



Physician Orders: Adult
Title: ED Respiratory Support Intubation Orders

[X or R] = will be ordered unless marked out.

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: _____
Food/Nutrition		
<input type="checkbox"/>	NPO	Start at: T;N
Patient Care		
<input type="checkbox"/>	Telemetry (ED Only) (Cardiac Monitoring (ED Only))	STAT
Respiratory Care		
<input type="checkbox"/>	ISTAT Blood Gases (RT Collect) (ABG- RT Collect)	T;N STAT once
NOTE: Please use the Mechanically Ventilated Patient Orders (Vent Bundle Orders) below to order a Mechanical Ventilator.		
<input type="checkbox"/>	Mechanically Ventilated Patient Orders	Print and Complete Separate Sheet (Form # 21710)
Medications-PreTreatment		
<input type="checkbox"/>	vecuronium	1 mg, Injection, IV Push, once, STAT,
<input type="checkbox"/>	lidocaine (lidocaine 2% inj)	5 mL, Injection, IV Push, once, STAT, 100mg=5mL
<input type="checkbox"/>	atropine	0.4 mg, Injection, IV Push, once, STAT
Medications-Sedation		
<input type="checkbox"/>	midazolam	2 mg, Injection, IV Push, once, STAT
<input type="checkbox"/>	midazolam	5 mg, Injection, IV Push, once, STAT
<input type="checkbox"/>	midazolam	10 mg, Injection, IV Push, once, STAT
<input type="checkbox"/>	etomidate	0.15 mg/kg, Injection, IV Push, once, STAT
<input type="checkbox"/>	ketamine	1 mg/kg, Injection, IV Push, once, STAT
Medications-Paralysis		
<input type="checkbox"/>	succinylcholine	1.5 mg/kg, Injection, IV Push, once, STAT
<input type="checkbox"/>	vecuronium	0.08 mg/kg, Injection, IV Push, once, STAT
<input type="checkbox"/>	rocuronium	0.06 mg/kg, Injection, IV Push, once, STAT
Medications-Post Intubation Sedation		
<input type="checkbox"/>	LORazepam	2 mg, Injection, IV Push, once, STAT, T;N
Laboratory		
Diagnostic Tests		
<input type="checkbox"/>	Chest 1VW Frontal	T;N, Reason for Exam: SOB(Shortness of Breath), STAT, Portable
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	

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

