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RECOVERY ROOM ANESTHESIA / VENTILATOR ORDER SHEET

PATIENT IDENTIFICATION

ABBREVIATIONS		Check (✓) As Transcribed	ALLERGY		
DO NOT USE	USE		INDICATE RATIONALE FOR MEDICATION ORDERS		RATIONALE
QD	Daily		Date:	Time:	
QOD	Every Other Day		VENTILATOR ORDERS		
			SIMV	A/C	PSV
			RR		PEEP
QID	4 Times a Day		VT		
			FIO ₂		
U	Units		ABG's	Min Post-Admission	
			<input type="checkbox"/> Wean as tolerated	<input type="checkbox"/> Do not wean	
UG	Microgram		Physician's Signature / Title:		Date:
					Pager:
CC	ML		Faxed By/Time:	NURSE'S Signature / Title:	Date:
					Time:

2mg	0.2mg		Date:	Time:	
			Soft restraints to both wrists X _____ hours for:		
10.0mg	10mg		1. Prevention of accidental extubation		
			2. Protection of lines / drains		
MS or MSO ₄	Morphine Sulfate		TRANSFER ORDER TO NURSING UNIT:		
			1. O ₂ 1-3 liter NC for transfer to Nursing Unit to maintain O ₂ Sat of 92% or greater X 24 hours.		
MG or MgSO ₄	Magnesium Sulfate		2. After 24 hours, check Pulse Oximetry on room air; if 92% or greater, discontinue O ₂ therapy.		
OS	Left Eye		OTHER:	<input type="checkbox"/> Albuterol 2.5 mg via nebulizer <input type="checkbox"/> may repeat x 1	
OU	Both Eyes			<input type="checkbox"/> Xopenex 0.63 mg - 1.25 via nebulizer <input type="checkbox"/> may repeat x 1	
OD	Right Eye			<input type="checkbox"/> Propofol 25 -100 mcg per kg per minute; titrate for sedation	
AS	Left Ear		Physician's Signature / Title:		Date:
AU	Both Ears				Pager:
AD	Right Ear		Faxed By/Time:	NURSE'S Signature / Title:	Date:
					Time:

PART OF THE MEDICAL RECORD