



### Physician Orders ADULT: Ventilator Care Unit Admit Adult Plan

#### Initiate Orders Phase

##### Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase  
Phase: Ventilator Care Unit Admit Adult Phase, When to Initiate: \_\_\_\_\_
- ☐ Initiate Powerplan Phase  
Phase: Mechanically Ventilated Patients (Vent Bundle) Phase, When to Initiate: \_\_\_\_\_

#### Ventilator Care Unit Admit Adult Phase

##### Admission/Transfer/Discharge

- ☐ Patient Status Initial Inpatient  
T;N Admitting Physician: \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_  
Bed Type: \_\_\_\_\_ Specific Unit: Ventilator Care Unit  
Care Team: \_\_\_\_\_ Anticipated LOS: 2 midnights or more
- ☐ Notify Physician-Once  
Notify: physician, Notify For: of room number on arrival to unit

#### Vital Signs

- ☒ Vital Signs  
Monitor and Record T,P,R,BP, q4h(std)

#### Activity

- ☒ Elevate Head Of Bed  
30 - 45 degrees
- ☐ Up To Chair

#### Food/Nutrition

- ☐ Tube Feeding Bolus Plan(SUB)\*
- ☐ Tube Feeding Continuous/Int Plan(SUB)\*
- ☐ Residual  
T;N, Check for residual. Hold feedings if > / = 120 ml

#### Patient Care

- If patient is a Renal patient, order daily weights below:(NOTE)\*
- ☐ Daily Weights  
qam
- If patient is not a Renal patient, order weights below:(NOTE)\*
- ☐ Weight  
MWF
- ☒ Trach Care  
q-shift
- ☐ Bedside Glucose Nsg

#### Respiratory Care

- ☒ O2 Sat-Continuous Monitoring (RT)  
q4h(std), Special Instructions: titrate to keep O2 sat  $\geq$  92%
- ☒ Ventilator- Weaning Protocol  
Special Instructions: Assess RSBI  
NOTE: If a mechanical ventilator is needed please order the Mechanically Ventilated Patient Phase (Vent Bundle Phase) in this Plan. (NOTE)\*
- ☐ Ventilator Weaning Trial Medical by RT  
Special Instructions: Assess RSBI
- ☐ Chest Percussion (RT)  
q8h
- ☐ Trach Collar  
Routine, Special Instructions: Trach collar trials: stop trial for resp rate  $\geq$  35, O2 sat  $\leq$  92%, heart rate increase of 20 bpm.





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#### Medications

- ☒ albuterol  
2.5 mg, Inh Soln, NEB, q4h, Routine
- ☒ albuterol  
2.5 mg, Inh Soln, NEB, q2h, PRN Wheezing, Routine
- ☒ ipratropium  
0.5 mg, Inh Soln, NEB, q4h, Routine
- ☒ ipratropium  
0.5 mg, Inh Soln, NEB, q2h, PRN Wheezing, Routine
- ☒ VTE MEDICAL Prophylaxis Plan(SUB)\*
- ☐ Insulin SENSITIVE Sliding Scale Plan(SUB)\*
- ☐ Insulin STANDARD Sliding Scale Plan(SUB)\*
- ☐ Insulin RESISTANT Sliding Scale Plan(SUB)\*

#### Laboratory

- ☐ Prealbumin  
T;N, Routine, Monday, Type: Blood, Nurse Collect

#### Consults/Notifications/Referrals

- ☐ PT Initial Evaluation and Treatment
- ☐ ST Initial Evaluation and Treatment
- ☒ Dietitian Consult/Nutrition Therapy
- ☐ Consult Medical Social Work  
Routine
- ☒ Adult Pulmonary Clin Spec Consult
- ☐ Consult MD  
Reason for Consult: to remove retention suture
- ☐ ET Consult

#### Mechanically Ventilated Patients Phase

##### Non Categorized

- R Mechanically Ventilated Pt (Vent Bundle) Care Track  
T;N

#### Patient Care

- ☒ Elevate Head Of Bed  
30 degrees or greater if systolic blood pressure is greater than 95 mmHg
- ☒ Reposition ETT (Nsg)  
QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.
- ☒ ETT Subglottic Suction
  - ☐ Low Continuous, 20mmHg, Applies to ETT with the Hi-Lo suction capability. (DEF)\*
  - ☐ Low Intermittent, 40mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 60mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 80mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 100mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 120mmHg, Applies to ETT with the Hi-Lo suction capability.
- ☒ Mouth Care  
Routine, q2h(std)
- ☒ Nursing Communication  
Call MD if higher than any of the following maximum doses of medications is required. LORazepam 6 mg in 3 hours, Fentanyl 500 mcg/hr, propofol 100 mcg/kg/min, midazolam 7mg/hr
- ☒ Nursing Communication  
If SAS goal not met in 6 hours, call MD for further orders
- ☒ Nursing Communication





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*If receiving haloperidol, patient must be on cardiac monitor - call MD for QTc prolongation greater than or equal to 500 msec and HOLD haloperidol*

- ☒ Nursing Communication  
*Once SAS goal is met initially reassess and document SAS score q2hrs*
- ☒ Nursing Communication  
*If the patient is on sedation medication other than propofol, begin turning off the sedation medications at 8am for the sedation vacation process*
- ☒ Nursing Communication  
*Notify Respiratory for Weaning Assessment at 8am if a Vacation Sedation is initiated,*

#### Respiratory Care

- ☒ Mechanical Ventilation
- ☒ Reposition ETT (Nsg)  
*QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.*

#### Medications

- ☐ **+1 Hours** docusate  
*100 mg, Liq, NG, bid, Routine*  
*Comments: HOLD for diarrhea*
- ☐ **+1 Hours** famotidine  
*20 mg, Tab, NG, bid, Routine*  
*Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min*
- ☐ **+1 Hours** famotidine  
*20 mg, Injection, IV Push, bid, Routine*  
*Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min*
- ☐ **+1 Hours** pantoprazole  
*40 mg, Granule, NG, QDay, Routine*
- ☐ **+1 Hours** pantoprazole  
*40 mg, Injection, IV Push, QDay, Routine*
- ☒ **+1 Hours** Chlorhexidine For Mouthcare 0.12% Liq  
*15 mL, Liq, Mucous Membrane, bid, Routine*  
*Comments: For mouthcare at 0800 and 2000.*
- ☐ VTE MEDICAL Prophylaxis Plan(SUB)\*
- ☐ VTE SURGICAL Prophylaxis Plan(SUB)\*
- ☐ Sequential Compression Device Apply  
*T;N, Apply to Lower Extremities*

#### Sedation

Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)\*  
Choose Sedation Goal per Riker Sedation Agitation Scale (SAS) Goal of 3-4 recommended (NOTE)\*

- ☒ Sedation Goal per Riker Scale
  - ☐ Goal: 3 (Sedated) (DEF)\*
  - ☐ Goal: 4 (Calm/Cooperative)
- ☐ Propofol Orders Plan(SUB)\*
- ☐ **+1 Hours** LORazepam  
*1 mg, Injection, IV Push, q30min, PRN Other, specify in Comment, Routine*  
*Comments: To maintain SAS goal (Maximum of 6 mg in a 3 hr period). If patient is over sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.*
- ☐ **+1 Hours** midazolam  
*1 mg, Injection, IV Push, q1h, PRN Other, specify in Comment, Routine*  
*Comments: To maintain SAS goal. If patient is over-sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.*
- ☐ **+1 Hours** midazolam 1mg/mL/NS 50 mL PreMix  
*50 mg / 50 mL, IV, Routine, titrate*





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Comments: Initiate at 1 mg/hr. Titrate by 0.5mg/hr every 15 minutes until SAS goal achieved. Maximum dose 7 mg/hr

- ☐ **+1 Hours** dexmedetomidine infusion (ICU Sedation) (IVS)\*  
Sodium Chloride 0.9%  
100 mL, IV, (for 72 hr ), Titrate  
Comments: Concentration: 4 mcg/mL Initiate infusion at 0.2 mcg/kg/hr. Titrate by 0.1 mcg/kg/hr every 30 minutes to reach goal sedation of Riker 3-4. DO NOT BOLUS dose at any time. DO NOT TITRATE MORE FREQUENTLY THAN EVERY 30 MIN.  
dexmedetomidine (additive)  
400 mcg

#### Pain Management

Choose one of the orders below, morPHINE is not recommended if creatinine clearance is less than 50 mL/min, in liver failure or SBP less than 90mmhg or MAP less than 65 mmhg.(NOTE)\*

- ☐ **+1 Hours** morphine  
2 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** HYDROmorphine  
0.5 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** morphine  
4 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10), Routine
- ☐ **+1 Hours** HYDROmorphine  
1 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10)
- ☐ **+1 Hours** fentaNYL 10 mcg/mL in NS infusion  
2,500 mcg / 250 mL, IV, Routine, Titrate  
Comments: Concentration 10 mcg/mL  
Initial Rate: 50 mcg/hr; Titration Parameters: 50 mcg/hr every 10 min to SAS goal per MD orders. Max Rate: 500 mcg/hr

#### Refractory Agitation

Place order below for agitation that persists despite adequate sedation & analgesia. Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)\*

- ☐ **+1 Hours** haloperidol  
2 mg, Injection, IV Push, q1h, PRN Agitation, Routine  
Comments: Cardiac monitor required. \*If Qtc greater than 500 msec, hold haldoperidol. \*If SAS not met in 6 hrs, call MD. Call MD is patient requires more than 20 mg/day.

#### Sedation Vacation Daily

- ☒ Sedation Vacation  
qam, see Order Comment:  
Comments: For patients receiving continuous infusions, lighten/discontinue sedation and pain medications at 0800 daily (or more often as indicated by MD/required by nsg unit) until the patient is awake, can follow commands, or until they become uncomfortable or agitated. Resume sedation infusion at 1/2 the previous rate and re-titrate to SAS goal. If SAS goal still achieved without active therapy, do not restart sedation. If patient becomes agitated, resume sedation infusion at 1/2 the previous rate & re-titrate to SAS goal (document on the nursing flow sheet)

- ☒ Ventilator Weaning Trial Medical by RT

#### Consults/Notifications/Referrals

- ☒ Notify Physician-Continuing  
Notify: MD, Notify For: QTc prolongation on cardiac monitor greater than or equal to 500msecs and HOLD haloperidol

Date

Time

Physician's Signature

MD Number

#### \*Report Legend:





**Physician Orders ADULT: Ventilator Care Unit Admit Adult Plan**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

