Order Set Direc	(place patient label here) Name: tions:)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out. tial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made tial each page and Sign/Date/Time last page	BENEFIS HEALTH S BENEFIS HOSPITALS PROVIDER OF	is IIII
		. NOVIDEN OF	DENO
	n reaction type:		
NICU F	Respiratory Management	Version 3	4/16/18
Respira			
Tr Etc Non	anscutaneous Continuous (TCOM): expected PCO2 (mmHg) 40-60 OU Respiratory Therapy: RT consult to provide patient/family respiratory care edu Invasive Respiratory Support Oxygen via Hood: FiO2 (%) Titrate to keep 02 Sat Greater Than or Range of % 90-95 NICU Oxygen via Nasal Cannula: Flow Rate (lpm) Titrate to keep 02 Sat Greater Than or Range of % 90-95 NICU Oxygen via Heated High Flow Cannula: Flow Rate (lpm) Titrate to keep 02 Sat Greater Than or Range of % 90-95 CPAP Infant Flow (Infant Only): CPAP Settings (cmH2O) 5; FiO2 (%) Titrate to keep 02 Sat Greater Than or Range of % 90-95 CPAP via RAM (Infant Only): CPAP Settings (cmH2O) 5; FiO2 (%) Titrate to keep 02 Sat Greater Than or Range of % 90-95 NIPPV via RAM (Infant Only): Rate (bpm) Titrate to keep 02 Sat Greater Than or Range of % 90-95 SIPAP: Rate (bpm) PIP (cmH2O) PEEP (cmH2O)	EP (cmH2O)	
	FiO2 (%) Titrate to keep 02 Sat Greater Than or Range of % 90-95		
Invas	sive Respiratory Support		
	Endotracheal Tube Insertion/Maintain		
	Ventilator Infant Settings Conventional: Mode SIMV, Rate (bpm), PIP (cmH2O), PS (cmH2O), PEEP (cmH2O), iT (S FiO2 (%) Titrate to keep 02 Sat Greater Than or Range of % 90-95	econds),	_
	Ventilator Infant Settings High Frequency: MAP, Amplitude iT 0.33 %, FiO2 (%) Titrate to keep 02 Sat Greater Than or Range of % 90-95	, Hz,	
	Nitric Oxide: Parts Per Million (ppm) (1-80)		
	kimetry (MetHb)		
	Co-Oximetry (MetHb prior to placement on Nitric oxide, one hour after placed or every 24 hours while on Nitric oxide)	Nitric oxide, and	

Blood Gases

Blood Gas on Admission/Now

☐ Blood Gas Study Infant (RT) **Blood Gas Morning draw:**

☐ Blood Gas Study Infant (RT) (In AM)

Provider Signature: Date	: Time:
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