

Standing Order

TITLE	ASTHMA
LOCATION	LORNE COMMUNITY HOSPITAL – All Areas of the Facility
STANDING ORDER No:	4
VERSION	1
VARIATIONS FROM PREVIOUS VERSION	NIL

Governance

Enactment date	/ /		
Expiry: (maximum of 36 Months from date of original Approval)	13/8/07		
Drug and Therapeutics Committee Endorsement Date	/ /		
Chairperson, Drug and Therapeutic Committee (Clinical Services)	Signature	Name	Date
Completion of Process for removal of previous version of Standing Order	Signature	Authority	Date
Approved Standing Order Distributed	Signature	Authority	Date

Staff Requirements and Authorisation

AS PER LORNE COMMUNITY HOSPITALS “STANDING ORDER POLICY”

ALS endorsed Nurse have all undertaken education in the diagnosis and management of acute asthma. This includes theoretical and practical sessions in:

- Theoretical and practical sessions in identifying mild, moderate and severe asthma
- Recommended management for each category
- The Drugs, doses and side effects
- Signs and symptoms of successful treatment
- Signs and symptoms of deterioration in condition

Application of the Standing Order

When use of this standing Order Is applicable	When a Medical Officer is not immediately available and a client is presenting with Shortness of breath associated with Asthma.
Other Relevant Standing Orders	Cardiopulmonary Arrest Standing Order
Links	<ul style="list-style-type: none">❑ Emergency Management of Asthma (Poster in UCS)❑ Emergency Nursing Guidelines 2001 3rd Edn – DHS Vic❑ Lorne Community Hospital Asthma Management Protocol

Basis for Standing Order

To allow for the treatment of clients suffering potentially fatal conditions by the Lorne Community Hospital nursing staff, despite a Doctor not being immediately available.

The immediate treatment of life threatening Asthma by drug therapy has been well documented, with early interventions producing the best possible outcomes for the patient. Asthma can be described as Mild, Moderate and Severe (Life Threatening). Severe Asthma can cause death if left untreated.

References

1. The Advanced Life Support Committee of the Australian Resuscitation Council. Guideline 8.15 July 1998
2. Australian Medicines Handbook 2001
3. The National Asthma Foundations Emergency Asthma Management Guidelines
4. MIMMS
5. Emergency Nursing Guidelines 2001 3rd Edition

Author	Name Helen Lawrie	Position Associate Charge Nurse
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Administration of Salbutamol

Clinical Condition and Circumstances for use	Severe & Life Threatening Asthma as defined by the Emergency Nursing Guidelines 2001 and the National Asthma Foundations Emergency Asthma Management Guidelines (UCS P (Unable to speak, use of accessory muscles, Dyspnoea etc)									
Limitations										
Area of application	Hospital Inpatients UCS Residential Care District Nursing Service									
Contra-indications	<ul style="list-style-type: none"> ❑ Known allergy to Salbutamol ❑ Exemption from standing order 									
Monitoring	Continuous cardiac monitoring, SAO ₂ , pulse rate, NIBP, Peak flow appropriate, & respiratory rate/effort									
Procedure	<ul style="list-style-type: none"> ❑ Reassure the Patient ❑ O₂ @ 8L via face mask ❑ Check for allergies ❑ Administer via nebuliser with high flow O₂ (Dilute with N/Saline up to at least 4mls in chamber) ❑ Establish IV Access ❑ Document change in clinical condition. ❑ Urgent consult with medical officer 									
Documentation	All drugs administered as part of resuscitation are recorded and signed on medication section of the A&E patient form. The Nurse who administers the drug is to write “Standing Order” in the section provided for Doctors signature									
Dosage	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">ADULTS</th> <th style="width: 35%; text-align: center;">CHILDREN</th> </tr> </thead> <tbody> <tr> <td><u>SEVERE</u></td> <td style="text-align: center;">5 – 10 mg Every 20 minutes</td> <td style="text-align: center;">2.5 –5 mgs Every 20 minutes</td> </tr> <tr> <td><u>LIFE THREATENING</u></td> <td colspan="2" style="text-align: center;">Continuous Nebulised Salbutamol</td> </tr> </tbody> </table>		ADULTS	CHILDREN	<u>SEVERE</u>	5 – 10 mg Every 20 minutes	2.5 –5 mgs Every 20 minutes	<u>LIFE THREATENING</u>	Continuous Nebulised Salbutamol	
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Management of Complications	Commence appropriate ALS resuscitative measures and notify Medical Officer.									

NB : Do not delay notification of the Medical Officer