



attach patient label here

**Physician Orders ADULT
Order Set: Extubation Orders**

[R] = will be ordered

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: _____		
Activity		
<input type="checkbox"/>	Out Of Bed (OOB)	T;N
Food/Nutrition		
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<input type="checkbox"/>	Advance Diet As Tolerated	T;N
<input type="checkbox"/>	American Diabetic Association Adult Diet (ADA Diet Adult)	Start at: T;N
<input type="checkbox"/>	American Heart Association Diet	Start at: T;N
Nursing Communication		
<input type="checkbox"/>	Nursing Communication	T;N Discontinue Triglyceride Level Order
<input type="checkbox"/>	Nursing Communication	T;N, If Precedex (dexmedetomidine) still being used post extubation, discontinue after current bag complete.
Respiratory Care		
<input type="checkbox"/>	RT to Extubate	T;N
<input type="checkbox"/>	Nasal Cannula (O2-BNC)	T;N, 4 L/min, Special Instructions: Titrate to keep O2 sat \geq 92% - 98%
<input type="checkbox"/>	Aerosol Facemask (O2-AFM)	T;N, 40 %, Special Instructions: Titrate to keep O2 Sat \geq 92% - 98%
<input type="checkbox"/>	Oxygen Saturation-Spot Check (RT)	T;N, PRN
Pain Medication Orders		
NOTE: Discontinue ALL current IV analgesics, anxiolytics, neuromuscular blockers, haloperidol and sedatives.		
<input type="checkbox"/>	acetaminophen-oxycodone (acetaminophen-OXYcodone 325 mg-5 mg oral tablet)	1 tab, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine Comment: for post extubation
<input type="checkbox"/>	acetaminophen-oxycodone (acetaminophen-OXYcodone 325 mg-5 mg oral tablet)	2 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, Comment: for post extubation
<input type="checkbox"/>	LORazepam	1 mg, Injection, IV Push, q4h, PRN, T;N, agitation, Comment: for post extubation
<input type="checkbox"/>	morPHINE	1 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10), Routine, Comment: for post extubation
<input type="checkbox"/>	morPHINE	2 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10), Routine, Comment: for post extubation
Consults/Notifications		
<input type="checkbox"/>	Physical Therapy Initial Eval and Tx (PT Consult)	T;N, Routine

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

