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 >/= 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)
   q6h

☐ Trach Collar
   Routine, Special Instructions: Trach collar trials: stop trial for resp rate >/= 35, O2 sat </= 92%, heart rate increase of 20 bpm.
Physician Orders ADULT: Ventilator Care Unit Admit Adult Plan

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
- 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
Physician Orders ADULT: Ventilator Care Unit Admit Adult Plan

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 (Neg)
  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
Physician Orders ADULT: Ventilator Care Unit Admit Adult Plan

Comments: Initiate at 1 mg/hr. Titrate by 0.5 mg/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 90 mmHg 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 msecs, hold haloperidol. *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 500 msecs and HOLD haloperidol

Date Time Physician’s Signature MD Number

*Report Legend:
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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