

<b>UMC Health System</b>  <b>POST OP OPEN HEART VENTILATOR PROTOCOL PLAN</b>	<b>Patient Label Here</b>
--	---------------------------

**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**

**Respiratory**

**Post Op Open Heart Ventilator Protocol (Post Op Open Heart Ventilator Care & Weaning Protocol)**  
 \*\*\*See Reference Text\*\*\*

**Notify RT (May decrease Tidal Volume less than 6mL/kg)**  
 May decrease Tidal Volume less than 6mL/kg

**Notify RT (DO NOT decrease Tidal Volume less than 6mL/kg)**  
 DO NOT decrease Tidal Volume less than 6mL/kg

**Notify RT (ABG parameters should be drawn correlate ETCO2, SaO2 & document SvO2, K+, Lactate & Ionized Ca)**  
 ABG parameters should be drawn correlate ETCO2, SaO2 & document SvO2, K+, Lactate & Ionized Ca

**Notify RT (Wean Vent per Standing Delegation Orders Begin @)**  
 Wean Vent per Standing Delegation Orders Begin @

**Notify RT (Call Anesthesia with NIF, VC, CPAP and ABG)**  
 Call Anesthesia with NIF, VC, CPAP and ABG

**Notify RT (Overnight with a goal of CPAP)**  
 Overnight with a goal of CPAP

**Notify RT (Overnight with a goal of extubate at 0630)**  
 Overnight with a goal of extubate at 0630

**Notify RT (Respiratory Therapy evaluation upon extubation)**  
 Respiratory Therapy evaluation upon extubation

**Respiratory Care Plan Guidelines**

--	--

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

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

