

UMC Health System MECHANICAL VENTILATION PLAN	Patient Label Here
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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

Patient Care

Patient Activity
 Bedrest, HOB elevation 30 - 45 degrees

Perform Oral Care
 Per Unit Standards, Use SAGE oral cleansing & suctioning system

ICU Progressive Mobility Guidelines

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

ocular lubricant
 1 app, both eyes, as needed, PRN dry eyes

Respiratory

Ventilator Settings

Ventilator Settings APRV

Ventilator Settings HFOV

Arterial Blood Gas

MICU Ventilator Weaning Protocol

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TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

