

<b>UMC Health System</b>  <b>BICU SMOKE INHALATION HFOV PROTOCOL PLAN</b>	<b>Patient Label Here</b>
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**PHYSICIAN ORDERS**

**Diagnosis** \_\_\_\_\_

**Weight** \_\_\_\_\_ **Allergies** \_\_\_\_\_

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

**ORDER ORDER DETAILS**

	<b>Respiratory</b>
	BICU Smoke Inhalation HFOV Protocol
	Notify RT (Increase MAP to get SpO2 greater than or equal to 92%)
	Notify RT (Stop adjusting MAP when SpO2 is greater than or equal to 90%)

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TO   
  Read Back   
  Scanned Powerchart   
  Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_