

<p>UMC Health System</p> <p>POST EXTUBATION PLAN</p>	<p>Patient Label Here</p>
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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 greater than or equal to 30 degrees.

Patient Activity
 Up in Chair as Tolerated, TID

Discontinue Gastric Tube (Discontinue OG Tube)

Discontinue Gastric Tube (Discontinue NG Tube)

Nursing Swallowing Screen

Dietary

Either Continue Tube Feedings or Discontinue Tube Feedings

Oral Diet

Clear Liquid Diet Clear Liquid Diet, Advance as tolerated to Regular

Clear Liquid Diet, Advance as tolerated to Full Liquid

Medications

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

Discontinue continuous IV pain medications/ICU sedation protocol

Respiratory

Arterial Blood Gas
 Post extubation

Respiratory Care Plan Guidelines

Notify RT (ABG to be drawn post extubation at)
 ABG to be drawn post extubation at

IS Instruct
 IS Instructions: q4h for 48hrs.

Physical Medicine and Rehab

Consult Speech Therapy for Eval & Treat
 Swallow Evaluation & Treatment

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TO
 Read Back
 Scanned Powerchart
 Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____