



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





Physician Orders ADULT: Percutaneous Tracheostomy Preop Plan

- 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 msec 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





Physician Orders ADULT: Percutaneous Tracheostomy Preop Plan

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), T;N
- 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
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





Physician Orders ADULT: Percutaneous Tracheostomy Preop Plan

- +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 if 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

Date Time Physician's Signature MD Number

*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

