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St.	Henry Ford Wyandotte Hospita Physician Orders ntilator Initiation Orders	Check here if STAT		[/	AFFIX PATIENT ID LAB	EL]
loted	Orders preceded by a will be init order to indicate not applicable.	iated only if checked.	All bulleted orders w	vill be initiated un	less a line is drawn throu	ugh the
	Alleged Allergies:					
	Diagnosis:					
	Intensive Attending Physician:		Pager/P	hone:		
	☐ Consultants:					
•	Code Status: Full Code	☐ See Lin	nitation of Treatme	nt form		
	Informed Consent: Obtain signature of info	rmed consent for tre	eatment, procedure	e, blood and blo	ood products	
	☐ STAT Portable Chest Xray (F)	PCXR) post intubation	n verify tube place	ement		
	□ PCXR daily while on ventilat□ PCXR in a.m. Labs:		m, verny tabe place			
	□ PCXR daily while on ventilat□ PCXR in a.m.	lagnesium CBC The Magnesium Coulse oximetry as indicated by chaic Control Protocol	with differential □ □ CBC with differen	Phosphorus □	□ Phosphorus □ Ele	ctrolytes
	□ PCXR daily while on ventilate □ PCXR in a.m. Labs: □ STAT LABS: □ CMP □ M □ Other □ Other □ Other □ Other □ ABG's NOW, correlate with p □ ACCU Check- Tight Glycemic □ Accu Check with sliding sca Nursing Care Instructions: • Head of the bed at 30-45° at a • Teeth brushing every 12 hours • Every two hours use oral swa • Vital signs, Routine Intensive • Daily Weight • Foley to dependent drainage • Nasogastric Tube • Dietary consult • Sedation Management: Hold to +2 and if need for secupwards until RASS sca	lagnesium CBC T Magnesium Culse oximetry as indicated by charts Control Protocol ale protocol level all times s bs for the mouth Care Unit	with differential CBC with differential nges in ventilator s	Phosphorus Intial I FBS ettings or clinical	□ Phosphorus □ Election al condition dation Score (RASS) is	s +1
	□ PCXR daily while on ventilate □ PCXR in a.m. Labs: □ STAT LABS: □ CMP □ M □ Other □ Other □ Other □ Other □ ABG's NOW, correlate with p □ ABG's daily as needed and a □ Accu Check- Tight Glycemic □ Accu Check with sliding sca Nursing Care Instructions: • Head of the bed at 30-45° at a • Teeth brushing every 12 hours • Every two hours use oral swa • Vital signs, Routine Intensive • Daily Weight • Foley to dependent drainage • Nasogastric Tube • Dietary consult • Sedation Management: Hold to +2 and if need for ser	lagnesium CBC T Magnesium Culse oximetry as indicated by charts Control Protocol ale protocol level all times s bs for the mouth Care Unit	with differential CBC with differential nges in ventilator s	Phosphorus Intial I FBS ettings or clinical	□ Phosphorus □ Election al condition dation Score (RASS) is	s +1
□ Verbal	□ PCXR daily while on ventilate □ PCXR in a.m. Labs: □ Other □ ABG's NOW, correlate with pure ABG's daily as needed and a Accu Check- Tight Glycemic □ Accu Check with sliding scate Nursing Care Instructions: ■ Head of the bed at 30-45° at a Teeth brushing every 12 hours ■ Every two hours use oral sware Vital signs, Routine Intensive ■ Daily Weight ■ Foley to dependent drainage ■ Nasogastric Tube ■ Dietary consult ■ Sedation Management: Hold to +2 and if need for sequence upwards until RASS scate □ TED Hose ■ Activity/Mobility: □ Physical Therapy consult	lagnesium	with differential CBC with differential nges in ventilator s 0730 until Richmol start sedation at 1/3	Phosphorus Intial I FBS ettings or clinical	□ Phosphorus □ Election al condition dation Score (RASS) is	s +1

+	Henry Ford Wyandotte Hospital Check here
Ve	Physician Orders if STAT AFFIX PATIENT ID LABEL]
Noted	Orders preceded by a \square will be initiated only if checked. All bulleted orders will be initiated unless a line is drawn through the order to indicate not applicable.
	Alleged Allergies:
	Diagnosis:
	Level of Care: • Intensive
	☐ Attending Physician: Pager/Phone:
	Consultants: Reason:
	Code Status: ☐ Full Code ☐ See Limitation of Treatment form Informed Consent:
	Obtain signature of informed consent for treatment, procedure, blood and blood products
	□ PCXR in a.m. Labs: □ STAT LABS: □ CMP □ Magnesium □ CBC with differential □ Phosphorus □ Electrolytes □ Other
	 □ DAILY LABS: □ BUN/CREAT □ Magnesium □ CBC with differential □ FBS □ Phosphorus □ Electrolytes □ Other □ □ ABG's NOW, correlate with pulse oximetry □ ABG's daily as needed and as indicated by changes in ventilator settings or clinical condition □ Accu Check- Tight Glycemic Control Protocol □ Accu Check with sliding scale protocol level
	Nursing Care Instructions: Head of the bed at 30-45° at all times Teeth brushing every 12 hours Every two hours use oral swabs for the mouth Vital signs, Routine Intensive Care Unit Daily Weight Foley to dependent drainage Nasogastric Tube Dietary consult Sedation Management: Hold sedation daily after 0730 until Richmond Agitation Sedation Score (RASS) is +1 to +2 and if need for sedation continues, restart sedation at ½ the previously effective dose and titrate upwards until RASS score is achieved
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	□ TED Hose Activity/Mobility: □ Physical Therapy consult
□ Verba	☐ TED Hose Activity/Mobility: ☐ Physical Therapy consult Taken and

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COR	Henry Ford Wyandotte I Physician O	- :£ CTAI	· · · I	[A	FFIX PATIENT ID LABEL			
Noted	Orders preceded by a worder to indicate not appli		necked. All bulleted ord	ers will be initiated unl	ess a line is drawn through th			
	Diet: ☐ Nothing by mouth ☐ Start Tube Feeding of ml/hour residual volumes are gre ☐ Start Hyperalimentar	. Check residual volu eater than 250ml.	mes every 2 hours a		our to a goal of until goal is reached. Hold			
	Medications: Peptic Ulcer Disease F Famotidne (Pepcid) Sucralfate (Carafate) Other Deep Vein Thrombosis Enoxaparin (Loveno) Heparin 5000 units s Sequential Compress	20mg IV every 1 1mg orally/NGT eve Prophylaxis, CHOO x) mg subcutaneous every_	hours ryhours PSE ONE: subcutaneous every	24 hours				
	□ Other	OOSE ONE: 2 mg IVP every hour a audid) 0.5-1 mg IVP a	as needed for pain every 3 hours as nee	·	raic or for SBP less			
	 □ Hatoperidol (Haldol) 0.5-1 mg IVP as needed every 6 hours. Hold if patient is lethargic or for SBP less than 100 □ Other 							
	□ Lorazepam (Atvan) 1□ Propofol (Diprivan) I	1-2 mg IVP every hou -2 mg IVP every hou / drip: Initiate 5mcg/l I prescribed RASS so	r as needed for ventikg/minute titrate in incore. Do not exceed	lation sedation crements of 5-10 mo 70 mcg/kg/minute.	g/kg/minute every 5 minut			
	+4 Combative: Overl +3 Very Agitated: Pu +2 Agitated: Frequer +1 Restless: Anxious 0 Alert and Calm -1 Drowsy: Not fully a -2 Light Sedation: Bi -3 Moderate Sedation: No -5 Unrousable: No reserved	y combative or violent lls at tubes or catheton it non-purposeful most or apprehensive, but alert; eye contact to vielly awakens (10 secons Any movements (10 o response to voice,	nt, immediate danger ers, aggressive beha vement or patient-ve t movements not agg voice, sustained (grea conds), with eye con by no eye contact) to any movement to ph	to staff vior towards staff entilator desynchroniz gressive or vigorous ater than 10 seconds tact to voice	re			
□ Verbal	☐ Phone Order of: —	Taken Read		Date:	Time:			
Noted by	/:		Dat	:e:Ti	me: —			

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SØ.	Henry Ford Wyandotte Ho Physician Ord	- :4 CTA1	· · · I	[/	AFFIX PATIENT ID LABEL
Noted	Orders preceded by a ☐ will order to indicate not applica		necked. All bulleted ord	lers will be initiated un	lless a line is drawn through th
	Diet: ☐ Nothing by mouth ☐ Start Tube Feeding die ☐ ml/hour. (residual volumes are grea ☐ Start Hyperalimentation	Check residual volu ter than 250ml.	mes every 2 hours a		our to a goal of I until goal is reached. Hold
	Medications: Peptic Ulcer Disease Pr Famotidne (Pepcid) 20 Sucralfate (Carafate) Other Deep Vein Thrombosis F Enoxaparin (Lovenox) Heparin 5000 units su Sequential Compress	Omg IV every Img orally/NGT eve Prophylaxis, CHOC mg s bcutaneous every_ on Stockings	hours ryhours DSE ONE: subcutaneous everyhours	 24 hours	
	□ Other Pain Management, CHO □ Morphine Sulfate 1-2 □ Hydromorphone (Dilate of the part of th	OSE ONE: mg IVP every hour a udid) 0.5-1 mg IVP o	as needed for pain every 3 hours as nee	<u> </u>	
	☐ Hatoperidol (Haldol) 0than 100☐ Other	.5-1 mg IVP as nee	ded every 6 hours. F	lold if patient is letha	argic or for SBP less
	Sedation Management, Midazolam (Versed) 1- Lorazepam (Atvan) 1-	-2 mg IVP every hou 2 mg IVP every hou drip: Initiate 5mcg/l prescribed RASS so a sedation level of combative or violer at tubes or cathete non-purposeful mo or apprehensive, but ert; eye contact to verily awakens (10 sec : Any movements (I response to voice,	r as needed for vent kg/minute titrate in ir core. Do not exceed per Rich per Rich t, immediate dangerers, aggressive behavement or patient-vent movements not agrouped to the conds, with eye conds on the conds of	lation sedation acrements of 5-10 mm and Agitation Set to staff which to staff entilator desynchroning gressive or vigorous atter than 10 secondatact to voice to voice	ize
	I □ Phone Order of: ——	Taken		Date:	Time:
☐ Verba		neau	Dack by.		

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Sec.	Henry Ford Wyandotte Hos Physician Order	- ILCTAT		[AFFI	X PATIENT ID LABEL	.]
Noted	Orders preceded by a ☐ will be order to indicate not applicable		d. All bulleted orders v	will be initiated unless	a line is drawn through	the
	Respiratory Care: Key: R Assist control: RR Pressure Control: Inspiration Maintain Plateau Pressurum Albuterol Metered Dose Ipratrorium (Atrovent) Meterol/pratropium (Coshortness of breath Daily Rapid Shallow Breadother Other Wean FIO2 to maintain Spanially evaluation for extubition	VT ml FlO2 atory Pressure cre less than 35	PEEP cm Fm Inspiratory Time_ner ery hours □ apuffs every se Inhaler puff ess than 105, notify qual to 95%	H2Oseconds RR and as needed for she hours	PEEP Fl02 nortness of breath eeded for shortness o	of bre
☐ Verba		Taken and Read Back b	y:Date:	Date: Time:	Time:	

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	Henry Ford Wyandotte H Physician Ord	· :: OTAT		AFF	IX PATIENT ID LABEL
Noted	Orders preceded by a will order to indicate not applic		d. All bulleted orders v	will be initiated unless	s a line is drawn through th
	Respiratory Care: Key: Assist control: RR_ Pressure Control: Insp Maintain Plateau Pres Albuterol Metered Do Ipratrorium (Atrovent) Albuterol/pratropium shortness of breath Daily Rapid Shallow B Other_ • Wean FIO2 to maintain • Daily evaluation for ext	vT ml FlO2 piratory Pressure cr ssure less than 35 □ Oth se Inhaler puffs eve Metered Dose Inhaler (Combivent) Metered Dos Breathing Index (RSB) if le	PEEP cm Fm Inspiratory Time _ ner ery hours □ apuffs every se Inhaler puff ess than 105, notify qual to 95%	H2Oseconds RR and as needed for sl hours	PEEP Fl02 Fl02 nortness of breath eeded for shortness of b
	I				
□ Verba		Taken and Read Back b	y:	Date:Time:	Time;

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