Physician Orders

LEB PICU Extubation Plan

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

<table>
<thead>
<tr>
<th>Height: cm</th>
<th>Weight: kg</th>
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Allergies: [ ] No known allergies

[ ] Initiate Powerplan Phase

T;N Phase: LEB PICU Extubation Phase, When to Initiate: ________

Respiratory Care

[ X ] Extubate-RT

T;N Stat, Special Instructions: Per PICU Guidelines

Medications

NOTE: Criteria for administration of dexamethasone

NOTE: 1. Patients less than or equal to 2 years of age and intubated greater than 48 hours.

2. Patients greater than or equal to 2 years of age and one or more of the following applies:
   A. Required multiple attempts at intubation
   B. Intubated more than once
   C. Failed extubation within the last 48 hours
   D. Has undergone airway surgery

[ ] dexamethasone

_________ mg (0.5 mg/kg), Injection, IV, q6h, (for 4 dose), T;N, NOTE: first dose at least 12 hours prior to extubation per PICU extubation guidelines. Max dose = 10 mg

Date: ____________________  Time: ____________________  Physician’s Signature: ____________________  MD Number: ____________________