

MECHANICAL VENTILATION ORDERS

WRITE FIRMLY – YOU ARE MARKING TWO COPIES

DIRECTIONS FOR COMPLETING FORM 1. All orders for mechanical ventilation must be written on the order form.
2. Parameters for terminating weaning trials must be filled out for patients who are actively weaning.

PHYSICIAN ORDERS FOR MECHANICAL VENTILATION

Mode Options: Assist-Control (S)IMV SIMV with Pressure Support* Pressure Support (only) Pressure Control

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| MODE: | RESPIRATORY RATE: | TIDAL VOLUME: | FIO2: | PEEP |
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| OTHER: | IN LINE TREATMENTS: |
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WEANING ORGERS

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| START DATE/TIME: | DURATION OF TRIAL: | FREQUENCY OF TRIALS: |
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TRIAL METHOD:

OTHER WEANING STRATEGY:

CRITERIA FOR TERMINATING WEANING TRIAL: *Parameters for terminating weaning trials are listed below. If patient fails weaning trial he/she will be automatically placed on previous settings or settings that provide appropriate ventilation and oxygenation.*

- Respiratory Rate: >30 bpm or <8 bpm Tidal Volume: <5 ml/kg
- Heart Rate: >120 bpm or <60 bpm Blood Pressure: >15% increase or decrease
- Obvious Distress
- AGB's: pH<7.30 or 7.50 pCO2>50 or <30 pO2<70mmHg SaO2<90%

LIST PARAMETERS IF DIFFERENT FROM ABOVE:

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*Consult Respiratory Therapy Department, Ext. 55500 or Beeper No. 91601