Physician Orders ADULT
Order Set: CV Surgery Ventilator Weaning Orders

[R] = will be ordered
T = Today; N = Now (date and time ordered)

Height: ___________ cm  Weight: __________ kg

**Allergies:**
- [ ] No known allergies
- [ ] Medication allergy(s):
- [ ] Latex allergy
- [ ] Other:

**NOTE:** This protocol is NOT intended for patients that will require an extended stay on the ventilator (greater than 24 hours)

**NOTE:** If a patient has undergone pulmonary resection, specific ventilator orders must be entered.

**NOTE:** If Patient is not a candidate for ventilator weaning- STOP and Begin mechanical ventilation

### Patient Care
- [ ] Sedation Goal per Riker Scale T;N, Sedation Goal: 3 (Sedated)
- [ ] Sedation Goal per Riker Scale T;N, Sedation Goal: 4 (Calm/Cooperative)

### Respiratory Care
- [ ] Ventilator Weaning Trial Postop by RT T;N

### Continuous Infusions
- [ ] dexmedetomidine 400mcg + Sodium Chloride 0.9% 100mL
  100 mL, IV, Routine, T;N, titrate, concentration 4mcg/mL. Comment: If started in OR continue at current rate OR start at 0.1 mcg/kg/hr; increase by 0.1 mcg/kg/hr every 30 min to reach goal sedation of Riker Score of 3 to 4. DO NOT BOLUS dose at any time. Maximum infusion rate of 0.7 mcg/kg/hr. Call MD if Max dose of 0.7 mcg/kg/hr is achieved and further sedation is required. Post-extubation - discontinue after present bag complete. (4 mcg/mL). Duration = 24 hr, Stop type = Hard

- [ ] fentanyl 10mcg/mL in NS 100 mL premix
  100mL, IV, 0.25 mcg/kg/hr, titrate, Routine, T;N, Comment: If started in OR continue at current rate OR start at 0.25 mcg/kg/hr; increase by 0.5 mcg/kg/hr every 10 min to achieve pain control of 4 or less. Max Dose = 10mcg/kg/hr. Discontinue upon extubation. DO NOT TITRATE FOR SEDATION. Call MD if Max dose of 10mcg/kg/hr is achieved and further pain control is required. Concentration 10 mcg/ml

- [ ] Sodium Chloride 0.9%
  1000 mL, IV, Routine, T;N, 30 mL/hr, Comment: to be administered with fentanyl if no other IV fluid is available.

### Consults/Notifications
- [ ] Notify Physician- Once T;N, Who: _____ If patient requires maximum rate of dexmedetomidine (0.7 mcg/kg/hr), if maximum rate is reached and further sedation is needed, HR less than 60 BPM, or MAP less than 65 mmHg

- [ ] Notify Physician- Once T;N, Who: _____ if Max dose of fentanyl (10mcg/kg/hr) is achieved and further pain control is required. Concentration 10 mcg/ml

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
</tr>
</thead>
</table>

CV Surgery Ventilator Weaning Orders- 20813-QM1110-082812
Page 1 of 1