

PHYSICIAN ORDERS FOR

Study Protocol:

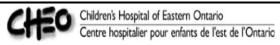
dexamethasone versus predniSONE for

asthma treatment in the pediatric inpatient population; a feasibility study.		
Protocol: June 2018		
CHEOREB#17/08E	Patient Identification	
	r alient identification	
Study ID #: PredDex		
Allergies:	Weight:kg	
First dose of systemic corticosteroid in ED received at (date and time):/:		
Randomized to predniSONE/prednisoLONE:		
*Deviations of up to 10% of the recommended mg dose per kilogram will be permitted for the purpose of the pharmacist rounding to available dosage forms		
Discontinue oral steroid treatment for asthma ordered upon admission (to avoid duplication of therapy)		
predniSONE or prednisoLONE mg (** 0.5 mg upon initial prescribing) PO daily x 4 days starting (ED), and at least 6 hours after dose of IV steroids in For Pharmacy Use Only – Dispense:		
□ predniSONE 1 mg tablet		
□ predniSONE 5 mg tablet		
□ prednisone 50 mg tablet		
□ predniSONE 5 mg/mL oral suspension		
□ prednisoLONE 1 mg/mL oral solution		
PHYSICIAN SIGNATURE PRINT NAME OF	PHYSICIAN DATE & TIME	

□ Original Copy – Chart □ Copy to Pharmacy

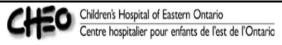
Date: July 2018

Created by: DG/RV



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Study Protocol: dexamethasone versus predniSONE for asthma treatment in the pediatric inpatient		
population; a feasibility study.		
Protocol June 2018		
CHEOREB#17/08E	Patient Identification	
Study ID #: PredDex		
Allergies:	Weight:kg	
First dose of systemic corticosteroid in ED received at (date and time):/:		
Randomized to dexamethasone:		
*Deviations of up to 10% of the recommended mg dose per kilogram will be permitted for the purpose of the pharmacist rounding to available dosage forms		
Discontinue oral steroid treatment for asthma ordered upon admission (to avoid duplication of therapy)		
TOP UP DOSE (for patients receiving prednisone/prednisolone OR dexamethasone in ED to a target of 0.6 mg/kg TOTAL dexamethasone or equivalent)		
NOTE: Please verify steroid and mg/kg dose in EPIC before ordering. If patient received dexamethasone 0.6 mg/kg/dose (OR more than 16 mg) in ED or IV steroids, DO NOT GIVE TOP UP DOSE . Standard doses according to the ED Medical Directive are 0.3 mg/kg/dose of dexamethasone (MAX 10 mg) and 2 mg/kg/prednisone/prednisolone (MAX 50 mg).		
IF RECEIVED DEXAMETHASONE IN ED:		
Dose: mg ÷ kg (pt weight) = (A) mg/kg/dose	
☐ Top-up dose NOT REQUIRED (received 0.6 mg/kg/do	se OR greater or equal to 16 mg in ED)	
□ Top-up dose REQUIRED (mg (0.6 mg/kg/do	se) (A) mg/kg/dose = (B) mg/kg/dose)	
Dexamethasone mg ((B) mg/kg/dose; MAX 16 mg/dose INCLUDING dose received in ED; Dose to be rounded to the nearest 0.25 mg upon initial prescribing) PO x 1 STAT upon randomization		
THEN		
Dexamethasone mg (0.6 mg/kg/dose; MAX 16 PO x 1 dose 24 hours after first dose of steroid in ED	mg; Dose to be rounded to the nearest 0.25 mg upon initial prescribing)	
For Pharmacy Use Only – Dispense:		
□ dexamethasone 0.5 mg tablet		
□ dexamethasone 4 mg tablet		
□ dexamethasone 1 mg/mL oral suspension		
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FOR Study Protocol: dexamethasone versus predniSONE for asthma treatment in the pediatric inpatient population; a feasibility study.		
Protocol June 2018 CHEOREB#17/08E	Patient Identification	
Study ID #: PredDex		
Allergies:	Weight:kg	
First dose of systemic corticosteroid in ED received at (date and time):/:		
Randomized to dexamethasone:		
*Deviations of up to 10% of the recommended mg dose per kilogram will be permitted for the purpose of the pharmacist rounding to available dosage forms		
Discontinue oral steroid treatment for asthma ordered upon admission (to avoid duplication of therapy)		
TOP UP DOSE (for patients receiving prednisone/prednisolon/dexamethasone or equivalent)	e OR dexamethasone in ED to a target of 0.6 mg/kg TOTAL	
Patient who received IV steroids in ED do not qualify for top up dose.		
NOTE: Please verify steroid and mg/kg dose in EPIC before ordering. Standard doses according to the ED Medical Directive are 0.3 mg/kg/dose of dexamethasone (MAX 10 mg) and 2 mg/kg/prednisone/prednisolone (MAX 50 mg).		
IF RECEIVED PREDNISONE/PREDNISOLONE IN ED:		
Dexamethasone mg (0.3 mg/kg/dose; MAX 8 mg; Dose to be rounded to the nearest 0.25 mg upon initial prescribing) PO x 1 STAT upon randomization		
THEN		
Dexamethasone mg (0.6 mg/kg/dose; MAX 16 PO x 1 dose 24 hours after first dose of steroid in ED	mg; Dose to be rounded to the nearest 0.25 mg upon initial prescribing)	
For Pharmacy Use Only – Dispense:		
□ dexamethasone 0.5 mg tablet		
□ dexamethasone 4 mg tablet		
□ dexamethasone 1 mg/mL oral suspension		
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