UMC Health System

NICU RESPIRATORY PLAN

Patient Label Here

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
	Room Air Trials (NICU) ☐ Keep O2 Sat Greater Than: 90%, Freq: Daily, Spec Instr: Reapply oxygen if O2 parameter is not met.
	Wean Nasal Cannula to Room Air (NICU) ☐ Keep Sats Greater Than: 90%
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	Select the order below for as needed nebulized treatments: **albuterol (albuterol-inhalation neonatal)** ☐ 0.1 mg/kg, inhalation, soln, q3h, PRN wheezing ☐ 0.1 mg/kg, inhalation, soln, q4h, PRN wheezing ☐ 0.1 mg/kg, inhalation, soln, q6h, PRN wheezing ☐ 0.1 mg/kg, inhalation, soln, q12h, PRN wheezing
	Select the orders below for scheduled nebulized treatments: **albuterol (albuterol-inhalation neonatal)** ☐ 0.1 mg/kg, inhalation, soln, q3h ☐ 0.1 mg/kg, inhalation, soln, q4h ☐ 0.1 mg/kg, inhalation, soln, q6h ☐ 0.1 mg/kg, inhalation, soln, q8h ☐ 0.1 mg/kg, inhalation, soln, q12h
	budesonide (budesonide-inhalation neonatal) ☐ 0.25 mg, inhalation, neb, q12h
	Diagnostic Tests
	DX Chest Portable ☐ T;N
	Respiratory
	Chest Physiotherapy ☐ q4h ☐ q6h ☐ q8h
	Nasal CPAP
	Nitric Oxide Administration
	Oxygen Therapy ☐ ***See Policy and Procedure***
	Ventilator Settings
	Ventilator Settings HFOV ☐ I-Time (%): 33%
	Arterial Blood Gas ☐ STAT ☐ Routine, Every AM, PRN: ☐ Routine, q24h, PRN:
	Capillary Blood Gas
	Mixed Venous Blood Gas

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____