

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/ Time last page

Diagnosis: _____

Allergies with reaction type: _____

ICU Extubation

Version 1 5/29/14

Nursing Orders

- Incentive spirometry cough and deep breathing every 2 hours while awake for 48 hours after extubation

Respiratory

- Extubate
- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%
- Blood gas, arterial 2 hours after extubation
- CPAP May use home equipment and settings [] Yes [] No

Frequency _____

Duration _____

Additional instructions _____

- Other: _____

Medications

Bronchodilators : Nebulized

albuterol-ipratropium 2.5 mg-0.5 mg/3 mL soln for inhalation (DUONEB)

- 3 milliliter by nebulizer every 4 hours
- 3 milliliter by nebulizer every 4 hours, while awake

albuterol 2.5 mg/0.5 mL neb solution (VENTOLIN)

- 2.5 milligram by nebulizer every 4 hours
- 2.5 milligram by nebulizer every 4 hours, while awake
- 2.5 milligram by nebulizer every 2 hours as needed for shortness of breath or wheezing

ipratropium 0.5 mg/2.5 ml neb solution (ATROVENT)

- 0.5 milligram by nebulizer every 4 hours
- 0.5 milligram by nebulizer every 4 hours, while awake

Provider Signature: _____ Date: _____ Time: _____