Physician Orders ADULT: Percutaneous Tracheostomy Preop Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
- Phase: Percutaneous Tracheostomy Preop Phase, When to Initiate:_______________
☐ Initiate Powerplan Phase
- Phase: Mechanically Ventilated Patients (Vent Bundle) Phase, When to Initiate:_____________

Percutaneous Tracheostomy Preop Phase
Food/Nutrition
☐ Nursing Communication
- Hold tube feedings
☐ NPO after midnight
☐ NPO

Patient Care
☐ Consent Signed For
- T/N, Procedure: Bronchoscopy with Airway Visualization and Bedside Tracheostomy
☐ Trach Tray To Bedside
- have percutaneous trach kit to bedside.
☐ Trach Care
- have trach care supplies at bedside.

Nursing Communication
☐ Nursing Communication
- Verify with GI lab that bedside bronchoscopy is scheduled
☐ Nursing Communication
- Have Endotracheal Tube Airway Kit (Roll) at the Bedside.
☐ Nursing Communication
- Place sign over bed “Percutaneous Tracheostomy ______ Date.
☐ Nursing Communication
- If accidental decannulation within 7 days, call MD to intubate transoropharyngeal with Endotracheal Tube STAT.
☐ Nursing Communication
- Verify Perc- Trach medications are available on unit

Respiratory Care
- NOTE: If a mechanical ventilator is needed please order the Mechanically Ventilated Patient Phase (Vent Bundle Phase) in this Plan. (NOTE)*

Continuous Infusion
☐ Sodium Chloride 0.9%
- 1,000 mL, IV, Routine, 25 mL/hr

Medications
- NOTE: Pre-Op Antibiotics:(NOTE)*
  ☐ +1 Hours ceFAZolin
  - 1 g, Injection, IV Push, N/A, Routine, (for 1 dose )
  ☐ +1 Hours vancomycin
  - 1 g, IV Piggyback, IV Piggyback, N/A, Routine, ( 1 dose )
  ☐ +1 Hours metroNIDAZOLE
  - 500 mg, IV Piggyback, IV Piggyback, N/A, Routine, ( 1 dose )
  ☐ +1 Hours fentaNYL
  - 200 mcg, Injection, IV Push, OnCall, Routine, (for 1 dose )
  ☐ +1 Hours propofol
  - 1,000 mg / 1,000 mL, IV Piggyback, Routine, Titrate
    Comments: Initial Rate: 5 mcg/kg/min; Titration Parameters: 5 mcg/kg/min every 5 minutes to SAS goal per MD orders; Max Rate: 100 mcg/kg/min; Conc: 10 mg/mL

Laboratory
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☐ BMP
  - Routine, T:N, once, Type: Blood
☐ CBC
  - Routine, T:N, once, Type: Blood
☐ PT
  - Routine, T:N, once, Type: Blood
☐ PTT
  - Routine, T:N, once, Type: Blood

Consults/Notifications/Referrals
- Pulmonary Adult Clin Spec Consult
  - Reason for Consult: percutaneous trach.

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
  - 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
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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)*

+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
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
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 HYDROMorphone
0.5 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine

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☐ +1 Hours morphine
4 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10), Routine

☐ +1 Hours HYDROMorphone
1 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10), Routine

☐ +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

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