

(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: _____

NICU Rapid Sequence Intubation

Version 1 10/30/2018

Respiratory

Invasive Respiratory Support

- Endotracheal Tube insertion/management

Medications

atropine 0.1 mg/ml

- 0.02 mg/kg IV once (administer over 1 min), give 1 min prior to fentanyl

fentanyl (SUBLIMAZE) 10 mcg/ml

- 1 mcg/kg IV once (administer over 10 min)

rocuronium (ZEMURON) 10 mg/ml

- 0.3 mg/kg IV once (administer over 5-10 seconds), give after atropine and fentanyl

Radiology and Diagnostic Tests

XR chest single (CXR) - portable

- routine now. Reason for exam: ET tube placement

Provider Signature: _____ Date: _____ Time: _____