

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: _____

Allergies with reaction type: _____

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

Initials _____

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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

Initials_____

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Radiology and Diagnostic Tests

XR Chest Single , portable,

- routine Reason for exam: _____
- in AM; Reason for exam: _____

Consults

- PT- ICU Mobility

Provider Signature: _____ Date: _____ Time: _____