

Physician Orders

LEB PICU Extubation Plan

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

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Initiate Powerplan Phase	T;N Phase: LEB PICU Extubation Phase, When to Initiate: _____
Respiratory Care		
<input checked="" type="checkbox"/>	Extubate-RT	T;N Stat, Special Instructions: Per PICU Guidelines
Medications		
NOTE: Criteria for administration of dexamethasone		
<p>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:</p> <ul style="list-style-type: none"> A. Required multiple attempts at intubation B. Intubated more than once C. Failed extubation within the last 48 hours D. Has undergone airway surgery 		
<input type="checkbox"/>	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**