

EMERGENCY DEPARTMENT POLICIES

SUBJECT:	Adult Emergency Department (AED)	NO. 42.3
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Reviewed:	8/96	8/97	11/98	10/99	1/03		
Revised:	9/95	8/00	4/06				

Patient Population

Neonate	
Pediatric	
Adolescent	
Adult	√
Geriatric	√

POLICY: All adults presenting to the AED with the acute exacerbations of asthma will receive appropriate and timely treatment. Previously diagnosed asthmatics will be triaged, assessed, treated, and monitored by registered nurses in accordance with the following guidelines and standing orders.

IMPLEMENTATION:

1. Patients complaining of asthma exacerbation will be triaged immediately to the acute area if in moderate to severe respiratory distress. Otherwise they may be triaged and immediately sent to Urgent care.
2. Initial assessment by R.N.: heart rate, respiratory rate, peak expiratory flow rate (PEFR), lung sounds, alertness, and oxygen saturation. The MD/Nurse Practitioner is to be notified immediately if the patient presents with:
 - a. severe symptoms
 - b. an O₂ saturation < 93%
 - c. a temperature ≥ 38.4C
 - d. another organ system complaint
3. For adults with mild-to-moderate distress, begin nebulized albuterol 2.5 mg (0.5cc of a 0.5% solution), diluted with 2-3cc of normal saline, every twenty to thirty minutes x 3, then q1h x 2 unless otherwise directed by the MD/Nurse Practitioner.
4. All treatments are to be given using oxygen nebulization (check with MD/Nurse Practitioner if patient has COPD).
5. A pulse check must be done after each treatment (notify MD/Nurse Practitioner if pulse ≥ 140).

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6. For adults with severe distress, begin nebulized albuterol as above and notify the MD/PA immediately. If the patient is in the asthma room, consider transferring the patient to critical care or acute care.

7. Reassessment by RN: PEFr, lung sounds and vital signs, including blood pressure, pulse and respiratory rate, will be monitored every 4 hours, or more often at the discretion of the RN or by order of the MD/PA.

8. All further treatment will be dictated by specific MD/PA orders.