

Adult Anesthesia Post-Op

Nursing

Nursing

Bedside glucose

Priority: **[Routine]** [STAT]

Frequency: **[Conditional]** [Once] [Daily] [Q4H] [Q6H] [AC only] [AC & HS] [User Schedule]

Order comments: Perform Point of Care (POC) blood glucose in PACU, if patient has Diabetes, BMI 25 or Greater, Age 45 or Greater, or has an insulin pump. Notify Anesthesia if result is less than 70 mg/dL OR greater than 200 mg/dL for consideration of the Perioperative Glycemic Control Optimization on Day of Surgery Pathway (Order Set #2379).

Scheduling Instructions:

Notify Anesthesia - blood glucose

Priority: **Routine**

Frequency: **[Until Discontinued]** [Once]

Starting: Today, At: N

Order comments: Notify Anesthesia if Point of Care (POC) blood glucose result is less than 70 mg/dL OR greater than 200 mg/dL for consideration of the Perioperative Glycemic Control Optimization on Day of Surgery Pathway (Order Set #2379).

Phase of Care: PACU

Notify Anesthesia - respiratory rate

Priority: **Routine**

Frequency: **[Until Discontinued]** [Once]

Starting: Today, At: N

Order comments: If respiratory rate is less than 10 breaths/min prior to administering narcotics.

Phase of Care: PACU

Ok to use Central Line

Priority: **[Routine]**

Frequency: [Once] **[Until Discontinued]**

Starting: Today, At: N

Order comments:

Scheduling Instructions:

Questions:

Device: **[Central Line]** [Feeding Tube] [Peripheral line] [PICC line] [Portacath] [NG Tube] [Dialysis Access] [Other]

Possible Cascading Questions:

If (answer is Other):

Other:

Discontinue arterial line

Priority: **[Routine]** [STAT]

Frequency: **[Once]** [Q4H] [Q Shift] [Daily]

Order comments: Prior to discharge from the PACU

Scheduling Instructions:

Deaccess Port-A-Cath

Priority: **[Routine]** [STAT]

Frequency: **[Once]** [Q4H] [Q Shift] [Daily]

Order comments:

Scheduling Instructions:

IV Fluids

Maintenance IV Fluids

lactated Ringer's infusion

Dose: **[30 mL/hr]** [50 mL/hr] [75 mL/hr] [100 mL/hr] [125 mL/hr]

Route: **[intravenous]**

Frequency: **[Continuous]**

Admin Instructions:

Priority: **[Routine]**

For patients on dialysis OR coming for dialysis access - sodium chloride 0.9 % infusion

Dose: 30 mL/hr

Route: **[intravenous]**

Frequency: **[Continuous]**

Admin Instructions:

Priority: **[Routine]**

For patients diagnosed with Renal Failure and/or CHF - sodium chloride 0.9 % infusion

Dose: 500 mL

Route: **[intravenous]**

Frequency: **[PRN]** [Continuous]

Admin Instructions:
Priority: **[Routine]**

Post-Op Medications

Post-Op Pain Medications: Option 1

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be considered.

Option 1 (Selection Required)

fentaNYL (SUBLIMAZE) injection

Dose: 25 mcg
Route: **[intravenous]** [intramuscular] [subcutaneous]
Frequency: **[Q5 Min PRN]** [Q1H PRN] [Q2H PRN] [Once]
For: 6 Doses
Admin Instructions:
Priority: **[Routine]**

HYDROmorphine (DILAUDID) injection

Dose: 0.3 mg
Route: **[intravenous]** [intramuscular] [subcutaneous]
Frequency: **[Q5 Min PRN]** [Once] [Q2H PRN] [Q3H PRN] [Q4H PRN]
For: 6 Doses
Admin Instructions:
Priority: **[Routine]**

Post-Op Pain Medications: Option 2

Option 2 will only be administered ONLY if patient has failed to achieve adequate pain relief from Option 1 maximum dose.
Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

Option 2 (Selection Required)

fentaNYL (SUBLIMAZE) injection

Dose: 25 mcg
Route: **[intravenous]** [intramuscular] [subcutaneous]
Frequency: **[Q5 Min PRN]** [Q1H PRN] [Q2H PRN] [Once]
For: 6 Doses
Admin Instructions: Administer Option 2 ONLY if patient failed to achieve adequate pain relief from all Option 1 doses. Monitor and record pain scores and respiratory status.
Priority: **[Routine]**

HYDROmorphine (DILAUDID) injection

Dose: 0.3 mg
Route: **[intravenous]** [intramuscular] [subcutaneous]
Frequency: **[Q5 Min PRN]** [Once] [Q2H PRN] [Q3H PRN] [Q4H PRN]
For: 6 Doses
Admin Instructions: Administer Option 2 ONLY if patient failed to achieve adequate pain relief from all Option 1 doses. Monitor and record pain scores and respiratory status.
Priority: **[Routine]**

Post-Op Pain Medications: Additional

acetaminophen (OFIRMEV) injection

Dose: **[1,000 mg]** [10 mg/kg] [12.5 mg/kg] [15 mg/kg]
Route: **[intravenous]**
Frequency: **[Once]** [Once PRN]
Admin Instructions: IV acetaminophen is restricted to use in patients that cannot tolerate oral, per tube, or rectal routes of administration, and is only approved for post-operative use. If patient status allows, please utilize an alternate route of administration of acetaminophen.
Priority: **[Routine]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [Call me before conversion to PO]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met? [Yes, care area and patient restriction criteria are met] [Formulary policy override (Pharmacist use only)] [No]

Possible Cascading Questions:

If (answer is Formulary policy override (Pharmacist use only)):

RX only: Provide name of secondary pharmacist who provided authorization and open a "Formulary Policy Override" i-Vent:

If (answer is No):

HM Policy Alert:

No Analgesics Indicated for Post Op Pain Management

Anesthesia communication

Priority: **Routine**

Frequency: Once **Until Discontinued**

Starting: Today, At: N

Order comments: No analgesics indicated for post op pain management

Scheduling Instructions:

Post-Op Shivering

meperidine (DEMEROL) injection (Selection Required)

meperidine (DEMEROL) injection

Dose: 12.5 mg

Route: **intravenous** intramuscular subcutaneous

Frequency: Q5 Min PRN

For: 2 Doses

Admin Instructions: May give a second dose of 12.5 milligrams after 5 minutes if patient continues to shiver. For PACU Use Only. Monitor and record respiratory status.

Priority: **Routine**

Questions:

Formulary approved non-pain management indication(s) : Drug-induced rigors Therapeutic hypothermia **Post-operative shivering**

morPHINE injection

Dose: 2 mg

Route: **intravenous** intramuscular subcutaneous

Frequency: **Once PRN** Once Q2H PRN Q3H PRN Q4H PRN

For: 1 Doses

Admin Instructions:

For PACU Use Only. Monitor and record respiratory status.

Priority: **Routine**

naloxone (NARCAN) - for Respiratory Depression

For patients with Respiratory Rate LESS than 8 per minute OR if patient is stuporous or unarousable.

naloxone (NARCAN) injection

Dose: 0.1 mg

Route: **intravenous** intramuscular subcutaneous

Frequency: **Q1 Min PRN** Once PRN

Admin Instructions: Repeat Naloxone 0.1 mg once in 2 minutes if necessary (MAXIMUM 0.2 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. Notify Anesthesia if administered.

Priority: **Routine**

Post-Op Antiemetics

ondansetron (ZOFTRAN) IV or Oral (Selection Required)

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet

Dose: **4 mg** 8 mg 16 mg 24 mg

Route: **oral**

Frequency: **Once PRN** Once Q12H SCH Q8H PRN

For: 24 Hours

Admin Instructions: First-line if not given in previous 6 hours

Priority: **Routine**

Or

ondansetron (ZOFTRAN) injection

Dose: **4 mg** 8 mg 0.1 mg/kg

Route: **intravenous** intramuscular

Frequency: **Once PRN** Once Q8H PRN Q12H

For: 24 Hours

Admin Instructions: First-line if not given in previous 6 hours or not able to tolerate ODT form

Priority: **Routine**

Additional options (choose one additional agent): (Selection Required)

() promethazine (PHENERGAN) injection

Dose: 6.25 mg
Route: intravenous
Frequency: Once PRN
For: 24 Hours
Admin Instructions: Second-line: if ondansetron is ineffective or administered in the prior 6 hours
Priority: **[Routine]**

() droPERidol (INAPSINE) injection

Dose: **[0.625 mg]** [1.25 mg] [2.5 mg]
Route: **[intravenous]** [intramuscular]
Frequency: **[Once PRN]** [Once] [Q6H PRN]
For: 24 Hours
Admin Instructions: Second-line: if ondansetron is ineffective or administered in the prior 6 hours
Priority: **[Routine]**

Questions:

Indication: [Anxiety disorder] [Attention deficit hyperactivity disorder] [Autism] [Bipolar disorder] [Drug dependence therapy] [Insomnia] [Major depressive disorder or dysthymia] [Parkinson's disease and restless legs syndrome] [Psychosis, including schizophrenia (neuroleptics)] **[Other]**
Specify: nausea/vomiting

Possible Cascading Questions:

If (answer is Other):
Specify:

() metoclopramide (REGLAN) injection

Dose: [2.5 mg] [5 mg] **[10 mg]** [15 mg] [20 mg] [30 mg] [40 mg]
Route: **[intravenous]**
Frequency: **[Once PRN]** [Once] [Q6H] [Q6H PRN]
For: 24 Hours
Admin Instructions: Second-line: if ondansetron is ineffective or administered in the prior 6 hours
Priority: **[Routine]**

Questions:

If 18 years and older:
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [Call me before conversion to PO]

Possible Cascading Questions:

If (answer is Call me before conversion to PO):
Contact Number:

Post-Op Antihypertensives

[] labetalol (NORMODYNE, TRANDATE) injection vial

Dose: [2.5 mg] [5 mg] **[10 mg]** [15 mg] [20 mg] [40 mg] [80 mg]
Route: **[intravenous]**
Frequency: Q15 Min PRN
For: 2 Doses
Admin Instructions:
Do not give if heart rate is LESS than 60 beats per minute. Maximum daily dose of 20 mg. For PACU Use Only
Priority: **[Routine]**

[] hydrALAZINE (APRESOLINE) injection

Dose: [2.5 mg] **[5 mg]** [10 mg] [20 mg]
Route: **[intravenous]**
Frequency: Q20 Min PRN
For: 2 Doses
Admin Instructions:
Use for heart rate LESS than 60 beats per minute. Maximum Daily Dose of

10 mg. For PACU Use Only

Priority: **[Routine]**

Questions:

BP HOLD parameters for this order: [BP Hold Parameters requested] [ONCE or PRN Orders - No Hold Parameters Needed]

Possible Cascading Questions:

If (answer is BP Hold Parameters requested):

BP HOLD for:

If (answer is Other Systolic BP):

Hold for Systolic BP LESS than (in mmHg):

If (answer is Other MAP):

Hold for Mean Arterial Pressure LESS than (in mmHG):

If (answer is Other Doppler BP (LVAD)):

Hold for Doppler Pressure (LVAD) LESS than (in mmHg):

Contact Physician if:

Post-Op Muscle Relaxers

() methocarbamol (ROBAXIN) tablet

Dose: [500 mg] [750 mg] [1,000 mg] [1,500 mg]

Route: [oral]

Frequency: [Once PRN] [TID] [4x Daily] [TID PRN] [4x Daily PRN]

For: 24 Hours

Admin Instructions:

Priority: [Routine]

() methocarbamol (ROBAXIN) 750 mg in sodium chloride 0.9 % 100 mL IVPB

Dose: [250 mg] [500 mg] [750 mg] [1,000 mg]

Route: [intravenous]

Frequency: [Once PRN] [Once] [Q6H PRN] [Q8H PRN] [Q6H SCH] [Q8H SCH]

For: 24 Hours

Admin Duration: 60 Minutes

Admin Instructions:

Priority: [Routine]

Post-Op Anxiolytics

() midazolam (VERSED) injection

Dose: 2 mg

Route: [intravenous] [intramuscular]

Frequency: Once PRN

For: 24 Hours

Admin Instructions:

Priority: [Routine]

Questions:

If 18 years and older:

Indication(s): [Sedation] [Seizures] [Other]

Possible Cascading Questions:

If (answer is Other):

Specify:

() LORazepam (ATIVAN) injection

Dose: [0.25 mg] [0.5 mg] [1 mg] [2 mg]

Route: [intravenous] [intramuscular]

Frequency: Once PRN

For: 24 Hours

Admin Instructions:

Priority: [Routine]

Questions:

Indication(s): [Agitation] [Anxiety] [Myoclonus] [Sedation] [Seizures] [Withdrawal] [Other]

Possible Cascading Questions:

If (answer is Other):

Specify:

Post-Op Respiratory

[] albuterol (PROVENTIL) nebulizer solution

Dose: [2.5 mg]

Route: [nebulization]

Frequency: [Once] [Q4H While awake] [Q6H While awake] [Q6H] [Q4H PRN] [Q6H PRN]

Admin Instructions:

Priority: [Routine]

Questions:

Aerosol Delivery Device: [Hand-Held Nebulizer] [Intrapulmonary Percussive Ventilation (Meta-Neb Device)]

Possible Cascading Questions:

If (answer is Intrapulmonary Percussive Ventilation (Meta-Neb Device)):

Meta-Neb Indications:

If (answer is Hand-Held Nebulizer):

Device:

[] ipratropium (ATROVENT) 0.02 % nebulizer solution

Dose: [0.5 mg]

Route: [nebulization]

Frequency: [Once] [Q4H While awake] [Q6H While awake] [Q4H] [Q6H] [Q4H PRN] [Q6H PRN]

Admin Instructions:

Priority: [Routine]

Questions:

Aerosol Delivery Device: [Hand-Held Nebulizer] [Intrapulmonary Percussive Ventilation (Meta-Neb Device)]

Possible Cascading Questions:

If (answer is Intrapulmonary Percussive Ventilation (Meta-Neb Device)):

Meta-Neb Indications:

If (answer is Hand-Held Nebulizer):

Device:

Post-Op Itching

[] diphenhydrAMINE (BENADRYL) injection

Dose: 25 mg

Route: [intravenous] [intramuscular]

Frequency: Once PRN

For: 24 Hours

Admin Instructions: Diphenhydramine (BENADRYL) injection is the 1st choice for itching.

Priority: [Routine]

[] nalbuphine (NUBAIN) injection

Dose: 2 mg

Route: [intravenous] [intramuscular] [subcutaneous]

Frequency: Q2H PRN

For: 24 Hours

Admin Instructions: Nalbuphine (NUBAIN) injection is the 2nd option for itching if diphenhydramine (BENADRYL) is ineffective.

Priority: [Routine]

Post-Op Infusions

[] dexMEDEtomidine (PREcedex) 4 mcg/ml infusion

Dose: [0.1-1.5 mcg/kg/hr]

Weight Type: [Recorded] [Ideal] [Adjusted] [Order-Specific]

Route: [intravenous]

Frequency: [Continuous] [Titrated]

For: 24 Hours

Admin Instructions:

Generally for mild to moderate sedation. Not for use in patients on neuromuscular blocking agents. NO LOADING DOSE. Initiate dexMEDEtomidine at 0.2 mcg/kg/hr. After initiation reassess RASS within 30 minutes until at goal.

If LESS than desired sedation effect, INCREASE rate by 0.1mcg/kg/hour. Reassess RASS within 30 minutes. If DESIRED sedation effect,

Continue the same rate. Reassess sedation within 4 hours. If GREATER than desired sedation

effect, DECREASE rate by 0.1mcg/kg/hour. Reassess RASS within 30 minutes. If patient requiring GREATER than 1.5mcg/kg/hr, Contact MD to re-evaluate sedation therapy.

Priority: [Routine]

[] norEPInephrine (LEVOPHED) infusion

Dose: [0.5-30 mcg/min]

Route: [intravenous]

Frequency: [Titrated]

Admin Instructions:

Priority: [STAT] [Routine]

Post-Op AOD Medications

Post-Op AOD orders are only for AOD or PACU/Phase II

Post-Op AOD Mild Pain (Pain Score 1-3)

() acetaminophen (TYLENOL) tablet

Dose: 650 mg
Route: **[oral]**
Frequency: Once PRN
For: 1 Doses
Admin Instructions: once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/PHASE II/AOD.
Priority: **[Routine]**

() acetaminophen (TYLENOL) tablet

Dose: 1,000 mg
Route: **[oral]**
Frequency: Once PRN
For: 1 Doses
Admin Instructions: once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/PHASE III/AOD.
Priority: **[Routine]**

Post-Op AOD Moderate Pain (Pain Score 4-6)

() HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet

Dose: **[1 tablet]**
Route: **[oral]**
Frequency: **[Once PRN]** [Q4H PRN] [Q6H PRN]
For: 1 Doses
Admin Instructions: once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/PHASE II/AOD.
Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet

Dose: **[1 tablet]**
Route: **[oral]**
Frequency: **[Once PRN]** [Q4H PRN] [Q6H PRN]
For: 1 Doses
Admin Instructions: once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/PHASE II/AOD.
Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet

Dose: **[1 tablet]**
Route: **[oral]**
Frequency: **[Once PRN]** [Q4H PRN] [Q6H PRN]
For: 1 Doses
Admin Instructions: once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/PHASE II/AOD.
Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution

Dose: **[5 mL]** **[10 mL]** [15 mL]
Route: **[oral]**
Frequency: **[Once PRN]** [Q4H PRN] [Q6H PRN]
For: 1 Doses
Admin Instructions: once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/PHASE II/AOD.
Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() If patient received IV Acetaminophen during procedure - HYDROmorphine (DILAUDID) tablet

Dose: **[1 mg]** [2 mg] [4 mg] [8 mg]
Route: **[oral]**
Frequency: **[Once PRN]** [Q2H PRN] [Q3H PRN] [Q4H PRN]
For: 1 Doses
Admin Instructions: once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/PHASE II/AOD.
Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() If patient received IV Acetaminophen during procedure - oxyCODONE (ROXICODONE) immediate release tablet

Dose: **[2.5 mg]** [5 mg] [10 mg] [15 mg] [20 mg] [30 mg]

Route: **[oral]**

Frequency: **[Once PRN]** [Q3H PRN] [Q4H PRN] [Q6H PRN]

For: 1 Doses

Admin Instructions: once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/PHASE II/AOD.

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

Post-Op AOD Severe Pain (Pain Score 7-10)

() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet

Dose: **[2 tablets]** [1 tablet]

Route: **[oral]**

Frequency: **[Once PRN]** [Q4H PRN] [Q6H PRN]

For: 1 Doses

Admin Instructions: once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/PHASE II/AOD.

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet

Dose: **[2 tablets]** [1 tablet]

Route: **[oral]**

Frequency: **[Once PRN]** [Q4H PRN] [Q6H PRN]

For: 1 Doses

Admin Instructions: once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/PHASE II/AOD.

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() If patient received IV Acetaminophen during procedure - HYDROmorphine (DILAUDID) tablet

Dose: [1 mg] **[2 mg]** [4 mg] [8 mg]

Route: **[oral]**

Frequency: **[Once PRN]** [Q2H PRN] [Q3H PRN] [Q4H PRN]

For: 1 Doses

Admin Instructions: once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/PHASE II/AOD.

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

() If patient received IV Acetaminophen during procedure - oxyCODONE (ROXICODONE) immediate release tablet

Dose: **[5 mg]** [10 mg] [15 mg] [20 mg] [30 mg]

Route: **[oral]**

Frequency: **[Once PRN]** [Q3H PRN] [Q4H PRN] [Q6H PRN]

For: 1 Doses

Admin Instructions: once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/PHASE II/AOD.

Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

Post-Op AOD - Other Pain Meds

[] gabapentin (NEURONTIN)

Dose: [100 mg] [200 mg] [300 mg] [400 mg] [600 mg] [800 mg]

Route: **[oral]**

Frequency: **[Once]** [BID] [TID] [Nightly]

Admin Instructions: Prior to leaving PACU/PHASE II/AOD.

Priority: **[Routine]**

traMADoL (ULTRAM) tablet

Dose: [25 mg] **[50 mg]** [100 mg]
Route: **[oral]**
Frequency: **[Once]** [Q4H PRN] [Q6H PRN] [TID PRN]
Admin Instructions: Prior to leaving PACU/PHASE II/AOD.
Priority: **[Routine]**

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request] [Do NOT allow for patient preference]

Labs

Cardiology

Imaging

Diagnostic X-Ray

Chest 1 Vw Portable

Priority: **[Routine]** [STAT]
Frequency: **[Once]**
Starting: Today, At: 0100
Reason for Exam: [ICU pt, recent tube or catheter insert] [ICU pt, recent chest tube removal] [ICU pt, stable with no clinical status changes] [ICU pt, unstable or clinical worsening] [PICC Line Verification] [Umbilical Line Verification] [Chest tube Verification] [Endotracheal Tube Verification]
Reason for Exam (Free Text): Confirm new central line placement
Modifiers:
Order comments: If NEW central line is placed perioperatively

Questions:

If Female and 10 years - 60 years old:
Is the patient pregnant? [Yes] [No] [Unknown]
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

Possible Cascading Questions:

If (answer is Manual release) Or (answer is Block release):
Reason for preventing immediate release:
Additional details for preventing immediate release:

Respiratory

Respiratory

Mechanical ventilation

Priority: **[Routine]**
Order comments:

Questions:

Mechanical Ventilation: [Invasive] [Non-Invasive]

Possible Cascading Questions:

If (answer is Invasive):
Type of Ventilation:
If (answer is Volume Targeted):
Mode of ventilation:
If (answer is AC):
VT - Tidal Volume (mL):
% O2 (%):
Rate (breaths/minute):
PEEP (cm H2O):
If (answer is SIMV):
VT - Tidal Volume (mL):
% O2 (%):
Rate (breaths/minute):
PEEP (cm H2O):
Pressure Support (cm H2O):
If (answer is Pressure Targeted):
Mode of ventilation:
If (answer is AC):
Inspiratory Pressure (cm H2O):
% O2 (%):
Rate (breaths/minute):
PEEP (cm H2O):
If (answer is SIMV):
Inspiratory Pressure (cm H2O):

% O2 (%):
Rate (breaths/minute):
PEEP (cm H2O):
Pressure Support (cm H2O):

If (answer is Spontaneous):

% O2 (%):
PEEP (cm H2O):
Pressure Support (cm H2O):

If (answer is Adaptive Support Ventilation (ASV)):

% Minute Volume (%):
% O2 (%):
PEEP (cm H2O):

If (answer is Airway Pressure Release Ventilation (APRV)):

PEEP Low (cm H2O):
PEEP High (cm H2O):
% O2 (%):
Inspiratory Time (sec):
Expiratory Time (sec):
Pressure Support (cm H2O):

If (answer is BiLEVEL/DuoPAP):

PEEP Low (cm H2O):
PEEP High (cm H2O):
% O2 (%):
Rate (breaths/minute):
Pressure Support (cm H2O):

If (answer is AVAPS):

PEEP/EPAP (cm H2O):
Rate (breaths/minute):
% O2 (%):
VT - Tidal Volume (mL):
P Min (cm H2O):
P Max (cm H2O):

If (answer is Non-Invasive):

Spontaneous/Timed or AVAPS:

If (answer is AVAPS):

PEEP/EPAP (cm H2O):
Rate (breaths/minute):
% O2 (%):
VT - Tidal Volume (mL):
P Min (cm H2O):
P Max (cm H2O):

If (answer is Spontaneous/Timed):

Inspiratory Pressure/IPAP (cm H2O):
PEEP/EPAP (cm H2O):
Rate (breaths/minute):
% O2 (%):

Vent Management Strategies: [Cardiovascular PostOp Fast Track] [High Frequency Oscillatory Ventilation] [Daily Spontaneous Breathing Trial] [Titrate Oxygen to Keep SaO2 > 92%] [**Adult Respiratory Ventilator Protocol**] [ARDS Protocol]

Possible Cascading Questions:

If (answer is ARDS Protocol):

PEEP Strategy:
Perform the following:

[X] Oxygen therapy

Priority: [**Routine**] [STAT]

Frequency: [**Continuous**] [PRN]

Order comments:

CONT/O2, Nasal Cannula or Mask to keep SaO2 greater than 94%. If unable to wean off Mask may transfer to next level of care with up to 6 liters per minute Oxygen.

Questions:

If 366 days and older:

Initial Device: [**Nasal Cannula**] [High Flow Nasal Cannula (HFNC)] [Heated High Flow] [Non-rebreather mask] [Trach Collar] [Venturi Mask]

Possible Cascading Questions:

If (answer is Nasal Cannula):

If 366 days and older:

Initial Rate in liters per minute:

If 366 days and older:

Titration Option:

If (answer is Titrate Low Flow):

Titrate/wean flow within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):
Specify Flowrate (Lpm):
Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:
If (answer is Other (specify)):
Other FiO2 (%):
Room Air Trial:
If (answer is Yes):
Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is Simple Face Mask):
Initial Rate in liters per minute:
If 366 days and older:
Titration Option:
If (answer is Titrate Low Flow):
Titrate/wean flow within 15 minutes until SpO2 goal is achieved:
If (answer is Other (specify)):
Specify Flowrate (Lpm):
Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:
If (answer is Other (specify)):
Other FiO2 (%):
Room Air Trial:
If (answer is Yes):
Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is Non-rebreather mask):
Initial Rate in liters per minute:
If 366 days and older:
Titration Option:
If (answer is Titrate Low Flow):
Titrate/wean flow within 15 minutes until SpO2 goal is achieved:
If (answer is Other (specify)):
Specify Flowrate (Lpm):
Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:
If (answer is Other (specify)):
Other FiO2 (%):
Room Air Trial:
If (answer is Yes):
Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is Venturi Mask):
Initial FiO2:
If (answer is Other (Specify)):
Specify O2 %:
If 366 days and older:
Titration Option:
If (answer is Titrate High Flow):
Titrate/wean flow within 15 minutes until SpO2 goal is achieved:
If (answer is Other (specify)):
Other lpm:
Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:
If (answer is Other (specify)):
Other FiO2 (%):
Room Air Trial:
If (answer is Yes):
Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is Other (Specify)):
Specify:
If 366 days and older:
Titration Option:
If (answer is Titrate High Flow) Or (answer is Titrate Low Flow):
Titrate/wean flow within 15 minutes until SpO2 goal is achieved:
If (answer is Other (specify)):
Other lpm:
Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:
If (answer is Other (specify)):
Other FiO2 (%):
Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is High Flow Nasal Cannula (HFNC)):
If 366 days and older:
Initial Rate in liters per minute:
If 366 days and older:
Titration Option:

If (answer is Titrate Low Flow):

Titrate/wean flow within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Specify Flowrate (Lpm):

Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Other FiO2 (%):

Room Air Trial:

If (answer is Yes):

Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is Heated High Flow):

Device:

If 366 days and older:

Initial Rate in liters per minute:

If (answer is Other (Specify)):

Specify Flowrate (Lpm):

Initial FiO2:

If (answer is Other (Specify)):

Specify O2 %:

If 366 days and older:

Titration Option:

If (answer is Titrate High Flow):

Titrate/wean flow within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Other lpm:

Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Other FiO2 (%):

Room Air Trial:

If (answer is Yes):

Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is Trach Collar) Or (answer is Face Tent) Or (answer is Aerosol Mask):

If 366 days and older:

Initial Rate in liters per minute:

If (answer is Other (specify)):

Specify Flowrate (Lpm):

Initial FiO2:

If (answer is Other (Specify)):

Specify O2 %:

If 366 days and older:

Titration Option:

If (answer is Titrate High Flow):

Titrate/wean flow within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Other lpm:

Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Other FiO2 (%):

Room Air Trial:

If (answer is Yes):

Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If (answer is T-piece):

Device:

If 366 days and older:

Initial Rate in liters per minute:

If (answer is Other (Specify)):

Specify Flowrate (Lpm):

If 366 days and older:

Titration Option:

If (answer is Titrate High Flow):

Titrate/wean flow within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Other lpm:

Titrate/wean FiO2 within 15 minutes until SpO2 goal is achieved:

If (answer is Other (specify)):

Other FiO2 (%):

Room Air Trial:

If (answer is Yes):

Patient must meet criteria, Low flow < or = 2 Lpm, not on home oxygen, no increased O2 demand in 24 hrs, and does not have continued metabolic need for O2. Turn patient to room air/monitor SpO2 for no less than 10 mins. If patient maintains SpO2 at goal, discontinue Oxygen therapy order.

If 366 days and older:

Initial Rate in liters per minute: [1 Lpm] [2 Lpm] [3 Lpm] [4 Lpm] [5 Lpm] [6 Lpm]

If 0 days - 365 days old:

Rate in tenths of a liter per minute: [0.2 Lpm] [0.4 Lpm] [0.6 Lpm] [0.8 Lpm] [1 Lpm] [1.2 Lpm] [1.4 Lpm] [1.6 Lpm] [1.8 Lpm] [2 Lpm]

If 0 days - 365 days old:

Starting FiO2: [21%] [30%] [Other (Specify)]

Possible Cascading Questions:

If (answer is Other (Specify)):

Specify O2 %:

Specify titration to keep O2 Sat (%) Above: 94

If 365 days and older:

Indications for O2 therapy: [Hypoxemia] [Increased work of breathing] [Respiratory distress] [**Immediate post-op period**] [Acute MI] [Cluster headaches]

If 0 days - 365 days old:

Device: [Nasal Cannula] [Heated High Flow Nasal Cannula (Heated HFNC)] [RAM Cannula] [Other (Specify)]

Possible Cascading Questions:

If (answer is Nasal Cannula):

If 0 days - 365 days old:

Rate in tenths of a liter per minute:

If 0 days - 365 days old:

Starting FiO2:

If (answer is Other (Specify)):

Specify O2 %:

If (answer is Other (Specify)):

Specify:

If (answer is Heated High Flow Nasal Cannula (Heated HFNC)) Or (answer is RAM Cannula):

If 0 days - 365 days old:

Rate in liters per minute:

If (answer is Other (Specify)):

Specify lpm:

If 0 days - 365 days old:

Starting FiO2:

If (answer is Other (Specify)):

Specify O2 %:

If 366 days and older:

SpO2 Goal: [88% - 92%] [94% - 98%] [Other (Specify)]

Possible Cascading Questions:

If (answer is Other (Specify)):

Specify:

If 0 days - 365 days old:

Titrate FiO2 to keep O2 saturations: [90-95%] [93-97%] [95% and above] [Other]

Possible Cascading Questions:

If (answer is Other):

Specify:

If 366 days and older:

Notify Physician if:

If 0 days - 365 days old:

Indications for O2 therapy: [Hypoxemia] [Increased work of breathing] [Respiratory distress] [Other]

Possible Cascading Questions:

If (answer is Other):

Specify:

Rehab

Additional Orders
