**ICU Ventilator Bundle Version 5 Approved 08/09/16**

**Nursing Orders**

 Communication order: Goal sedation level - \_\_\_\_\_\_\_\_\_ (+4 to -5) per Richmond Agitation Sedation Scale

 +4: Combative

 +3: Very Agitated

 +2: Agitated

 +1: Restless

 0: Alert and Calm

 -1: Drowsy

 -2: Light Sedation

 -3: Moderate Sedation

 -4: Deep Sedation

 -5: Unarousable

 Initiate Daily Awakening-Unless otherwise ordered, interrupt sedation each shift until patient is awake, can follow commands or until they become uncomfortable or agitated. Then resume infusion at 1/2 the previous rate and titrate to RASS Scale goal. Coordinate with weaning assessment.

 Notify provider IF extubated to address all pain/sedation/delirium orders

**Respiratory**

 ***Initial Ventilator Mode and Settings***

 For Assist-Control or SIMV modes: select volume control or pressure control, not both

 Oxygen, titrate to maintain oxygen saturations greater than 94%

 Assist-Control Mode

 AC-VC Mode

 AC-PC Mode

 Spontaneous Mode

 Spontaneous VC Mode

 SIMV Mode

 Bi-level Mode

 BIPAP Mode

 CPAP Mode

 NIPPV Mode

 ***FIO2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Ventilator Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Pressure Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***PEEP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Ventilator Protocols***

  Initiate Ventilator Management Protocol

  Initiate Vent Weaning (SBT) Protocol

**Medications**

 ***Analgesics : Select one bolus and CCA combination***

 morphine in normal saline 1 mg/mL (CCA)

 2-5 milligram intravenously every 10 minutes times 3 doses. If bolus doses ineffective notify provider. If effective continue with clinician controlled analgesia

 0.5-2 milligram intravenously every 15 minutes as needed for pain

 fentaNYL in normal saline 10 micrograms/mL (CCA)

 25-50 microgram intravenously every 10 minutes times 3 doses. If bolus doses ineffective notify provider. If effective continue with clinician controlled analgesia

 10-50 microgram intravenously every 10 minutes as needed for pain

 HYDROmorphone in normal saline 0.2 mg/mL (DILAUDID - CCA)

 0.2-0.6 milligram intravenously every 10 minutes times 3 doses. If bolus doses ineffective notify provider. If effective continue with clinician controlled analgesia

 0.05-0.6 milligram every 15 minutes as needed for pain

 ***Sedatives /Anxiolytic Continuous Infusion -Select One***

 dexmedetomidine (PRECEDEX) in NS 400 mcg/100 ml (4 mcg/ml)

 0.5 microgram/kilogram per hour continuous intravenous infusion ; May titrate to 1.5 microgram/kilogram per hour to achieve ordered RASS sedation level (Note: this does not cover alcohol withdrawal)

 propofol 10 mg/mL intravenous emulsion (DIPRIVAN)

 5 microgram/kilogram per minute continuous intravenous infusion ; May titrate to 80 microgram/kilogram per minute to achieve ordered RASS sedation level

 ***Sedatives /Anxiolytic***

 LORazepam (ATIVAN)

 \_\_\_- \_\_\_\_ milligram intravenously every hour as needed for anxiety

 ***Antidelirium Agents***

 Use only if delirium is present and verify with Confusion Agitation Assessment Method (CAM) score

 haloperidol lactate (HALDOL)

 5-10 milligram intravenously every 20 minutes until calm. [MAX DOSE- \_\_\_\_](NOTE MAY CAUSE QT PROLONGATION)

 5 milligram intravenously every 6 hours as needed for agitation (NOTE MAY CAUSE QT PROLONGATION)

 ***Bronchodilators***

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

 3 milliliter by nebulizer every 4 hours

 albuterol 2.5 mg/3 mL (0.083 %) solution for nebulization (VENTOLIN)

 2.5 milligram by nebulizer every 4 hours

 ipratropium 0.5 mg/2.5 ml neb solution (ATROVENT)

 0.5 milligram by nebulizer every 4 hours

**Laboratory**

 Blood gas study

 stat

 routine

 routine in AM

 as needed and 30 minutes after every ventilator change

**Radiology and Diagnostic Tests**

 XR Chest Single , portable,

 routine Reason for exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 in AM; Reason for exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consults**

 PT- ICU Mobility