 2-4 hours and prn			
		Chest assessment pre and post treatment and prn			
		PRAM score baseline, prn and at discharge			
2	**Tests**	Auger suction for virology if admitted prn			
3	**Treatment / Medications** *Medical Directive	Oxygen to keep 02 saturation > 92%			
		Initiate:* Initial bronchodilator therapy by nurses for known asthmatic pts (Directive # 2017)			
	Change to MDI when PRAM score improves (less than 8)	Initiate:* Bronchodilators for non-asthmatic pts with wheezing in the ED (Directive # 2030)			
		Initiate:* Initial oral Prednisone/Prednisolone by nurses for known asthmatic pts with moderate to severe resp. distress in ED (Directive #2022)			
		Initiate:*Administration of antipyretics by nurses for pts in the ED (Directive #2015)			
4	**Activity**	AAT			
5	**Hydration**	DAT - oral intake as tolerated			
		Intake & output - document on the back			
6	**Education**	Asthma Care Pathway pamphlet (Form #P5323)			
		Asthma in Children booklet given			
		Asthma Action Plan reviewed and given (Form #5012)			
		Appropriate device pamphlet			
7	**Consults**	As ordered			
8	**Discharge Planning**	**Expected outcomes met**			
		-Decrease resp. distress, none-mild			
		-02 saturation > 93 % in room air			
		-Well hydrated and tolerating PO fluid			
		-Good understanding of education			

INCLUSION	EXCLUSION
Alert and oriented	Diagnosis of pneumonia
History of asthma and /or the use of bronchodilator	Chronic conditions (ex:cardiac/neurologic)
>1 yr of age with first episode of wheezing and symptoms of respiratory viral illness	Hypersensitive to salbutamol/ ipratropium bromide
Breathing difficulties(wheezing / retractions / ↓ air entry / ↑ RR)	CTAS Code 1

Patient Weight: **kg.**

Time	Medication	Dose	Route neb/MDI	Initials

			Time												
			Pre / Post (indicate in box below)												
			Temp												
			RR												
			HR												
			*02/ Flow rate												
			0_2 saturation												
PRAM (Pediatric Respiratory Assessment Measure) **score**	Suprasternal retractions	Absent	**0**												
		Present	**2**												
	Scalene retractions	Absent	**0**												
		Present	**2**												
	Wheezing	Absent	**0**												
		Expiratory	**1**												
		Inspiratory and expiratory	**2**												
		Audible without a stethoscope / Absent with no air entry	**3**												
	Air entry	Normal	**0**												
		Decrease at bases	**1**												
		Widespread ↓	**2**												
		Absent/minimal	**3**												
	Oxygen saturation	≥ 95%	**0**												
		92-94%	**1**												
		< 92%	**2**												
	PRAM score (Max =12)														
			***Medication(s)**												
			Initials												

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*KEY: Medications: **V**= Ventolin/Salbutamol; **A**=Atrovent/Ipratropium Bromide O2: Nasal Prong (N); Mask (M)

Date	Time	Aspect of care	Clinical documentation / Comments

INTAKE									OUTPUT			
Time	**Solution**	**Additives**	**Rate**	**Site √**	**VTBI**	**Total VI**	**Disc'd**	**PO Intake**	**Urine**	**Emesis/NG**	**Stools**	**Initials**

Hrs of Care	Initials	Signature