

**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

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 (1 mg/kg/dose; MAX 50 mg; **Dose to be rounded to the nearest 0.5 mg upon initial prescribing**) PO daily x 4 days starting 24 hours after first dose in Emergency Department (ED), and at least 6 hours after dose of IV steroids in ED.

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

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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/dose OR greater or equal to 16 mg in ED)
- Top-up dose **REQUIRED** (_____ mg (0.6 mg/kg/dose) - _____ (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 mg; **Dose to be rounded to the nearest 0.25 mg upon initial prescribing**) PO x 1 dose 24 hours after first dose of **steroid** in ED

For Pharmacy Use Only – Dispense:

- dexamethasone 0.5 mg tablet
- dexamethasone 4 mg tablet
- dexamethasone 1 mg/mL oral suspension

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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)

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 mg; Dose to be rounded to the nearest 0.25 mg upon initial prescribing)
PO x 1 dose 24 hours after first dose of **steroid** in ED

For Pharmacy Use Only – Dispense:

- dexamethasone 0.5 mg tablet
- dexamethasone 4 mg tablet
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