



attach patient label here

Physician Orders ADULT
Order Set: ANES Respiratory Plan

[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: _____

Patient Care

☐ Nursing Communication T;N, have patient sign "Release for In-Hospital Use of Home-Use CPAP/BiPAP Equipment" form

Respiratory Care

☐ O2 Sat-Continuous Monitoring (RT) T;N

☐ Nasal Cannula (O2-BNC) T;N, 2 L/min, Comment: Maintain O2 flow rate to keep O2 sat \geq 92%

☐ Mechanical Ventilation (Ventilator) T;N, Vent Settings: CMV/Assist Control

☐ Mechanical Ventilation (Ventilator) T;N, Vent Settings: SIMV

☐ CPAP/BiPAP (CPAP) T;N, Comment: Patient may use own CPAP machine with the current home settings

☐ ISTAT Blood Gases (RT Collect) T;N Stat once
(ABG- RT Collect)

Medications

☐ albuterol 2.5 mg, Inh Soln, NEB, q30min, PRN wheezing Routine, (for 2 doses) Comment: may repeat one time if no improvement PACU ONLY

☐ albuterol 5 mg, Inh Soln, NEB, once, Routine, PACU ONLY

☐ racemic epinephrine (racemic epinephrine 2.25% inhalation solution) 0.5 mL, Inh Soln, NEB, once, Routine, Comment: Dilute 1 ampule 0.5mL of racemic epinephrine 2.25% to 3cc with normal saline and deliver via nebulizer may repeat one time after 30 min. q30min, PRN x 2 doses. PACU ONLY

Date

Time

Physician's Signature

MD Number

