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 =/> 92%
☐ Nasal Cannula
  T;N, 2 L/min, Special Instructions: Titrate to keep O2 sat =/> 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
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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