Location: _____

General

Admission

◉ **Admit to inpatient** **Frequency:** Once **Ordering Quantity:** 1 **Priority:** Routine
Question(s):
Admitting Physician: ○ 38997
Level of Care: ○ 6
Bed request comments: ○ Donor Care Suite
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Patient Condition:

Nursing

Vital Signs

☑ **Vital signs - every hour** **Frequency:** Every hour **Priority:** Routine **Comments:** Notify Coordinator if Systolic BP is LESS than 90 mmHg or GREATER than 180 mmHg. Core temperature q hour.

Nursing

☑ **Intake and output** **Frequency:** Every shift **Priority:** Routine **Comments:** Monitor hourly output

☑ **Nasogastric tube maintenance** **Frequency:** Until discontinued **Priority:** Routine
Question(s):
Tube Care Orders:

☑ **Nasogastric or Orogastric tube maintenance**

○ **Orogastric tube maintenance** **Frequency:** Until discontinued **Priority:** Routine
Question(s):
Tube Care Orders: ○ To Low Intermittent Suction

○ **Nasogastric tube maintenance** **Frequency:** Until discontinued **Priority:** Routine
Question(s):
Tube Care Orders: ○ To Low Intermittent Suction

☑ **Suctioning** **Frequency:** As needed **Priority:** Routine
Question(s):
Route: ○ Endotracheal

☑ **Oral care**

☑ **Oral care** **Frequency:** Every 4 hours **Priority:** Routine

☑ **Nursing communication** **Frequency:** Until discontinued **Priority:** Routine **Comments:** Arterial Line to Pressure Monitoring

☑ **Nursing communication** **Frequency:** Until discontinued **Priority:** Routine **Comments:** CVP to Pressure Monitoring

☑ **Nursing communication** **Frequency:** Until discontinued **Priority:** Routine **Comments:** Maintain body temp at 95 - 98 degrees Fahrenheit. Utilize Hyper/Hypothermia Blanket if needed.

☑ **Nursing communication** **Frequency:** Until discontinued **Priority:** Routine **Comments:** Monitor core temperature q hour via esophageal, rectal or bladder probe.
Process Instructions:

Do not use nursing communication for medication or vital sign instructions or parameters

☑ **Nursing communication** **Frequency:** Until discontinued **Priority:** Routine **Comments:** ACLS Protocol

☑ **Nursing communication** **Frequency:** Until discontinued **Priority:** Routine **Comments:** Check with on site coordinator if challenge ABG is needed. Challenge ABG place on FiO2 100% PEEP of 5 for 30 minutes draw ABG. Once ABG drawn return to previous ventilator settings.

☑ **Hemodynamic Monitoring** **Frequency:** Continuous **Priority:** Routine **Comments:** Use non-invasive cardiac output monitor (Cheetah, Vigileo, Flowtrac, Argos).
Question(s):
Measure: ○ Cardiac Output (CO) ○ Cardiac Index (CI) ○ SVR ○ SVRI ○ SVO2 ○ Other
Other: SVV

☑ **Bedside glucose** **Frequency:** Conditional Frequency **Priority:** Routine **Specimen Type:** Blood **Comments:** Perform when coordinator is on site and frequency at coordinator's discretion.

☑ **Insert and maintain Foley**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

- [x] **Insert Foley catheter** **Frequency:** Once **Priority:** Routine
Question(s):
Type:
Size:
Urinometer needed:
Indication:
Primary Ordering Comments:
Foley catheter may be removed per nursing protocol.

- [x] **Foley Catheter Care** **Frequency:** Until discontinued **Priority:** Routine
Question(s):
Orders: Maintain

- [x] **Peripheral or Central Line Insert and Maintenance**
  - ○ **Initiate and maintain IV**
    - [x] **Insert peripheral IV** **Frequency:** Once **Priority:** Routine
    - [x] **sodium chloride 0.9 % flush** **Dose:** 10 mL **Frequency:** every 12 hours scheduled **PRN Reasons:** line care
    - [x] **sodium chloride 0.9 % flush** **Dose:** 10 mL **Route:** intravenous **Frequency:** PRN **PRN Reasons:** line care
  - ○ **Initiate and Maintain Central Line**
    - [x] **Nursing Care**
      - [x] **Change dressing** **Frequency:** Weekly **Priority:** Routine **Comments:** Change every 7 days and as needed; If sponge/gauze applied under dressing, then change dressing every 48 hrs. Only reapply gauze dressing if site actively draining. No dressing changes with dialysis catheters, except with physician's order.
      - [x] **Central Venous Catheter has CT Scan capability- Contrast media via lumens designated for power contrast only.** **Frequency:** Until discontinued **Priority:** Routine
      - [x] **For temporary dialysis catheters ONLY: Use ONLY THE PIGTAIL for accessing.** **Frequency:** Until discontinued **Priority:** Routine
      - [x] **Needleless Connector** **Frequency:** Weekly **Priority:** Routine **Comments:** Change needless connector with each IV blood draw, IV tubing change, TPN tubing change, and as needed
    - [x] **IV Flush**
      - [x] **sodium chloride 0.9 % flush: 10 mL** **Dose:** 10 mL **Frequency:** PRN **PRN Reasons:** line care
      Admin Instructions:
      Aspirate and flush 10 mL IV push before and after medications and as needed using turbulent method (at least once weekly for Solo PICC and Groshong). ONLY USE 10 mL SYRINGE OR LARGER TO FLUSH LINE.
      - [x] **sodium chloride 0.9 % flush: 20 mL** **Dose:** 20 mL **Frequency:** PRN **PRN Reasons:** line care
      Admin Instructions:
      Flush with 20 mLs IV push after blood withdrawals and TPN. ONLY USE 10 mL SYRINGE OR LARGER TO FLUSH LINE.
    - [x] **XR Chest 1 Vw Portable** **Frequency:** 1 time imaging **Priority:** Routine **Comments:** Tip verification prior to use with x-ray or other approved verification techniques: Not required for implanted ports previously confirmed at HM
    Question(s):
    Is the patient pregnant?
    Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
  - [x] **Insert arterial line** **Frequency:** Once **Priority:** Routine

Notify

- [x] **Notify Coordinator if Systolic BP is LESS than 90 mmHg or GREATER than 180 mmHg** **Frequency:** Every hour **Priority:** Routine

IV Fluids

Medications

Initiate with the following prior to starting a drip:
Uncheck order for vasopressin 1 units IV push if patient already on vasopressin infusion

- [x] **levothyroxine (SYNTHROID) injection**

  - [x] **levothyroxine (SYNTHROID) injection** **Frequency:** once
  Admin Instructions:
  Give IV push over 2 minutes.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **vasopressin IV bolus from bag Dose:** 1 Units **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Give 1 units bolus before starting infusion.

☑ **hydrocortisone IV 300 mg ONCE followed by 100 mg IV every 8 hours**

☑ **hydrocortisone sodium succinate (Solu-CORTEF) injection Dose:** 300 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences

☑ **hydrocortisone sodium succinate (Solu-CORTEF) injection Dose:** 100 mg **Route:** intravenous **Frequency:** every 8 hours

IV Drips

☑ **levothyroxine (SYNTHROID) IV infusion**

☑ **levothyroxine (SYNTHROID) IV infusion Frequency:** continuous
Admin Instructions:
May increase to 40 mcg/hr per onsite coordinator. Maximum 24 hr dose is approximately 400 mcg.

☑ **vasopressin (PITRESSIN) 0.4 Units/mL in sodium chloride 0.9 % 100 mL infusion Dose:** 0.001 - 0.03 Units/min **Route:** intravenous **Frequency:** titrated **Priority:** STAT
Admin Instructions:
Titrate drip to maintain urine output 1-3 cc/kg/hour.
Notify Coordinator if Vasopressin Drip rate is GREATER than 0.04 Units/min for 2 hours

☑ **norEPInephrine (LEVOPHED) infusion Frequency:** titrated **Priority:** STAT

☐ **phenylephrine (NEO-SYNEPHRINE) infusion Frequency:** titrated **Priority:** STAT

Other medications

☐ **Anticoagulation: select enoxaparin (LOVENOX) or HEParin (porcine) subcutaneous injection**

○ **enoxaparin (LOVENOX) injection Dose:** 0.5 mg/kg **Route:** subcutaneous **Frequency:** every 12 hours **Frequency Limit:** 3 Days
Question(s):
Indication(s): ○ Other
Specify: Prophylactic anticoagulation
Product Admin Instructions:
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **If CrCL < 30, HEParin (porcine) subcutaneous injection Dose:** 5000 Units **Route:** subcutaneous **Frequency:** every 12 hours **Frequency Limit:** 3 Days
Question(s):
Indication: Other
Specify Indication: Prophylactic anticoagulation

☐ **albuterol (ACCUNEB) nebulizer solution**

◉ **albuterol (PROVENTIL) nebulizer solution Dose:** 2.5 mg **Route:** nebulization **Frequency:** Respiratory Therapy - every 4 hours **Frequency Limit:** 3 Days
Question(s):
Aerosol Delivery Device: ○ Intrapulmonary Percussive Ventilation (Meta-Neb Device)
Meta-Neb Indications: ○ Atelectasis ○ Inadequate Lung Expansion ○ Inadequate Secretion Clearance

◉ **albuterol (PROVENTIL) nebulizer solution Dose:** 2.5 mg **Route:** nebulization **Frequency:** Respiratory Therapy - every 4 hours **Frequency Limit:** 3 Days
Question(s):
Aerosol Delivery Device: ○ Hand-Held Nebulizer

☐ **piperacillin-tazobactam (ZOSYN) IV Dose:** 4.5 g **Route:** intravenous **Frequency:** every 8 hours **Frequency Limit:** 3 Days **Priority:** STAT
Question(s):
Indication: ○ Other
Specify: empirical treatment, organ donor
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

☐ **artificial tears ophthalmic ointment (Lacrilube)**

☑ **artificial tears eye ointment Route:** Both Eyes **Frequency:** every 12 hours

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **artificial tears eye ointment** **Route:** Both Eyes **Frequency:** PRN **PRN Comment:** prophylaxis of corneal damage

☐ **sodium chloride 0.9% bag for line care**

☑ **sodium chloride 0.9 % bag for line care** **Dose:** .9 **Frequency:** PRN **PRN Reasons:** line care
Admin Instructions:
For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 24 hours.

VTE

Labs

Labs STAT

☑ **Type and screen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood

☑ **ABO** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** STAT **Specimen Type:** Blood

☑ **CBC with platelet and differential** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Partial thromboplastin time** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

☑ **Prothrombin time with INR** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Basic metabolic panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Sodium level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Calcium level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Glucose level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Phosphorus level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Magnesium level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Hepatic function panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **LDH** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **BUN level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Fibrinogen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **D-dimer, quantitative** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Creatine kinase, total (CPK)** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Creatinine level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Arterial blood gas** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Potassium level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **CO2 level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

- [x] **Amylase level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [x] **GGT** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [x] **Hemoglobin A1c** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [x] **Troponin T** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [x] **Lipase level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [x] **HCG STAT**
  - [x] **hCG qualitative, serum screen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
    Question(s):
    Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Labs Repeating

- [x] **CBC with differential** **Frequency:** Every 8 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 8 hours after initial lab draw.
- [x] **Partial thromboplastin time** **Frequency:** Every 8 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 8 hours after initial lab draw.
  Primary Ordering Comments:
  Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.
- [x] **Prothrombin time with INR** **Frequency:** Every 8 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 8 hours after initial lab draw.
- [x] **Basic metabolic panel** **Frequency:** Every 8 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 8 hours after initial lab draw.
- [ ] **Sodium level** **Frequency:** Every 6 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 6 hours after initial lab draw.
- [ ] **Calcium level** **Frequency:** Every 6 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 6 hours after initial lab draw.
- [ ] **Glucose level** **Frequency:** Every 6 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 6 hours after initial lab draw.
- [x] **Phosphorus level** **Frequency:** Every 8 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 8 hours after initial lab draw.
- [x] **Magnesium level** **Frequency:** Every 6 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 6 hours after initial lab draw.
- [x] **Hepatic function panel** **Frequency:** Every 8 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 8 hours after initial lab draw.
- [ ] **LDH** **Frequency:** Every 6 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 6 hours after initial lab draw.
- [ ] **BUN level** **Frequency:** Every 6 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 6 hours after initial lab draw.
- [ ] **Fibrinogen** **Frequency:** Every 6 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 6 hours after initial lab draw.
- [ ] **D-dimer, quantitative** **Frequency:** Every 6 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 6 hours after initial lab draw.
- [x] **Creatine kinase, total (CPK)** **Frequency:** Every 8 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 8 hours after initial lab draw.
- [ ] **Creatinine level** **Frequency:** Every 6 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 6 hours after initial lab draw.
- [x] **Arterial blood gas** **Frequency:** Every 4 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 4 hours after initial lab draw.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Potassium level** **Frequency:** Every 6 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 6 hours after initial lab draw.

☐ **CO2 level** **Frequency:** Every 6 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 6 hours after initial lab draw.

☐ **Amylase level** **Frequency:** Every 6 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 6 hours after initial lab draw.

☐ **GGT** **Frequency:** Every 6 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 6 hours after initial lab draw.

☑ **Troponin T** **Frequency:** Every 8 hours **Frequency Limit:** 7 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 8 hours after initial lab draw.

☐ **Lipase level** **Frequency:** Every 6 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Draw 6 hours after initial lab draw.

Microbiology

☑ **Urinalysis, automated with microscopy** **Frequency:** Now then every 24 hours **Frequency Limit:** 3 Days **Priority:** Routine **Specimen Type:** Urine
Primary Ordering Comments:
Specimen must be received in the laboratory within 2 hours of collection.

☑ **Gram stain only** **Frequency:** Once **Priority:** Routine **Specimen Type:** Sputum **Comments:** Consult with coordinator

Cardiology

Cardiology

☑ **ECG 12 lead** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** STAT **Maximum Quantity:** 6
Question(s):
Clinical Indications: ○ Rate/Rhythm
Interpreting Physician:

☐ **Transthoracic Echocardiogram Limited or Follow Up, (w Contrast if needed)** **Frequency:** 1 time imaging **Priority:** STAT **Comments:** Perform at bedside only.
Question(s):
Call back number for Critical Findings:
Where should test be performed?
Does this exam need a bubble study?
Preferred interpreting Cardiologist or group:
Process Instructions:
If this patient has had an echocardiogram ordered/performed within the past 120 hours as indicated by repeat Echo orders report on the left. Please contact the Echo department at 713-441-2222 to discuss the reason for a repeat exam with a cardiologist.

For STAT order, select appropriate STAT Indication. Please enter the cell phone number for the ordering physician so the echo attending can communicate the results of the stat test promptly. If the phone number is not entered, we will not be able to perform the test as stat. Please note that nursing unit phone number or NP phone number do not meet this request'

Other Indications should be ordered for TODAY or Routine.

For Discharge or Observation patient, please choose TODAY as Priority.

Imaging

Diagnostic X-ray

☑ **XR Chest 1 Vw** **Frequency:** 1 time imaging **Priority:** STAT
Question(s):
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Respiratory

Respiratory

☑ **Mechanical ventilation** **Frequency:** Continuous **Priority:** Routine
Question(s):
Mechanical Ventilation: ○ Invasive
Vent Management Strategies: Adult Respiratory Ventilator Protocol

☑ **Bedside bronchoscopy** **Frequency:** Once **Priority:** Routine

Consults

Consult Physician

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Consult Intensive Care** **Frequency:** Once **Priority:** Routine
Question(s):
Reason for Consult? ○ For Bronchoscopy and bronchial washing of transplant organ donor
Provider Group:
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

☐ **Consult Pulmonary/Crit Care** **Frequency:** Once **Priority:** Routine
Question(s):
Reason for Consult? ○ For Bronchoscopy and bronchial washing of transplant organ donor
Provider Group:
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

Sign:_____ **Printed Name:**_____ **Date/Time:**_____