

PICU MECHANICAL VENTILATION AND NEUROMUSCULAR BLOCKADE PLAN

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

**Obtain Specialty Bed**

Order: Rotorest

**Perform Oral Care**

Per Unit Standards, May use oral care kits. DO NOT use plaque solution, brush teeth without.

**Suction Patient**

Per VAP Guidelines

**Perform Neurological Checks**

- q1h
- q1h, until NMBA infusion rate has not changed for 4 hours, then q2h.
- q2h

**Insert Gastric Tube**

Nasogastric - NG  Dobhoff Tube

**Apply Peripheral Nerve Stimulator**

**Monitoring**

**Brain Function Monitoring**

- Type: Brain Z  Type: 5 Lead EEG
- Type: SEDline  Type: Invos

**Guideline**

**VAP Prevention Guidelines - Pediatric**

\*\*\*See Reference Text\*\*\*

**Pediatric Neuromuscular Blocking Agent G (Pediatric Neuromuscular Blocking Agent Guidelines)**

\*\*\*See Reference Text\*\*\*

**Communication**

**Notify Nurse (DO NOT USE FOR MEDS)**

Do not perform wake up trials while patient is on a paralytic.

**Notify Provider (Misc)**

Reason: Contact provider if a titratable drip is increased by 1/2 of the maximum rate in a 4 hour period.

**Medications**

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

**ocular lubricant**

1 app, both eyes, ophth oint, as needed, PRN dry eyes

**ocular lubricant (Artificial Tears)**

1 drop, both eyes, ophth soln, as needed, PRN dry eyes

**Paralytic**

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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PHYSICIAN ORDERS

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
	Initial Dose <b>vecuronium</b> <input type="checkbox"/> 0.1 mg/kg, IVPush, inj, ONE TIME
	<b>rocuronium</b> <input type="checkbox"/> 1 mg/kg, IVPush, inj, ONE TIME
<b>Titratable Continuous Infusions</b>	
	<b>vecuronium 15 mg/30 mL NS (PICU) - Titra (vecuronium 15 mg/30 mL NS (PICU) - Titratable)</b> <input type="checkbox"/> IVsyr, Max titration: 0.01 mg/kg/hr every 10 minutes, Max dose: 0.15 mg/kg/hr Final Concentration = 1 mg/mL (1000 mcg/mL). <input type="checkbox"/> Start at rate: _____ mg/kg/hr
	<b>rocuronium 30 mg/30 mL NS (PICU) - Titra (rocuronium 30 mg/30 mL NS (PICU) - Titratable)</b> <input type="checkbox"/> IVsyr, Max titration: 1 mcg/kg/min every 5 minutes, Max dose: 12 mcg/kg/min Final Concentration = 1 mg/mL (1000 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/kg/min
<b>Fixed Rate Continuous Infusions</b>	
	<b>vecuronium 15 mg/30 mL NS (PICU) - Fixed (vecuronium 15 mg/30 mL NS (PICU) - Fixed Rate)</b> <input type="checkbox"/> IVsyr Final Concentration = 1 mg/mL (1000 mcg/mL). Provider order is REQUIRED for all rate changes. <input type="checkbox"/> Start at rate: _____ mg/kg/hr
	<b>rocuronium 30 mg/30 mL NS (PICU) - Fixed (rocuronium 30 mg/30 mL NS (PICU) - Fixed Rate)</b> <input type="checkbox"/> IVsyr Final Concentration = 1 mg/mL (1000 mcg/mL). Provider order is REQUIRED for all rate changes. <input type="checkbox"/> Start at rate: _____ mcg/kg/min
<b>Respiratory</b>	
	<b>Ventilator Settings</b>
	<b>Ventilator Settings APRV</b>
	<b>Ventilator Settings HFOV</b>
	<b>CPAP</b>
	<b>BiPAP</b>
	<b>Arterial Blood Gas</b>
	<b>End Tidal CO2 Monitoring</b>
	<b>Weaning Parameters</b>

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

