



Physician Orders ADULT
Order Set: Respiratory Failure Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Admission/Transfer/Discharge		
<input type="checkbox"/>	Patient Status Initial Inpatient	Attending Physician: _____
	Bed Type: <input type="checkbox"/> Med Surg <input type="checkbox"/> Telemetry <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Obstetrics <input type="checkbox"/> Other	
	NOTE to MD:	
	Initial status – inpatient --- For a condition/dx with severity of illness or co-morbid conditions indicating a hospital stay greater than 24 hours is required.	
<input type="checkbox"/>	Patient Status Initial Outpatient	<input type="checkbox"/> Outpatient Status/Service OP-OBSERVATION Services
	Initial status Outpatient -Observation Services – Short term treatment, assessment and reassessment - estimate discharge within 24 hours • In some cases (for Medicare patients), this can be extended to 48 hours. • Observation Services can also be utilized when it is unclear (without additional assessment) whether the patient will require an inpatient stay.	
<input type="checkbox"/>	Notify physician once	T;N, of room number on arrival to unit
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
Vital Signs		
<input type="checkbox"/>	Vital Signs	Monitor and Record T,P,R,BP
<input type="checkbox"/>	Vital Signs	Monitor and Record T,P,R,BP, q4h(std)
<input type="checkbox"/>	Vital Signs	Monitor and Record Pulse Monitor and Record Resp Rate Monitor and Record Blood Pressure,q1h(std)
<input type="checkbox"/>	Neurochecks	q1h(std)
<input type="checkbox"/>	Neurochecks	q2h(std)
Food/Nutrition		
<input type="checkbox"/>	NPO	
<input type="checkbox"/>	NPO	Start at: T;N, Instructions: NPO except for medications
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<input type="checkbox"/>	Mechanical Soft Diet	
<input type="checkbox"/>	Regular Adult Diet	
<input type="checkbox"/>	Consistent Carbohydrate Diet (ADA Diet)	Caloric Level: _____ cal, Insulin: <input type="checkbox"/> None <input type="checkbox"/> Short Acting <input type="checkbox"/> Intermediate <input type="checkbox"/> Long Acting; Renal Patient: <input type="checkbox"/> No <input type="checkbox"/> Yes, on dialysis <input type="checkbox"/> Yes, not on dialysis
<input type="checkbox"/>	American Heart Association Diet (AHA Diet)	
<input type="checkbox"/>	Tube Feeding Bolus Orders	Print and Complete Separate Sheet (Form # 22240)
<input type="checkbox"/>	Tube Feeding Continuous/Int Careset	Print and Complete Separate Sheet (Form # 22241)





Physician Orders ADULT
Order Set: Respiratory Failure Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Patient Care		
[]	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	STAT, once
[]	Whole Blood Glucose Nsg (Bedside Glucose Nsg)	Routine, q6h
[R]	O2 Sat Monitoring NSG	maintain O2Sat \geq 92%
[]	Consent Signed For	T;N, Procedure: Central Line Insertion
[]	Central Line Care	
[]	Elevate Head Of Bed	30 degrees Unless Contraindicated
[]	Chest Tube Care	To Suction At: -20cm, H2O
[]	Intake and Output	q8h(std)
[]	Mouth Care	q2h
[]	Trach Care	q-shift
Respiratory Care		
[]	ISTAT Blood Gases (RT Collect) (ABG- RT Collect)	T;N STAT, once
[]	O2 Sat-Continuous Monitoring (RT)	T;N STAT, q4h, Special Instructions: maintain O2 sat \geq 92%
[]	Nasal Cannula (O2-BNC)	T;N, 2 L/min, Special Instructions: per policy, titrate to maintain O2 sat \geq 92%
[]	Venti Mask (O2-Venturi Mask)	Routine, 24 %
[]	Aerosol Facemask	Routine
[]	Non Rebreather Mask	15 L/min, Special Instructions: per policy titrate to maintain O2 sat \geq 92%
[]	CPAP/BiPAP	Stat
[]	NIPPV	
[]	Intubate-RT	Stat once
	NOTE: Please use the Mechanically Ventilated Patient Orders (Vent Bundle Orders) below to order a Mechanical Ventilator.	
[]	Mechanically Ventilated Patients Orders	Print and Complete Separate Sheet (Form # 21710)
[]	Weaning Protocol-Ventilator (Ventilator- Weaning Protocol)	T;N, Special Instructions: qam
Continuous Infusions		
[]	Sodium Chloride 0.9%	1,000 mL, IV, Routine, 75 mL/hr
[]	Dextrose 5% with 0.45% NaCl (D51/2NS)	1,000 mL, IV, Routine, T;N, 75 mL/hr



Physician Orders ADULT
Order Set: Respiratory Failure Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Medications		
<input type="checkbox"/>	Severe Sepsis Bundle Orders	Print and Complete Separate Sheet (Form # 20707)
<input type="checkbox"/>	VTE MEDICAL Prophylaxis Orders	Print and Complete Separate Sheet (Form # 22225)
<input type="checkbox"/>	Insulin SENSITIVE Sliding Scale Orders	
<input type="checkbox"/>	Insulin STANDARD Sliding Scale Orders	
<input type="checkbox"/>	Insulin RESISTANT Sliding Scale Orders	
<input type="checkbox"/>	famotidine	20 mg, Tab, PO, bid, Routine
<input type="checkbox"/>	famotidine	20 mg, Injection, IV Push, bid, Routine
<input type="checkbox"/>	pantoprazole	40mg, DR Tablet PO Qday, Routine
<input type="checkbox"/>	pantoprazole	40mg, Granule, NG, Qday, Routine
<input type="checkbox"/>	pantoprazole	40mg, Injection, IV Push, q24h, Routine
<input type="checkbox"/>	methylPREDNISolone (methylPREDNISolone sodium succinate)	125 mg, Injection, IV Push, q6h, Routine
<input type="checkbox"/>	azithromycin	500 mg, Injection, IV Piggyback, q24h, Routine, T;N
<input type="checkbox"/>	ceftriaxone	1 g, IV Piggyback, IV Piggyback, q24h, Routine
<input type="checkbox"/>	cefepime	1 g, Injection, IV Piggyback, q8h, Routine (for 7 day)
	Vancomycin Orders: (see below)	
<input type="checkbox"/>	Trough Level - Nurse To Order	T;N, Drug: Vancomycin, Draw: Prior to Third Dose
<input type="checkbox"/>	vancomycin	1.5 g, Injection, IV Piggyback, once, Routine, T;N
<input type="checkbox"/>	vancomycin	1 g, IV Piggyback, IV Piggyback, q12h, Routine
<input type="checkbox"/>	vancomycin	1 g, IV Piggyback, IV Piggyback, q24h, Routine
<input type="checkbox"/>	vancomycin	1 g, IV Piggyback, IV Piggyback, q48h, Routine
<input type="checkbox"/>	vancomycin	500 mg, Injection, IV Piggyback, With Dialysis, Routine
<input type="checkbox"/>	Pharmacy Consult- Vancomycin Dosing	T;N
<input type="checkbox"/>	vancomycin	15 mg/kg, IV Piggyback, IV Piggyback, q12h, Routine
<input type="checkbox"/>	piperacillin-tazobactam	4.5 g, IV Piggyback, IV Piggyback, q6h, Routine
<input type="checkbox"/>	albuterol	2.5 mg, Inh Soln, NEB, q4h, Routine, T;N
<input type="checkbox"/>	albuterol	2.5 mg, Inh Soln, NEB, q2h, PRN Shortness of Breath, Routine, T;N
<input type="checkbox"/>	ipratropium	0.5 mg, Inh Soln, NEB, q4h, Routine
<input type="checkbox"/>	ipratropium	0.5 mg, Inh Soln, NEB, q2h, Shortness of Breath, Routine
<input type="checkbox"/>	albuterol	180 mcg, MDI, INH, q4h, Routine, T;N, (180mcg=2 puffs)
<input type="checkbox"/>	albuterol	180 mcg, MDI, INH, q2h Shortness of Breath, Routine, T;N, (180mcg=2 puffs)
<input type="checkbox"/>	albuterol-ipratropium	2 puff, MDI, INH, qid, Routine, T;N



Physician Orders ADULT Order Set: Respiratory Failure Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Laboratory		
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Basic Metabolic Panel (BMP)	Routine, T+1; 0400, once, Type: Blood
<input type="checkbox"/>	CBC	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	CBC	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/>	Cortisol Level	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Lactic Acid Level	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Prealbumin	STAT, once, Type: Blood
<input type="checkbox"/>	Troponin-I	STAT, T;N, Type: Blood
<input type="checkbox"/>	CK	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	C-Reactive Protein	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Lipid Profile	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Brain Natriuretic Peptide (BNP)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time (PT/INR)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Prothrombin Time (PT/INR)	T+1;0400, Routine, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (APTT)	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Partial Thromboplastin Time (APTT)	T+1;0400, Routine, once, Type: Blood
<input type="checkbox"/>	D-Dimer Quantitative	STAT, T;N, once, Type: Blood
<input type="checkbox"/>	Type and Crossmatch PRBC	STAT, T;N, Special Needs: _____, Number of units Ordered: _____ Type: Blood, Nurse Collect
<input type="checkbox"/>	Transfuse PRBC's - Not Actively Bleeding	STAT, T;N, Reason for Transfusion: _____ Transfusion Date Expected: _____
<input type="checkbox"/>	Transfuse PRBC's - Actively Bleeding	STAT, T;N, Reason for Transfusion: _____ Transfusion Date Expected: _____
<input type="checkbox"/>	Hold PRBC	STAT, T;N, Reason for Hold: _____ Number of Units to Hold: _____
<input type="checkbox"/>	Blood Culture	STAT, T;N, once, Specimen Source: Peripheral Blood, Nurse Collect
<input type="checkbox"/>	Blood Culture	T;N+5, Time Study, Specimen Source: Peripheral Blood, Nurse Collect
<input type="checkbox"/>	Gram Stain	STAT, T;N, Specimen Source: Sputum, Nurse Collect
<input type="checkbox"/>	Respiratory Culture and Gram Stain	STAT, T;N, Specimen Source: Sputum, Nurse Collect
<input type="checkbox"/>	Urine Culture	STAT, T;N, Specimen Source: Urine, Nurse Collect
<input type="checkbox"/>	Urinalysis w/Reflex Microscopic Exam	STAT, T;N, once, Type: Urine, Nurse Collect



Physician Orders ADULT
Order Set: Respiratory Failure Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Diagnostic Tests		
<input type="checkbox"/>	Chest 2VW Frontal & Lat	T;N, Reason for Exam: Chest Pain, Short of Breath, Stat, Stretcher
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Reason for Exam: Chest Pain, Short of Breath, Stat, Portable
<input type="checkbox"/>	NM Pulm Perf Image Particulate Vent&Re	T;N, Reason for Exam: Diagnosis of Pulmonary Emboli, Stat, Stretcher
<input type="checkbox"/>	CT Thorax WO Cont	T;N, Reason for Exam: Other, Enter in Comments, Stat, Stretcher
<input type="checkbox"/>	CT Thorax W Cont	T;N, Reason for Exam: Pulmonary Embolism, Stat, Stretcher
<input type="checkbox"/>	CT Thorax W Cont	T;N, Reason for Exam: Pulmonary Embolism, Routine, Stretcher
<input type="checkbox"/>	Electrocardiogram (EKG)	Start at: T;N, Priority: Stat
Consults/Notifications		
<input type="checkbox"/>	Notify Service Resident	Notify for: Critical care
<input type="checkbox"/>	Physical Therapy Initial Eval and Tx (PT Initial Evaluation and Treatment)	
<input type="checkbox"/>	Dietitian Consult	
<input type="checkbox"/>	Medical Social Work Consult (Consult Medical Social Work)	
<input type="checkbox"/>	Case Management Consult (Consult Case Management)	
<input type="checkbox"/>	Physician Consult	Reason for Consult: Central Line Placement
<input type="checkbox"/>	Pharmacy Consult- Aminoglycoside Dosing	Renal Dosing Of Medications

Date **Time** **Physician's Signature** **MD Number**