



**Henry Ford
Wyandotte Hospital
Physician Orders**

→
Check here
if STAT



[AFFIX PATIENT ID LABEL]

Ventilator Initiation Orders

Noted	Orders preceded by a <input type="checkbox"/> 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
	<input type="checkbox"/> Attending Physician: _____ Pager/Phone: _____
	<input type="checkbox"/> Consultants: _____ Reason: _____
	Code Status: <input type="checkbox"/> Full Code <input type="checkbox"/> See Limitation of Treatment form
	Informed Consent: Obtain signature of informed consent for treatment, procedure, blood and blood products
	Diagnostics: <input type="checkbox"/> STAT Portable Chest Xray (PCXR) post intubation, verify tube placement <input type="checkbox"/> PCXR daily while on ventilator <input type="checkbox"/> PCXR in a.m.
	Labs: <input type="checkbox"/> STAT LABS: <input type="checkbox"/> CMP <input type="checkbox"/> Magnesium <input type="checkbox"/> CBC with differential <input type="checkbox"/> Phosphorus <input type="checkbox"/> Electrolytes <input type="checkbox"/> Other _____ <input type="checkbox"/> DAILY LABS: <input type="checkbox"/> BUN/CREAT <input type="checkbox"/> Magnesium <input type="checkbox"/> CBC with differential <input type="checkbox"/> FBS <input type="checkbox"/> Phosphorus <input type="checkbox"/> Electrolytes <input type="checkbox"/> Other _____ <input type="checkbox"/> ABG's NOW, correlate with pulse oximetry <input type="checkbox"/> ABG's daily as needed and as indicated by changes in ventilator settings or clinical condition <input type="checkbox"/> Accu Check- Tight Glycemic Control Protocol <input type="checkbox"/> 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 1/2 the previously effective dose and titrate upwards until RASS score is achieved <input type="checkbox"/> TED Hose	
Activity/Mobility: <input type="checkbox"/> Physical Therapy consult	

Verbal Phone Order of: _____ Taken and Read Back by: _____ Date: _____ Time: _____

Noted by: _____ Date: _____ Time: _____

Physician Signature: _____ **Physician #** **Date:** _____ **Time:** _____



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Noted	<p>Orders preceded by a <input type="checkbox"/> will be initiated only if checked. All bulleted orders will be initiated unless a line is drawn through the order to indicate not applicable.</p> <p>Diet:</p> <p><input type="checkbox"/> Nothing by mouth</p> <p><input type="checkbox"/> Start Tube Feeding diet _____ at _____ ml/hour to a goal of _____ ml/hour. Check residual volumes every 2 hours and increase by 10 ml until goal is reached. Hold if residual volumes are greater than 250ml.</p> <p><input type="checkbox"/> Start Hyperalimentation (see order sheet)</p> <p>Medications:</p> <p>Peptic Ulcer Disease Prophylaxis, CHOOSE ONE:</p> <p><input type="checkbox"/> Famotidine (Pepcid) 20mg IV every _____ hours</p> <p><input type="checkbox"/> Sucralfate (Carafate) 1mg orally/NGT every _____ hours</p> <p><input type="checkbox"/> Other _____</p> <p>Deep Vein Thrombosis Prophylaxis, CHOOSE ONE:</p> <p><input type="checkbox"/> Enoxaparin (Lovenox) _____ mg subcutaneous every 24 hours</p> <p><input type="checkbox"/> Heparin 5000 units subcutaneous every _____ hours</p> <p><input type="checkbox"/> Sequential Compression Stockings</p> <p><input type="checkbox"/> Other _____</p> <p>Pain Management, CHOOSE ONE:</p> <p><input type="checkbox"/> Morphine Sulfate 1-2 mg IVP every hour as needed for pain</p> <p><input type="checkbox"/> Hydromorphone (Dilaudid) 0.5-1 mg IVP every 3 hours as needed for pain</p> <p><input type="checkbox"/> Other _____</p> <p>Delirium Management</p> <p><input type="checkbox"/> Haloperidol (Haldol) 0.5-1 mg IVP as needed every 6 hours. Hold if patient is lethargic or for SBP less than 100</p> <p><input type="checkbox"/> Other _____</p> <p>Sedation Management, CHOOSE ONE:</p> <p><input type="checkbox"/> Midazolam (Versed) 1-2 mg IVP every hour as needed for ventilation sedation</p> <p><input type="checkbox"/> Lorazepam (Ativan) 1-2 mg IVP every hour as needed for ventilation sedation</p> <p><input type="checkbox"/> Propofol (Diprivan) IV drip: Initiate 5mcg/kg/minute titrate in increments of 5-10 mcg/kg/minute every 5 minutes until patient reached prescribed RASS score. Do not exceed 70 mcg/kg/minute.</p> <p><input type="checkbox"/> Other _____</p> <p>• Titrate medication to a sedation level of _____ per Richmond Agitation Sedation Score (RASS):</p> <p>+4 Combative: Overly combative or violent, immediate danger to staff</p> <p>+3 Very Agitated: Pulls at tubes or catheters, aggressive behavior towards staff</p> <p>+2 Agitated: Frequent non-purposeful movement or patient-ventilator desynchronize</p> <p>+1 Restless: Anxious or apprehensive, but movements not aggressive or vigorous</p> <p>0 Alert and Calm</p> <p>-1 Drowsy: Not fully alert; eye contact to voice, sustained (greater than 10 seconds) eye opening</p> <p>-2 Light Sedation: Briefly awakens (10 seconds), with eye contact to voice</p> <p>-3 Moderate Sedation: Any movements (by no eye contact) to voice</p> <p>-4 Deep Sedation: No response to voice, any movement to physical stimulation</p> <p>-5 Unrousable: No response to voice or physical stimulation</p>
<p><input type="checkbox"/> Verbal <input type="checkbox"/> Phone Order of: _____ Taken and Read Back by: _____ Date: _____ Time: _____</p>	
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	<p>Respiratory Care: Key: RR Respiratory Rate VT Tidal Volume PEEP Positive End Expiratory Pressure</p> <p><input type="checkbox"/> Assist control: RR ____ VT ____ ml FIO2 ____ PEEP ____ cm H2O</p> <p><input type="checkbox"/> Pressure Control: Inspiratory Pressure ____ cm Inspiratory Time ____ seconds RR ____ PEEP ____ FIO2 ____</p> <p><input type="checkbox"/> Maintain Plateau Pressure less than 35 <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Albuterol Metered Dose Inhaler ____ puffs every ____ hours <input type="checkbox"/> and as needed for shortness of breath</p> <p><input type="checkbox"/> Ipratrorium (Atrovent) Metered Dose Inhaler ____ puffs every ____ hours <input type="checkbox"/> and as needed for shortness of breath</p> <p><input type="checkbox"/> Albuterol/pratropium (Combivent) Metered Dose Inhaler ____ puffs every ____ hours <input type="checkbox"/> and as needed for shortness of breath</p> <p><input type="checkbox"/> Daily Rapid Shallow Breathing Index (RSB) if less than 105, notify physician</p> <p><input type="checkbox"/> Other _____</p> <ul style="list-style-type: none"> • Wean FIO2 to maintain SpO2 greater than or equal to 95% • Daily evaluation for extubation after the first 24 hours of mechanical ventilation

<input type="checkbox"/> Verbal	<input type="checkbox"/> Phone	Order of: _____	Taken and Read Back by: _____	Date: _____	Time: _____
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