Mechanical Ventilation Adult Subphase

Admit/Transfer/Discharge
Orders must be renewed every 72 hours (NOTE)*

Vital Signs/Monitoring
Patient Monitor
  Pulse Oximetry, Constant Indicator (DEF)*
  Cardiorespiratory, Constant Indicator
  Cardiorespiratory and Pulse Oximetry, Constant Indicator
Notify Provider Laboratory Results

Diet
NPO
  Including Medications
Bolus Tube Feeding
Continuous Tube Feeding

Laboratory
ABG w/Meas Sat
  Blood, Urgent collect, ONCE

Respiratory
Ventilator Mechanics
  QAM
Please choose the appropriate ventilator setting details after viewing the Mechanical Ventilation Guidelines. Either choose the preferred ventilator protocol or physician defined ventilator settings. If a protocol is used and specific initial ventilator settings are desired please indicate by placing patient on protocol and noting the preferred settings in the order details. (NOTE)*

Ventilator Settings
Patient Weaning Parameters

Radiology/Imaging
Subsequent XR Chest must be ordered individually with the appropriate start date/time and reason for exam. (NOTE)*
  XR Chest 1 View Frontal

Diagnostic Tests
All diagnostic tests must be ordered on paper diagnostic order forms. (NOTE)*

Consults/Ancillary Services
All medical service consults remain on paper consult form. (NOTE)*
  Consult Respiratory Therapy

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase