



Emergency Department
ASTHMA CRITICAL PATHWAY

Critical pathways are not a substitute for sound professional judgement										
Documentation Codes:		<input checked="" type="checkbox"/> = Completed / Within normal limits								
N/A or <input type="checkbox"/> = Not Applicable		<input checked="" type="checkbox"/> = Significant findings documented on back								
DATE:		START TIME:		Night	Day	Evening				
Expected Outcomes		-Decrease resp. distress, none-mild -O ₂ saturation > 95 % in room air -Well hydrated and tolerating po fluid -Good understanding of education		Code	Initials	Code	Initials	Code	Initials	
Aspect of care				Code	Initials	Code	Initials	Code	Initials	
1	Assessment	Chest assessment pre-post treatment Temp, RR & HR q 2-4 hours and prn O ₂ saturation prn								
Pt Identification										
				Patient Weight:				kg.		
2	Tests	Auger suction for virology if admitted PFT (pt > 6 years old) as ordered								
3	Treatment / Medications	Oxygen to keep O ₂ saturation > 92% Salbutamol MDI with spacer as ordered Salbutamol by inh.as per medical directive/order Ipratropium MDI with spacer as ordered Ipratropium by inh.as per medical directive/order Dexamethasone / Prednisone daily as ordered Antipyretic as per medical directive/order								
4	Activity	AAT								
5	Hydration	DAT - encourage oral intake Intake & output prn I.V. as ordered D/C IV prior to discharge								
6	Education	Asthma Care Pathway pamphlet reviewed Asthma booklet given Device : age appropriate, technique, care & pamphlet Medication: why, when and how								
7	Consults	ICU / Social Work Service / Chest Clinic as ordered								
8	Discharge Planning	Expected outcomes met ED Discharge Info. sheet given Action Plan given and reviewed prn								
Pre- Assessment	Time									
	Temp									
	RR									
	HR									
	O ₂ *									
	Flow rate									
	O ₂ saturation									
	Exp. wheeze									
	Insp. wheeze									
	Retractions									
	Air Entry									
	Color									
	Medication(s)*									
	INITIALS									
Post-Assessment	Time									
	RR									
	HR									
	O ₂ saturation									
	Exp. wheeze									
	Insp. wheeze									
	Retractions									
	Air entry									
	PT respond to tx? (Y / N)									
	INITIALS									

		2200-0600	0600-1400	1400-2200	TOTAL	Hrs of Care	Init.	Signature
INTAKE	PO/Enteral							
OUTPUT	Urine							
	Stool							
	Emesis							
RESPIRATORY DISTRESS RATING SCALE								
	0	1	2	3				
Wheezes	None	Mild	Moderate	Severe				
Retractions	None	Mild	Moderate	Marked				
Air Entry	Good	Fair	Poor					
Color	Pink	Pale	Dusky					