



Physician Orders ADULT: Sleep Apnea Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☐ Initiate Powerplan Phase
T;N, Phase: ANES Sleep Apnea Plan Phase, When to Initiate: _____

ANES Sleep Apnea Plan

Admission/Transfer/Discharge

- ☐ Transfer Pt within current facility
T;N
- ☐ Patient Status Initial Outpatient
T;N, Attending Physician: _____
Reason for Visit: _____
Bed Type: _____ Specific Unit: _____
Outpatient Status/Service OP-OBSERVATION Services

Vital Signs

- ☒ Vital Signs
T;N, Monitor and Record Resp Rate, and Oxygen saturation q2h for 24hrs

Patient Care

- ☒ Elevate Head Of Bed
T;N, 30 degrees
- ☒ Telemetry
T;N, Routine
- ☒ Nursing Communication
T;N, patients with a normal respiratory rate, adequate depth of respiration (shallow, normal or deep) and an oxygen saturation greater than 90% on room air do not have to be woken up to assess level of consciousness
- ☒ Nursing Communication
T;N, Have patient sign "Release for In-Hospital Use of Home-Use CPAP/BiPAP Equipment" form
- ☒ Nursing Communication
T;N, Patients demonstrating airway obstruction while sleeping and patients requiring oxygen to maintain O2 Saturations greater than 90% are at most risk for respiratory arrest.

Respiratory Care

- ☐ Simple Facemask
T;N, 5 L/min, Special Instructions: Titrate to keep O2 sat \geq 92%
- ☐ Nasal Cannula
T;N, 2 L/min, Special Instructions: Titrate to keep O2 sat \geq 92%
- ☒ O2 Sat-Continuous Monitoring (RT)
T;N Routine
- ☐ CPAP/BiPAP
T;N QDay, Special Instructions: Should use while in bed and receiving pain medication or sleeping. Patient may use own CPAP/BiPAP per home settings.

Medications

- ☒ +1 Hours naloxone





Physician Orders ADULT: Sleep Apnea Plan

0.4 mg, Injection, IV Push, once, PRN Oversedation, Routine

*Comments: If respiratory rate is less than 8 per minute or patient is obtunded or unarousable, give naloxone and call anesthesiologist and surgeon immediately. Repeat if patient does not respond in 30 minutes
PRN resp rate < 8 breaths/min or pt obtunded or unarousable. Monitor pt closely and repeat initial dose if pt does not respond to initial dose within 30 minutes.*

Date_____ Time_____ MD 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

