

(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: \_\_\_\_\_

**SO ICU Ventilator Initiation**

**Version 1 5/29/14**

**Respiratory**

Ventilator settings: Initial Settings

- Assist-control mode; Rate- 14 bpm; Initial Tidal Volume-8 milliliters/kilogram predicted body weight; PEEP 5 cm H<sub>2</sub>O; FiO<sub>2</sub> 100% (titrate to keep saturation greater than 95%)

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_