

All ventilated patients will be seen by a pulmonology consult if available.

1. Elevate the head of the patient's bed greater than or equal to 30°

- Yes
 No if no, please state reason: _____

2. Daily Sedation Vacation

- Yes
- Hold all sedation daily at 0600 or at _____
 - Restart at ½ previous rate when RASS score is greater than 0; titrate to ordered RASS score
- No if no, please state reason: _____
- Other: _____

3. Respiratory Therapist will conduct daily "Readiness Assessment" per weaning protocol during Sedation Vacation

- Yes initiation time: _____
- No if no, please state reason: _____

4. ICU Delirium

Baseline QTc interval _____ msec, date _____

Contact ordering physician if QTc > 450 msec

- Haloperidol (*Haldol*) _____ mg slow IVP every _____ hours prn agitation
- Quetiapine (*Seroquel*)
- 25mg PO / NGT / OGT every _____ hours
 - _____ mg PO / NGT / OGT every _____ hours

5. RESPIRATORY MEDICATIONS

Nebulizer Solutions

- Albuterol 0.083% (2mg/3mL) via nebulizer every _____ hours
- scheduled
 - prn SOB / wheezing
- Ipratropium 0.02% (0.5mg/2.5mL) via nebulizer every _____ hours
- scheduled
 - prn SOB / wheezing

MDI Inhalers

- Albuterol 17gm MDI _____ INH every _____ hours
- scheduled
 - prn SOB / wheezing
- Ipratropium 14gm MDI _____ INH every _____ hours
- scheduled
 - prn SOB / wheezing

Physician Initial: _____

Mechanical Invasive Ventilator Bundle Order Set

Guam Memorial Hospital Authority

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6. SEDATION (use RASS score below):

RICHMOND AGITATION-SEDATION SCALE (RASS) ASSESSMENT

+4	COMBATIVE – combative, violent, immediate danger to staff
+3	VERY AGITATED – pulls to remove tubes or catheters; aggressive
+2	AGITATED – frequent non-purposeful movement, fights ventilator
+1	RESTLESS – anxious, apprehensive, movements not aggressive
0	ALERT & CALM – spontaneously pays attention to caregiver
-1	DROWSY – not fully alert, but has sustained awakening to voice
-2	LIGHT SEDATION – briefly awakens to voice
-3	MODERATE SEDATION – movement or eye opening to voice
-4	DEEP SEDATION – no response to voice, but movement or eye opening to physical stimulation
-5	UNAROUSABLE – no response to voice or physical stimulation

SEDATIVE DRIPS

- Versed (*Midazolam*) 1mg/mL continuous infusion:
 - Maintenance dose _____ mg/hr continuous infusion and titrate to target RASS _____ to _____ .
 - Maximum rate: _____ mg/hr
- Propofol (*Diprivan*) 10mg/mL continuous infusion:
 - Maintenance dose _____ mcg/kg/min continuous infusion and titrate to target RASS _____ to _____ .
 - Maximum rate: 50mcg/kg/min
- Dexmedetomidine (*Precedex*) 4mcg/mL continuous infusion:
 - Maintenance dose _____ mcg/kg/hr continuous infusion and titrate to target RASS _____ to _____ .
 - Maximum rate: _____ mcg/kg/hr
- Other: _____ bolus _____ mg IVP every _____ hours prn _____

7. ANALGESIA

Choose analgesic and check box to maintain Pain Intensity Rating Score (FACES) less than _____ or equal to _____ .

ANALGESIC DRIPS

- Fentanyl (*Sublimaze*) 10mcg/mL continuous infusion:
 - Maintenance dose _____ mcg/hr continuous infusion and titrate to pain relief.
 - Maximum rate: 200mcg/hr
- Morphine 1mg/mL continuous infusion:
 - Loading dose: _____ mg IVP; may repeat times _____
 - Maintenance dose _____ mg/hr continuous infusion and titrate to pain relief
 - Maximum rate: _____ mg/hr
- Other: _____ bolus _____ mg IVP every _____ hours prn pain scale _____ to _____ .

Physician initial _____

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8. Peptic Ulcer Disease Prophylaxis (please choose one):

If no prophylaxis chosen, please state reason: _____

- Omeprazole (*Prilosec*) 20mg PO / NGT / OGT daily
- Pantoprazole (*Protonix*) 40mg Q24H IV PO
- Sucralfate (*Carafate*) 1mg PO QID
- Other: _____ (dose) _____ (route) _____ (frequency) _____

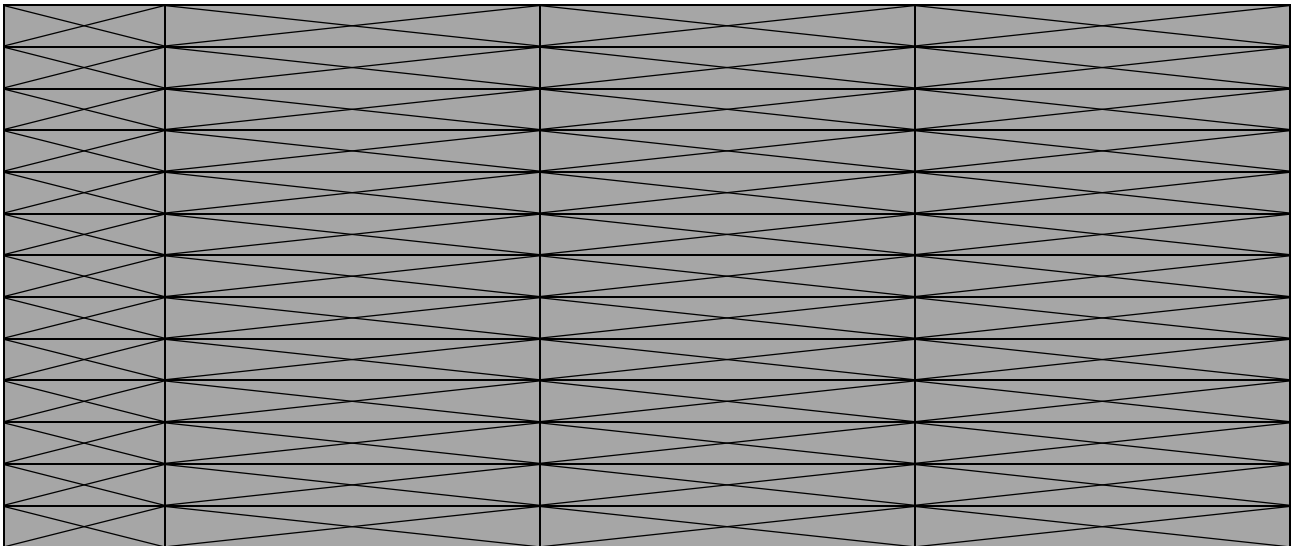
9. Deep Vein Thrombosis (DVT) Prophylaxis (please choose one):

If no prophylaxis chosen, please state reason: _____

- Enoxaparin (*Lovenox*)
 - 40mg SC every 24 hours
 - 40mg SC twice daily
 - 30mg SC every 24 hours (recommended for low body weight)
 - Other: _____
- Heparin
 - 5,000 units SC every 8 hours
 - 5,000 units SC every 12 hours
 - 2,500 units SC every 12 hours (recommended for low body weight)
 - Other: _____
- Pneumatic Compression Device / Sequential Compression Device (SCD)
(Needs to be on the patient continuously while in bed)

Physician: _____

Date: _____ **Time:** _____



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