



T H E
FREMONT-RIDEOUT
H E A L T H G R O U P

**VENTILATORY SUPPORT
ORDERS**

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IMPRINT PATIENT PLATE WITHIN THIS BOX

FAX ORDERS TO PHARMACY ASAP

INITIAL VENTILATOR SETTINGS:		SETTINGS:	
<input type="checkbox"/> Volume Control	<input type="checkbox"/> Pressure Control	<input type="checkbox"/> P.S.	<input type="checkbox"/> SIMV or <input type="checkbox"/> A/C - Rate
<input type="checkbox"/> CPAP	<input type="checkbox"/> TV _____	or	<input type="checkbox"/> Set Pressure _____
	<input type="checkbox"/> FiO ₂ _____		<input type="checkbox"/> PEEP _____
VENT SET TO MAINTAIN GOAL OF:		SUPPORT:	
pH	<input type="checkbox"/> 7.30 – 7.40 or <input type="checkbox"/> _____	<input type="checkbox"/> Pressure Support (target pressure)	_____
PaCO ₂	<input type="checkbox"/> 35-45 or <input type="checkbox"/> _____	<input type="checkbox"/> Volume Support (target TV)	_____
PaO ₂	<input type="checkbox"/> 80-100 or <input type="checkbox"/> _____	<input type="checkbox"/> Tubing Compensation (100%) or	_____
SaO ₂	<input type="checkbox"/> 92-96% or <input type="checkbox"/> _____		
<i>PEEP and Mode are not to be changed without a physician's order.</i>			
RESPIRATORY MEDICATIONS:			
<input type="checkbox"/> Albuterol MDI 4 puffs Q4H and PRN Q _____ HRS Wheezing or SOB			
<input type="checkbox"/> Levalbuterol 0.63 mg per SVN Q6H			
<input type="checkbox"/> Atrovent MDI 4 puffs Q4H and PRN Q _____ HRS Wheezing or SOB			
<input type="checkbox"/> Flovent 2 puffs 220mg BID			
<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Chest X-ray for ET tube placement within ½ hour of stabilization.			
<input type="checkbox"/> Baseline ABG's within ½ hour of stabilization.			
<input type="checkbox"/> Sputum for C&S and Gram Stain within an hour of intubation			
<input type="checkbox"/> ETCO ₂ monitoring. <input type="checkbox"/> Continuous SpO ₂ monitoring			
<input type="checkbox"/> Ventilator Wean per Standard Procedure to start when patient is hemodynamically stable, off vasoconstrictors and FiO ₂ <50%, PEEP <10 and clinically improving. SpO ₂ >90%, RR ≤ 30, GCS >8, Place on spontaneous PS = 10, Peep < 8, protocol weaning parameters.			
IF SPONTANEOUS BREATHING TRIAL SUCCESSFUL PER WEANING PROTOCOL NOTIFY MD OF TRIAL RESULTS			
FOR CONSIDERATION OF PATIENT EXTUBATION, ASSURE IMMEDIATE PHYSICIAN AVAILABILITY FOR REINTUBATION IF NEEDED.			
MD Signature:		Date:	Time:
Unit Clerk:	Date:	Time:	Noted by RN: Date: Time: