Physician Orders ADULT: Routine Deceased Donor Adult Plan

Initiate Orders Phase
Non Categorized
NOTE: Nurse - confirm PM Discharge disposition set to "Donor and or Life Support" on hospital encounter. Enter these orders on new OP encounter created by Access/Registration for the donor for the transplant provider.(NOTE)*

Care Sets/Protocols/PowerPlans
☑ Initiate Powerplan Phase
   
   Phase: Routine Deceased Donor Phase, When to Initiate:____________________

☐ Initiate Powerplan Phase
   
   Phase: Mechanically Ventilated Patients (Vent Bundle) Phase, When to Initiate:____________________

Routine Deceased Donor Phase
Admission/Transfer/Discharge
This plan should only be used for patients declared Brain Dead that have a signed consent for donation.(NOTE)*

☑ Outpatient Patient Status Initial
   
   T;N Attending Physician: ____________________________________
   
   Reason for Visit:________________________________________________
   
   Bed Type: Critical Care Specific Unit: _____________________
   
   Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure
   [ ] OP OBSERVATION Services

☑ Notify Physician-Once

Notify For: of room number on arrival to unit

Vital Signs
☑ Vital Signs
   
   Monitor and Record Blood Pressure Routine, q15min, may monitor and record blood pressure q1h if not currently on any vasopressors

☑ Vital Signs
   
   Monitor and Record Temp, monitor and record temp q1h, maintain temperature 35.5 to 38.3 degrees Celsius. May use warming blanket. Document temperature hourly.

☑ Central Venous Pressure Monitoring
   
   q1h(std), Measure CVP q1h, document hourly. Notify Mid-South Transplant Foundation Coordinator(MSTF) if CVP<4mmH20 or >8mmH20.

☐ Arterial Blood Pressure Monitoring
   
   q1h(std), STAT

Food/Nutrition
☑ NPO

Patient Care
☑ Code Status
   
   NO POST FORM, Resus Type: CPR-Full Resuscitation

☑ Height
   
   Routine, Record actual height

☑ Weight
   
   Routine, Record actual weight

☑ Turn
   
   Routine, side to side, never flat on back

☑ Elevate Head Of Bed
   
   30 degrees

☑ Continue Foley Per Protocol
   
   Reason: Strict UOP (q30 min or q1 hr) in ICU
Physician Orders ADULT: Routine Deceased Donor Adult Plan

- Indwelling Urinary Catheter Care
  - Routine

- Fluid Replacement
  - Routine, Match intake mL to fluid output mL
  - Comments: Replace fluid hourly based on output with IV Fluid as indicated by physician order

- Intake and Output
  - Routine, q1h(std), Record urine output hourly

- Nasogastric Tube
  - Tube to Suction, Suction Strength: Low Continuous, Keep head of bed elevated 30 degrees

- Neurovascular Checks
  - Routine, q-shift

- Heat Apply
  - Apply To Other (See Special Instructions), Forced Air Blanket, Apply to body. Maintain temperature 35.5 to 38.3 degrees Celsius.

- Central Line Insertion at Bedside Setup
  - Stat, Special Instructions: Triple Lumen

- Central Line Care
  - Routine

- Suction Patient
  - q2h(std), PRN, Suction: Endotracheal Tube, suction PRN to clear suction, and if chest percussion produces secretions.

- Pulmonary Artery Insertion Setup
  - Stat

- Whole Blood Glucose Nsg
  - Stat, q1h(std), Notify Mid-South Transplant Foundation Coordinator (MSTF) if blood glucose is greater than 140mg/L

- Bronchoscopy Bedside Setup
  - Stat

Nursing Communication

- Nursing Communication
  - Discontinue all orders on previous FIN

- Nursing Communication
  - Auscultate lung field’s q2h and notify Mid-South Transplant Foundation Coordinator (MSTF) of any changes in breath sounds or secretions.

- Nursing Communication
  - Notify Mid-South Transplant Foundation Coordinator (MSTF) if O2 saturation<96%, Heart Rate<50 or >120bpm, Systolic BP<90 or >160mmHg, MAP less than 60, Urine output <150 or >300 mL/hr

- Nursing Communication
  - Notify Mid-South Transplant Foundation Coordinator (MSTF) of any changes or issues

- Nursing Communication
  - Notify Mid-South Transplant Foundation Coordinator (MSTF) if CVP less than 4cmH2O or greater than 8cmH2O

- Nursing Communication
  - Notify Mid-South Transplant Foundation Coordinator (MSTF) if blood glucose is greater than 140 mg/dL

- Nursing Communication
  - Verbally report ALL Blood Gas results to notify Mid-South Transplant Foundation Coordinator (MSTF)

- Nursing Communication
Physician Orders ADULT: Routine Deceased Donor Adult Plan

- Notify Mid-South Transplant Foundation Coordinator (MSTF) if DOPamine dose reaches 20 mcg/kg/min
- Nursing Communication
  - Notify Mid-South Transplant Foundation Coordinator (MSTF) if norepinephrine dose exceeds 20 mcg/min
- Nursing Communication
  - Notify Mid-South Transplant Foundation Coordinator (MSTF) if phenylephrine dose exceeds 100 mcg/min

Respiratory Care
- Chest Percussion (RT)
  - Stat q2h, Special Instructions: May use Shaker Vest if available
- Suctioning by RT
  - Stat q2h (std), Special Instructions: Suction each time with chest percussion if chest percussion produces secretions
- Suctioning by RT
  - Routine q4h (std), Special Instructions: Suction every 4 hours if nonproductive and clear breath sounds
- Respiratory Communication
  - Routine, Special Instructions: Respiratory Therapist to Contact Coordinator prior to any vent changes.
- Respiratory Communication
  - Routine q2h (std), Special Instructions: Auscultate lung fields every 2 hours and notify MSTF of any changes in breath sounds or secretions.
- Chest Percussion (RT)
  - Stat q2h (std), Special Instructions: suction if chest percussion produces secretions
- ISTAT Blood Gases (RT Collect)
  - Stat once, Special Instructions: Verbally report ALL results to Mid-South Transplant Foundation Coordinator (MSTF), T;N
- Bronch Dx W/WO Cell Washing
  - Routine once, Special Instructions: Therapeutic and to assess for anatomical abnormalities pulmonary toilet.
- ABG- RT Collect
  - Stat
  - NOTE: If a mechanical ventilator is needed please order the Mechanically Ventilated Patient Phase (Vent Bundle Phase) in this Plan. (NOTE)*

Continuous Infusion
- Select an IV fluid below for hourly replacement, enter "For Fluid Replacement" in the Order Comments. Enter a separate order for maintenance fluids. (NOTE)*
- Dextrose 5% in Water
  - 1,000 mL, IV, Routine, 125 mL/hr
- Sodium Chloride 0.45%
  - 1,000 mL, IV, Routine, 125 mL/hr
- Dextrose 5% with 0.45% NaCl
  - 1,000 mL, IV, Routine, 125 mL/hr
- Sodium Chloride 0.9%
  - 1,000 mL, IV, Routine, 100 mL/hr

Medications
- Vasopressors (NOTE)*
- +1 Hours DOPamine infusion
  - 400 mg / 250 mL, IV, Routine, titrate
**Physician Orders ADULT: Routine Deceased Donor Adult Plan**

Comments: begin at 5 mcg/kg/min; increase by 5 mcg/kg/min as often as every 5 - 10 min to keep MAP equal to or greater than 70. Max rate 20mcg/kg/min. Conc: 1600 mcg/mL. Notify Mid-South Transplant Foundation (MSTF) if rate reaches 10 mcg/kg/min.

☐ **+1 Hours** norepinephrine 16 mg/250 mL - NaCl 0.9% injectable solution

16 mg / 250 mL, IV, Routine, titrate

Comments: Start 2 mcg/min; increase by 2 mcg/min as often as every 5-10 minutes to keep MAP equal to or greater than 70. Max rate 90 mcg/min. Conc: 64mcg/mL. Notify Mid-South Transplant Foundation Coordinator (MSTF) if norepinephrine rate exceeds 10 mcg/min.

☐ **+1 Hours** phenylephrine 50mg + Sodium Chloride 0.9% 250 mL (IVS)^*^ Sodium Chloride 0.9%

250 mL, IV, Routine

Comments: Start at 50 mcg/min; increase by 10 mcg/min as often as every 5-10 minutes to keep MAP equal to or greater than 70. Max rate 100 mcg/min. Conc: 200mcg/mL. Notify Mid-South Transplant Foundation (MSTF) if phenylephrine rate exceeds 50 mcg/min

phenylephrine (additive)
50 mg

Antibiotics(NOTE)^*^

☐ **+1 Hours** ceFAZolin

1 g, Injection, IV Push, q6h, STAT

☐ **+1 Hours** piperacillin-tazobactam

4.5 g, IV Piggyback, IV Piggyback, q6h, STAT

Comments: If patient is growing gram (-) rods and or is on a ventilator longer than 24-48 hrs.

☐ **+1 Hours** ceFRIAXone

1 g, IV Piggyback, IV Piggyback, q12h, STAT, (for 2 dose )

AND(NOTE)^*^ **+24 Hours** ceFRIAXone

1 g, IV Piggyback, IV Piggyback, q24h, Routine

☐ **+1 Hours** meropenem

2,000 mg, Injection, IV Piggyback, q12h, STAT

☐ **+1 Hours** cefepime

2 g, Injection, IV Piggyback, q6h, STAT

Comments: if patient is a lung donor

☐ **+1 Hours** metroNIDAZOLE

500 mg, IV Piggyback, IV Piggyback, q6h, STAT

Comments: if patient is a lung donor

☐ **+1 Hours** vancomycin

1 g, IV Piggyback, IV Piggyback, once, STAT

AND(NOTE)^*^ **+12 Hours** vancomycin

1 g, IV Piggyback, IV Piggyback, q12h, Routine

Hormone Replacement Protocol: Steroid, Insulin, Dextrose and Levothyroxine should be given in rapid succession.(NOTE)^*^

☐ **+1 Hours** methylPREDNISolone

2 g, IV Piggyback, IV Piggyback, once, STAT

Comments: Initial Dose give over 30 minutes

☐ **+12 Hours** methylPREDNISolone

1 g, IV Piggyback, IV Piggyback, q12h, Routine

regular insulin
20 units, Injection, IV Push, once, Routine
Physician Orders ADULT: Routine Deceased Donor Adult Plan

☐ D50W

25 g, Injection, IV Push, once, PRN Other, specify in Comment, Routine
Comments: For BG less than or equal to 60

☐ +1 Hours levothyroxine

20 mcg, Injection, IV Push, once, PRN Other, specify in Comment, Routine, (infuse over 5 min)
Comments: Give prior to starting levothyroxine continuous infusion. For HR less than 110; administer as a slow IV Push

☐ +1 Hours Levothyroxine 200mcg + sodium chloride 0.9% 500mL (IVS)*

Sodium Chloride 0.9%
500 mL, IV, Routine
Comments: Start immediately after bolus at 2 mL/kg for 2 hours. Then decrease to 1 mL/kg for continuous infusion.

levothyroxine (additive)
200 mcg

Additional Medication Orders:(NOTE)*

☐ ICU Glycemic Control Protocol Plan(SUB)*

☐ +1 Hours vasopressin infusion (IVS)*

NaCl 0.9%
40 mL, IV, Routine, titrate
Comments: Initial Rate: 0.4 units/hr; Titration Parameters: Double dosage as needed every 30 min to MAP of 65 mmHg or SBP of 90 mmHg; increase every 30 minutes to a urine output of 150-300 mL/hr; Max Rate: 2.4 units/hr; Conc: 1 unit/mL

vasopressin (additive)
40 units

☐ +1 Hours desmopressin

2 mcg, Injection, IV Push, once, STAT

☐ +1 Hours desmopressin

2 mcg, Injection, IV Push, q1h, PRN Other, specify in Comment, STAT, (for 2 dose )
Comments: 2 mcg STAT; may repeat in 1 hour if UOP is greater than 500 mL/hr

☐ +1 Hours mannitol

g, Injection, IV Push, once, STAT

☐ +1 Hours mannitol 20% continuous infusion

100 g / 500 mL, IV, Routine, 30 mL/hr
Comments: 6 g/hr = 30 mL/hr

☐ +1 Hours Vitamin K1

10 mg, IV Piggyback, IV Piggyback, once, STAT

☐ +1 Hours naloxone

8 mg, Injection, IV Push, once, STAT

☐ +1 Hours calcium gluconate

1 g, IV Piggyback, IV Piggyback, once, STAT, (infuse over 30 min)

☐ +1 Hours calcium gluconate

2 g, IV Piggyback, IV Piggyback, once, STAT, (infuse over 60 min)

☐ +1 Hours oculair lubricant ophthalmic solution

1 application, Ophthalmic Soln, Both Eyes, q2h, Routine
Comments: Tape lids closed

Laboratory
☑ CBC

STAT, T;N, Type: Blood
☑ CMP

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**Physician Orders ADULT: Routine Deceased Donor Adult Plan**

- **PT/INR**
  - STAT, T,N, Type: Blood

- **Urinalysis w/Reflex Microscopic Exam**
  - STAT, T,N, Type: Urine, Nurse Collect

- **Urine Culture**
  - STAT, T,N, Specimen Source: Urine, Nurse Collect

- **GGT**
  - STAT, T,N, Type: Blood

- **Lactic Acid Level**
  - STAT, T,N, Type: Blood

- **Magnesium Level**
  - STAT, T,N, Type: Blood

- **Phosphorus Level**
  - STAT, T,N, Type: Blood

- **Bilirubin Direct**
  - STAT, T,N, Type: Blood

- **Type and Crossmatch PRBC**
  - STAT, T,N, Type: Blood
  - Comments: Type and crossmatch for 4 units PRBC's. Keep 2 units available at all times.

- **Hold PRBC**
  - Routine, T,N, Reason: On Hold for Procedure, Subgroup A Blood Types

- **CK Isoenzymes**
  - STAT, T,N, Type: Blood

- **Hepatic Panel**
  - STAT, T,N, Type: Blood

- **Troponin-I**
  - STAT, T,N, Type: Blood
  - Comments: heart donors

- **CK**
  - STAT, T,N, Type: Blood

- **BMP**
  - STAT, T,N, Type: Blood

- **PTT**
  - STAT, T,N, Type: Blood
  - Comments: IF DIC is suspected

- **Amylase Level**
  - STAT, T,N, Type: Blood
  - Comments: pancreas donors

- **Lipase Level**
  - STAT, T,N, Type: Blood
  - Comments: pancreas donors

- **Sodium Level**
  - STAT, T,N, Type: Blood

- **Osmolality Serum**
  - STAT, T,N, Type: Blood

- **Blood Culture**
  - Time Study, T,N, q5min x 2 occurrence, Specimen Source: Peripheral Blood, Nurse Collect
Physician Orders ADULT: Routine Deceased Donor Adult Plan

Comments: May obtain from arterial and central venous line if greater than 12 hours since insertion.

- Ionized Calcium
  STAT, T;N, Type: Blood

- Fibrinogen Level
  STAT, T;N, Type: Blood
  Comments: If DIC suspected

Additional Labs will be ordered as donor management/evaluation progresses as serial labs (NOTE)*

- Hepatic Panel
  Time Study, T;N, q8h, Type: Blood

- Magnesium Level
  Time Study, T;N, q4h, Type: Blood

- Phosphorus Level
  Time Study, T;N, q4h, Type: Blood

- Urinalysis w/Reflex Microscopic Exam
  Routine, T;N+720, q12h, Type: Urine, Nurse Collect

- CMP
  Time Study, T;N, q4h, Type: Blood

- CBC
  Time Study, T;N, q4h, Type: Blood

- PT/INR
  Time Study, T;N, q4h, Type: Blood

- PTT
  Time Study, T;N, q4h, Type: Blood

- CK Isoenzymes
  Routine, T;N, Type: Blood, Nurse Collect

- Platelet Count
  Time Study, T;N, q6h, Type: Blood, Nurse Collect

- Troponin-I
  Time Study, T;N, q12h, Type: Blood, Nurse Collect
  Comments: heart donors

- Osmolality Serum
  Time Study, T;N, q6h, Type: Blood, Nurse Collect

- Fibrinogen Level
  Time Study, T;N, q6h, Type: Blood, Nurse Collect

- D-Dimer Quantitative
  Time Study, T;N, q6h, Type: Blood, Nurse Collect

- Respiratory Culture and Gram Stain
  Routine, T;N, Specimen Source: Broncho Alveolar Lavage Other: Washing, Nurse Collect
  Comments: Obtain during bronchoscopy if possible.

Diagnostic Tests

- Echocardiogram Adult
  Start at: T;N, Priority: Stat
  Comments: Verify timing with MSTF Coordinator prior to ordering.

- Electrocardiogram
  Start at: T;N, Priority: Stat, Reason: Other, specify

- Chest 1 View
  T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
  Comments: Evaluation and measurements for potential organ donation, If central access
Physician Orders ADULT: Routine Deceased Donor Adult Plan

- Chest 1 View
  - T;N, Reason for Exam: Other, Enter in Comments, Stat, Portable
  - Comments: Post central line placement or Bronch
  - For Non Lung Donors use the order below (NOTE)*

- Chest 1 VW
  - T;N, Reason For Exam Other, Enter in Comments, Stat, Portable

- Chest 1 VW
  - T;N+720, Reason For Exam Other, Enter in Comments, Stat, Portable
  - Comments: q6h for lung donors

- Chest 1 VW
  - T;N+1440, Reason For Exam Other, Enter in Comments, Stat, Portable
  - For Lung Donors use the order below.(NOTE)*

- Chest 1 VW
  - T;N, Reason For Exam Other, Enter in Comments, Stat, Portable

- Chest 1 VW
  - T;N+360, Reason For Exam Other, Enter in Comments, Stat, Portable

- Chest 1 VW
  - T;N+720, Reason For Exam Other, Enter in Comments, Stat, Portable

- Cath Lab Request to Schedule
  - Stat
  - Comments: For Cardiac Cath Consult

Consults/Notifications/Referrals
- Physician Consult
- Physician 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
Physician Orders ADULT: Routine Deceased Donor Adult Plan

- **Nursing Communication**
  If receiving haloperidol, patient must be on cardiac monitor - call MD for QTc prolongation greater than or equal to 500 msecs 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 oversedated, 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
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 ), Titrare
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-titrare 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-titrare 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*

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

*Report Legend:*

- **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