

(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: \_\_\_\_\_

## **Pediatric ICU Ventilator Management**

**Version 1 5/29/14**

### **General**

- This pediatric order set is intended for use in patients 1 month through 17 years of age and less than 50 kilograms

### **Respiratory**

Ventilator settings : SIMV mode

: Rate: \_\_\_\_\_ bpm, PC\_\_\_\_\_ cm H<sub>2</sub>O, PS\_\_\_\_\_ cm H<sub>2</sub>O, PEEP: \_\_\_\_\_ cm H<sub>2</sub>O, iT: \_\_\_\_\_ seconds,  
FiO<sub>2</sub> \_\_\_\_\_ titrate to keep saturation greater than 90%

- Blood gas monitoring, transcutaneous (TCOM)
- End tidal CO<sub>2</sub> monitoring

Blood Gas Study routine 30 minutes post vent change

- Arterial
- Venous
- Capillary

Blood Gas Study PRN \_\_\_\_\_

- Arterial
- Venous
- Capillary

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_