

PENINSULA REGIONAL MEDICAL CENTER

ALLERGIES _____

DATE/ TIME	ICU/MCICU Ventilator Doctor's Orders	INITIALS
	<ol style="list-style-type: none"> 1. Portable chest x-ray Stat and every 8 a.m. 2. Vital signs every 1 hour include I & O 3. Insert foley catheter 4. HOB \geq 30-45 degrees if no contraindication. Assume semi-recumbent posture when able 5. ABG p 30 min on vent then every day and pm 6. Sputum C & S post intubation 7. Position change and passive ROM to all extremities every 2 hours 8. Chem 8, Mg, CBC, each day 9. O₂ protocol or keep O₂ sat _____ 10. Gastric tubes should be placed orally <ul style="list-style-type: none"> <input type="checkbox"/> Nutrition: full strength _____ begin at _____ cc/hr and advance to goal of _____ cc/hr Hold feeding for residual > 200cc <input type="checkbox"/> RestoreX _____ packets/day <input type="checkbox"/> Promod _____ scoops/day 11. Sterile suction PRN 12. Ventilator settings: <ul style="list-style-type: none"> Type/mode _____ Tidal volume or pressure _____ FIO₂ _____ Rate _____ PEEP _____ VE ratio _____ 13. Respiratory Rx _____ 14. Care of cuffed tubes once daily <ul style="list-style-type: none"> - check pressures at vent setup and once daily 15. Ventilator readings every 1 hour x 3 hours, every 2 x 3 hours, and every 4 hours 16. Weaning trials every a.m. if stable 17. Sedation; <ul style="list-style-type: none"> Intermittent _____ continuous _____ If continuous must use sedation protocol; RASS of _____ 18. Ulcer prophylaxis: <input type="checkbox"/> Ranitidine (Zantac) _____ mg IV/PO every _____ hours <ul style="list-style-type: none"> <input type="checkbox"/> Pantoprazole (Protonix) 40 mg IV each day <input type="checkbox"/> Sucralfate (Carafate) 1 gm PO/ngt every 6 hours 19. DVT prophylaxis: <input type="checkbox"/> Enoxaparin (Lovenox) 40 mg subcutaneous each day <ul style="list-style-type: none"> OR <input type="checkbox"/> Heparin 5000 units subcutaneous three times a day <input type="checkbox"/> Teds <input type="checkbox"/> Sequentialis 	



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