

(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 H₂O; FiO₂ 100% (titrate to keep saturation greater than 95%)

Provider Signature: _____ Date: _____ Time: _____