



PHYSICIAN'S ORDER SHEET

Continuous Nebulized Salbutamol in Adult ICU Printed Physician Orders

These orders are to be used as a guideline and do not replace sound clinical judgment and professional practice standards.

Patient allergy and contraindications must be considered when completing these orders.

Standard orders. *If not in agreement with an order, cross out and initial.* Requires a check (✓) for activation.

Inclusion Criteria:

- Failure of conventional bronchodilator therapy (Repeated dose MDI example 8 puffs every 20 minutes or frequent nebulizer treatments)
- For severe asthma exacerbation or status asthmaticus or severe COPD exacerbation.

Contraindications to Continuous Nebulized Salbutamol:

- Current ventricular or supraventricular tachyarrhythmias
- Allergy to salbutamol
- Profound uncorrected hypokalemia (Potassium less than 3 mmol)
- Development of lactic acidosis due to excess beta agonist

Discontinuation of Treatment:

- Decrease in peak airway pressure
- Decrease in airway resistance
- Reduction in intrinsic PEEP
- Decrease in PCO₂

Drug Allergies ▶

ORDER
TRANSCRIBED
AND
ACTIVATED

DATE TIME

Patient's Height _____

Patient's Weight _____

R

MEDICATION ORDERS
TO BE INITIATED OR DISCONTINUED



TEST
DONE

GENERAL ORDERS

PAGE 1 OF 1

DATE

TIME

- Salbutamol _____ mg/hr
(suggested 5 - 15 mg/hr) continuously via volume
neutral-small particle size nebulizer.
To be reassessed every 4 hours.

Nursing Care and Monitoring Orders:

- Cardiac Monitoring
- Oxygen Saturation Monitoring
- Assess nebulizer reservoir chamber to ensure volume and for misting q1hr.
- Document QT interval q Shift and as needed.

Laboratory Assessment:

- Baseline serum chemistry including Magnesium and Phosphate (if not done within 6 hours)
- Baseline Blood Gas (venous or arterial) including Lactate (if not done within 2 hours)
- Blood Gas (venous or arterial) including Lactate and Potassium q4h.
- Serum chemistry including Magnesium and Phosphate q8h

PHYSICIAN'S SIGNATURE _____ MD

PRINTED NAME _____ MD

GENERIC EQUIVALENT AUTHORIZED

TRANSCRIBED: REVIEWER:

FAXED DATE: TIME: INITIALS: