

## Mechanical Ventilation: Routine Orders for Adult Patients

- Directions:**
1. Mark through the item you do not wish to order
  2. Indicate choice when options are available by placing a check (✓) in the parenthesis

Mechanical Ventilation: Routine Orders for Adult Patients		Page 1 of 2
<b>1. Ventilator Settings:</b>		
Mode:	Rate:	Tidal Volume: FIO <sub>2</sub> : PEEP: Pressure Support:
<b>2. Monitoring:</b> VS every 15 minutes x 4 at the start of mechanical ventilation, then routine for unit <b>OR</b> every ( ) hrs Continuous pulse oximetry		
<b>3. Activity:</b> Bedrest with HOB elevated 45 degrees; Passive ROM and turn every 2 hours during waking hours		
<b>4. Oral Care:</b> Brush teeth and assess oral cavity daily; Mouth care every two hours during waking hours		
<b>5. Respiratory Care:</b> Nebulized medication (unit dose): _____ Frequency: _____ Nursing or Respiratory Care to suction as needed for congestion or secretions (maintaining closed system) Daily Ventilator weaning parameters, measured during sedation vacation		
<b>6. Nutrition:</b> Consult Dietician for Nutritional Assessment		
( ) I.V. fluid _____ at _____ ml per hour		
( ) Nasogastric tube to low intermittent suction <b>OR</b>		
( ) Nasoduodenal tube placement by Nursing with care according to Intensive Care Policy & Procedure KUB X-ray – Indication: tube position		
( ) Tube Feeding _____ Rate _____		
<b>7. Diagnostic Studies:</b>		
( ) Portable AP CXR daily while on vent: Reason: ventilatory failure, tube position		
( ) Arterial blood gases after 30 minutes of mechanical ventilation, daily on vent and PRN for change in status		
( ) CBC with Diff and CMP ( ) Other tests: _____		
( ) CBC with Diff every two days on Lovenox or Heparin. Notify physician if platelet count less than 100,000		
<b>8. Medications: Usual dosage range in parenthesis. Contact Physician if Sedation or Pain Control inadequate.</b>		
<b>A. Sedation (please select one)</b>		
( ) <b>Lorazepam (Ativan)</b>		
( ) Loading or intermittent (2-4 mg) Dose: _____ mg once or ( ) every _____ hours		
( ) Infusion Rate: _____ mg/hr		
( ) Fixed dose as specified ( ) Titrate to control agitation up to maximum of _____ mg/hr		
( ) <b>Midazolam (Versed)</b>		
( ) Loading or intermittent(1-2 mg) Dose: _____ mg once or ( ) every _____ hours		
( ) Infusion Rate: _____ mg/hr		
( ) Fixed dose as specified ( ) Titrate to control agitation up to maximum of _____ mg/hr		
( ) <b>Propofol (Diprivan) - Weight in Kilograms:</b> _____ kg		
( ) Infusion Rate (25-100 mcg/kg/min) _____ mcg/kg/min		
( ) Fixed dose as specified ( ) Titrate to control agitation up to maximum of _____ mcg/kg/min		
<b>B. Pain Control (please select one)</b>		
( ) <b>Fentanyl (Sublimaze)</b>		
Infusion Rate: _____ mcg/hr		
( ) Fixed dose as specified ( ) Titrate to control pain up to maximum of _____ mcg/hr		
( ) <b>Morphine Sulfate</b>		
( ) Loading or intermittent (2.5-10 mg) Dose: _____ mg every : _____ hours		
( ) Infusion Rate: _____ mg/hr		
( ) Fixed dose as specified ( ) Titrate to control pain up to maximum of _____ mg/hr		
( ) <b>Other (Specify):</b> _____		
<b>C. Sedation Vacation</b>		
( ) Wean patient from sedation daily to assess readiness for weaning		

( ) Verbal Order Verification **Orders incomplete unless second page completed and signed.**

**Physician's Signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_  
**Patient Identification**

