

(place patient label here)

Patient Name: _____

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



PROVIDER ORDERS

Diagnosis: _____

Allergies with reaction type: _____

Pediatric Bronchiolitis HFNC Management

Version 1 2/9/2016

General

- See link for Seattle Children's Bronchiolitis HFNC Pathway

Nursing Orders and Respiratory Orders

- Vital signs non unit standard Q30 min x 4 then Q1H x 2 then Q2H x 12 hours then Q4H *Blood pressure BID*
- Oxygen via heated high flow nasal cannula Begin at 4 Lpm 50% FiO2 age 30-90 days
Begin at 6 Lpm 50% FiO2 age 1 to 2 years days
Titrate FiO2 to keeps oxygen saturation greater or equal to 90%
Maximum flow rate: _____ Lpm

- Respiratory Score-Suction-Respiratory Score with Vital Signs; suctioning a minimum every 2 hours x 12 hours then every 4 hours and PRN

Notify provider

- IF O2 saturation < 90 %
- IF any apnea > 20 seconds requiring intervention
- IF altered mental status (irritability, lethargy)
- IF poor perfusion (cool extremities, cap refill > 3 seconds)
- HFNC Weaning Instructions
Wean flow rate by 1 Lpm every 2 hours IF
* Clinically improving (decreased respiratory distress, decreased respiratory rate)
* Requiring less than 30% FiO2
When stable on 2 Lpm for 2 hours may trial on room air or place on NC O2 at 1/2 Lpm titrate to keep sats > 90%
- Nasogastric/orogastric tube insertion/management

Diet

- For tube feedings select pediatric enteral feeding order set
- NPO Diet

Medications

Select only if albuterol trial not already done

albuterol (VENTOLIN)

- 2.5 milligram by nebulizer once as needed for shortness of breath or wheezing on admission with pre and post respiratory score; if there is greater than a 2 point decrease in score continue every 2 hours as needed; if no decrease in respiratory score discontinue

Laboratory

Blood gas study

- Arterial
- Venous
- Capillary

Provider Signature: _____ Date: _____ Time: _____