

PHYSICIAN'S ORDERS

DRUG ALLERGIES _____

ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND ~
CONTENT MAY BE DISPENSED UNLESS CHECKED

Date & Time Ordered	ORDERS AND SIGNATURE	Page 1 of 2
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Ventilator Order Set

1. Admit to Intensive Care
2. Admitting MD: _____
3. Diagnosis _____
4. Allergies _____
5. Code Status _____

Respiratory

6. Ventilator Settings
 - Mode Assist Control
 - SIMV
 - Pressure Support
 - Bipap, IPAP at _____ cmH2O, EPAP at _____ cmH2O Back up Rate _____
 - Other _____

VT _____ (notify physician if peak airway pressure >45 cm H2O)
Rate _____ breaths per minute
PEEP _____ cm H2O
Pressure support _____ cm H2O

7. Wean per protocol
8. Titrate FIO2 to keep SpO2 \geq 90% or _____
9. ABG's prn with status changes or ventilator changes
10. Brochodialator Therapy _____
11. ETCO2
12. Pulmonary Consult

Nutrition

13. Nutrition Consult
14. Initiate enternal feedings with Pulmocare Jevity or Osmolite or Other _____
at _____ cc/hr. Increase rate by _____ cc/hr every _____ hours until rate of _____ cc/hr is
achieved.
15. Check residuals every 4 hours
16. Hold tube feedings for residual > _____
17. Daily Weights
18. Intake and Output
19. Metabolic Comp. Potassium, Mg, PO4, and CBC every Monday.

Activity

20. Occupational Therapy evaluate and treat
21. Physical Therapy evaluate and treat
22. Special activity restrictions _____

Date _____

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Ventilator Order Set

Analgesia/Sedation/Hypnotic

- 22. Daily Sedation Vacation at 0400 to 0700
- 23. Ativan _____ mg I.V. every _____ hours prn as needed for sedation
- 24. Morphine _____ mg I.V. every _____ hours prn as needed for pain
- 25. Ambien 5 mg N.G. QHS prn. Repeat x 1 in 30 minutes if no results
- 26. Other _____

Medications

- 27. I.V. Solution _____
- 28. GI Prophylaxis _____
- 29. Lovenox 40mg SQ every day
- 29. Other _____

Lab and Radiology Orders

- 30. ABG's daily and _____
- 31. CBC and Basic Metabolic Daily
- 32. Other Labs _____
- 33. CXR daily
- 34. Other Radiology Orders _____

Nursing

- 35. Oral care Q2 hours and PRN
- 36. Ted Hose and SCD's
- 37. Head of Bed > 30 degrees at all times
- 38. Rotate patient every 2 hours
- 39. Other orders _____

Date _____

Physician Signature _____