UMC Health System

RESPIRATORY CARE PLAN PROTOCOL

Patient Label Here

PHYSICIAN ORDERS

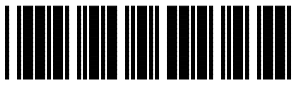
Diagnosis _____

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
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	albuterol-ipratropium (albuterol-ipratropium 2.5 mg-0.5 mg/3 mL inhalation solution) ☐ 3 mL, inhalation, soln, q4h ☐ 3 mL, inhalation, q4h, PRN shortness of breath or wheezing
	albuterol (albuterol (Ventolin) 0.5% inhalation solution) ☐ 2.5 mg, inhalation, soln, q4h ☐ 2.5 mg, inhalation, soln, q4h, PRN wheezing
	albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution) ☐ 2.5 mg, inhalation, soln, q4h ☐ 2.5 mg, inhalation, soln, q4h, PRN shortness of breath or wheezing
	ipratropium (ipratropium (Atrovent) 0.5 mg/2.5 mL (0.02%) inhalation solution) ☐ 2.5 mL, inhalation, soln, q4h, 2.5 mL = 0.5 mg 2.5 mL = 0.5 mg ☐ 2.5 mL, inhalation, soln, q4h, PRN wheezing, 2.5 mL = 0.5 mg 2.5 mL = 0.5 mg
	Respiratory
	Oxygen (O2) Therapy ☐ Keep sats greater than: 90%
	Chest Physiotherapy ☐ 6x/day, All lung areas ☐ QID, All lung areas ☐ 4x/day, All lung areas ☐ TID, All lung areas
	Aerobika ☐ TID ☐ 6x/day ☐ QID ☐ 4x/day
	Versapap ☐ TID ☐ 4x/day ☐ QID ☐ 6x/day
	Suction Patient
	IS Instruct ☐ IS Instructions: TID for 1 day ☐ IS Instructions: QID for 1 day ☐ IS Instructions: q6h for 24hrs ☐ IS Instructions: TID for 2 days ☐ IS Instructions: QID for 2 days ☐ IS Instructions: q4h for 24hrs
	Continuous Pulse Oximetry

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

Order Taken by Signature: _____ Date _____ Time _____

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