

(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 NICU Ventilator Initiation

Version 4 4/16/18

Respiratory

- Endotracheal Tube Insertion/Maintain
- Ventilator Infant Settings Conventional

Mode: SIMV

Rate (bpm): 30

PIP (cm H2O): 20

PS (cm H2O): 4

PEEP (cm H2O): 5

iT (Seconds): 0.35

FiO2 (%): 40%

Titrate to Keep O2 Sat Greater Than or Range of (%) 90-95%

Provider Signature: _____ Date: _____ Time: _____