1. **Admit: \_\_HDU**

 **\_\_ICU**

 **\_\_Acute 8 Ward.**

1. **Diagnosis:** Exacerbation of asthma

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1. **Condition: \_\_Critical**

 **\_\_Serious**

 **\_\_Fair**

 **\_\_stable.**

1. **Vital Signs:** q6h.

Call physician if

P >140;

R >30, <10;

T >38.5 ’C;

pulse oximeter <90%

1. **Activity:** Up as tolerated.

 **6. Nursing:** Pulse oximeter, bedside peak flow rate

before and after bronchodilator treatments.

1. **Diet:** Regular, no caffeine.
2. **IV Fluids:** D5 ½ NS at 125 cc/h.

 9. **Special Medications:**

-Oxygen 2 L/min by NC. Keep O2 sat >90%.

**Beta-Agonists, Acute Treatment:**

-Albuterol (Ventolin) 0.5 mg and ipratropium

(Atrovent) 0.5 mg in 2.5 mL NS q1-2h until peak

flow meter >200-250 L/min and sat >90%, then q4h

**OR**

-Albuterol (Ventolin) MDI 3-8 puffs, then 2 puffs q3-6h

prn, or powder 200 mcg/capsule inhaled qid OR

-Albuterol/Ipratropium (Combivent) 2-4 puffs qid.

**Systemic Corticosteroids:**

-Methylprednisolone (Solu-Medrol) 60-125 mg IV q6h;

then 30-60 mg PO qd. **OR**

-Prednisone 20-60 mg PO qAM.

**Aminophylline and Theophylline (second-line therapy):**

-Aminophylline load dose: 5.6 mg/kg **total** body

weight in 100 mL D5W IV over 20 min. Maintenance

of 0.5-0.6 mg/kg **ideal** body weight/h (500

mg in 250 mL D5W); reduce if elderly, heart/liver

failure (0.2-0.4 mg/kg/hr). Reduce load 50-75% if

taking theophylline (1 mg/kg of aminophylline will

raise levels 2 mcg/mL) **OR**

-Theophylline IV solution loading dose 4.5 mg/kg **total**

body weight, then 0.4-0.5 mg/kg **ideal** body

weight/hr.

-Theophylline (Theo-Dur) 100-400 mg PO bid (3

mg/kg q8h); 80% of total daily IV aminophylline in 2-

3 doses.

**Maintenance Inhaled Corticosteroids (adjunct therapy):**

-Advair Diskus (fluticasone/salmeterol) one puff bid

[doses of 100/50 mcg, 250/50 mcg, and 500/50

mcg]. Not appropriate for acute attacks.

-Beclomethasone (Beclovent) MDI 4-8 puffs bid, with

spacer 5 min after bronchodilator, followed by

gargling with water.

-Triamcinolone (Azmacort) MDI 2 puffs tid-qid or 4

puffs bid.

-Flunisolide (AeroBid) MDI 2-4 puffs bid.

-Fluticasone (Flovent) 2-4 puffs bid (44 or 110

mcg/puff).

**Maintenance Treatment:**

-Salmeterol (Serevent) 2 puffs bid; not effective for

acute asthma because of delayed onset of action.

-Pirbuterol (Maxair) MDI 2 puffs q4-6h prn.

-Bitolterol (Tornalate) MDI 2-3 puffs q1-3min, then 2-3

puffs q4-8h prn.

-Fenoterol (Berotec) MDI 3 puffs, then 2 bid-qid.

-Ipratropium (Atrovent) MDI 2-3 puffs tid-qid.

**Prevention and Prophylaxis:**

-Cromolyn (Intal) 2-4 puffs tid-qid.

-Nedocromil (Tilade) 2-4 puffs bid-qid.

-Montelukast (Singulair) 10 mg PO qd.

-Zafirlukast (Accolate) 20 mg PO bid.

-Zileuton (Zyflo) 600 mg PO qid.

**Acute Bronchitis**

-Ampicillin/sulbactam (Unasyn) 1.5 gm IV q6h **OR**

-Cefuroxime (Zinacef) 750 mg IV q8h **OR**

-Cefuroxime axetil (Ceftin) 250-500 mg PO bid **OR**

-Trimethoprim/sulfamethoxazole (Bactrim DS), 1 tab

PO bid **OR**

-Levofloxacin (Levaquin) 500 mg PO/IV PO qd [250,

500 mg].

-Amoxicillin 875 mg/clavulanate 125 mg (Augmentin

875) 1 tab PO bid.

**10. Symptomatic Medications:**

-Docusate sodium (Colace) 100 mg PO qhs.

-Famotidine (Pepcid) 20 mg IV/PO q12h **OR**

-Lansoprazole (Prevacid) 30 mg qd.

-Acetaminophen (Tylenol) 325-650 mg PO q4-6h prn

headache.

-Zolpidem (Ambien) 5-10 mg qhs prn insomnia.

**11. Extras:** Portable chest xray,

 ECG,

 pulmonary function tests before and after bronchodilators;

 pulmonary rehabilitation;

 impedance cardiography,

 echocardiogram.

**12. Labs:** ABG,

 CBC with eosinophil count,

 SMA7,

 B-type natriuretic peptide (BNP).

 Theophylline level stat and after 24h of

 infusion.

 Sputum Gram stain, C&S.