

<b>UMC Health System</b>  <b>SMOKE INHALATION INJURY HEPARIN PROTOCOL PLAN</b>	<b>Patient Label Here</b>
<b>PHYSICIAN ORDERS</b>	
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.	
<b>ORDER</b>	<b>ORDER DETAILS</b>
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	<b>albuterol</b> <input type="checkbox"/> 2.5 mg, inhalation, soln, q8h, Administer with acetylcysteine 20% Start with albuterol+acetylcysteine, then alternate every 4 hours with heparin+sodium chloride treatments, if ordered.
	<b>acetylcysteine (acetylcysteine (Mucomyst) 20% inhalation solution)</b> <input type="checkbox"/> 3 mL, inhalation, neb, q8h, Administer with albuterol. Start with albuterol+acetylcysteine, then alternate every 4 hours with heparin+sodium chloride treatments, if ordered.
	<b>heparin</b> <input type="checkbox"/> 5,000 units, inhalation, neb, q8h, Administer with sodium chloride inh. *FOR INHALATION ONLY. NOT FOR IV USE* Start with albuterol+acetylcysteine, if ordered, then alternate every 4 hours with heparin+sodium chloride treatments.
	<b>sodium chloride (sodium chloride 0.9% inhalation solution)</b> <input type="checkbox"/> 3 mL, inhalation, neb, q8h, Administer with heparin inh. Start with albuterol+acetylcysteine, if ordered, then alternate every 4 hours with heparin+sodium chloride treatments.
<b>Respiratory</b>	
<b>Smoke Inhalation Injury Heparin Protocol</b>	
	<b>Chest Physiotherapy</b> <input type="checkbox"/> Target Lung Area(s): All lung areas, q4h, Hz 10-40 (as tolerated), Pressure 1-4 (as tolerated), After completing 5 min of therapy, pause therapy, have the pt cough or NT suction pt, repeat in 5 min. <input type="checkbox"/> Target Lung Area(s): All lung areas, q4h, Hz 10-40 (as tolerated), Pressure 1-4 (as tolerated), After completing 5 min of therapy, pause therapy and suction pt, repeat in 5 min.
	<b>IS Instruct</b> <input type="checkbox"/> IS Instructions: q2h for 24hrs. <input type="checkbox"/> IS Instructions: q2h for 48hrs.
<b>Oxygen Therapy</b>	
	<b>Sputum Induction</b> <input type="checkbox"/> Sputum for Respiratory Culture, Every M/W/F

 TO     Read Back

 Scanned Powerchart

 Scanned PharmScan

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

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

