

(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 ED Dyspnea

Version 1 8/18/15

- Activate this Standing Order (SO) by selecting the appropriate provider and using the "Standing Order" order source.

Shortness of Breath with Wheezing

Respiratory

- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 92%

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain, place if dyspnea persists after the first respiratory treatment and O2 saturation < 92%

Medications

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

- 3 milliliter by nebulizer once May repeat x 1 in 5 minutes if breathing difficulty persists

Provider Signature: _____ Date: _____ Time: _____