



Pediatric ICU Intubation

Directions: 1. Indicate choice when options are available by placing a check in the box [checked]
2. Mark through entire line any prechecked item you do not wish to order [marked through]

Attending Physician: \_\_\_\_\_ Diagnosis: \_\_\_\_\_
[ ] Observation Status [ ] Admission for Inpatient Care [ ] Admit or transfer to: \_\_\_\_\_ Unit

ALLERGIES: [ ] NKA ALLERGIC to: \_\_\_\_\_
[checked] Weight in kilograms: \_\_\_\_\_

VITAL SIGNS:
[checked] Vital signs every 5 minutes during procedure; THEN
[checked] Vital signs every 1 hour

ACTIVITY:
[checked] Bed rest
[checked] Head of bed elevated 30 degrees after intubation

DIET:
[checked] NPO

IV SOLUTIONS:
[ ] Sodium Chloride 0.9% IV infuse at \_\_\_\_\_ ml/hour
[ ] Sodium Chloride 0.9% with potassium chloride 20 mEq/liter IV infuse at \_\_\_\_\_ ml/hour
[ ] Dextrose 5% and Sodium Chloride 0.45% IV infuse at \_\_\_\_\_ ml/hour
[ ] Dextrose 5% and Sodium Chloride 0.45% with potassium chloride 20 mEq/liter IV infuse at \_\_\_\_\_ ml/hour
[ ] Dextrose 5% and Sodium Chloride 0.225% IV infuse at \_\_\_\_\_ ml/hour
[ ] Dextrose 5% and Sodium Chloride 0.225% with potassium chloride 20 mEq/liter IV infuse at \_\_\_\_\_ ml/hour

MEDICATIONS:
[ ] Atropine (0.02 mg/kg, 0.1 mg minimum) = \_\_\_\_\_ mg IV x \_\_\_\_\_
[ ] Fentanyl 2 micrograms/kg = \_\_\_\_\_ micrograms IV x \_\_\_\_\_
[ ] Ketamine 1 mg/kg = \_\_\_\_\_ mg IV x \_\_\_\_\_
[ ] Midazolam (Versed) 0.1 mg/kg = \_\_\_\_\_ mg IV x \_\_\_\_\_
[ ] Propofol (Diprivan) 1 mg/kg = \_\_\_\_\_ mg IV x \_\_\_\_\_
[ ] Thiopental (Pentothal) 5 mg/kg = \_\_\_\_\_ mg IV x \_\_\_\_\_
[ ] Rocuronium (Zemuron) 1 mg/kg = \_\_\_\_\_ mg IV x \_\_\_\_\_
[ ] Vecuronium (Norcuron) 0.1 mg/kg = \_\_\_\_\_ mg IV x \_\_\_\_\_

PATIENT CARE:
[ ] NGT placement
[ ] Oral care every 2 hours

RADIOLOGY:
[checked] Port chest NOW, indication: tube placement

RESPIRATORY:
[checked] Oxygen 100% prior to intubation
[checked] NICO monitor with ventilator set up
[ ] Ventilator settings: Delta P \_\_\_\_\_ PEEP: \_\_\_\_\_ Tidal volume: \_\_\_\_\_ Flow: \_\_\_\_\_
FiO2: \_\_\_\_\_ Rate: \_\_\_\_\_ Pressure Support: \_\_\_\_\_ Inspiratory Time: \_\_\_\_\_

ADDITIONAL ORDERS: \_\_\_\_\_

Physician \_\_\_\_\_ Pager \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_
[ ] Verbal Order Verification Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Patient Identification