This is an add-on order set. Please verify that your orders for treatment cover these key components of the Ventilator Bundle:

* Elevation of the Head of the Bed (this order set)
* Daily "Sedation Vacations" and assessment of readiness to extubate (this order set)
* Peptic Ulcer Disease Prophylaxis (ICU Admission orders)
* Deep Venous Thrombosis Prophylaxis (VTE Navigator or ICU Admission orders)
* Daily oral care with Chlorhexidine (this order set)

### GENERAL - Vent Management

* Prescribed Stress ulcer prophylaxis and DVT prophylaxis in the Gen Admit ICU order set.
* Prescribed Mouth Care orders in the Gen Admit ICU order set.
* Adult mechanical Vent: tidal volume 6-8 mL/kg of ideal body weight.
* Pressure ventilation patient cycled: 3-6 mL/kg of body weight.
* Pressure ventilation not to exceed a pressure setting of 40 cm H2O pressure.
* Ideal Body Weight Calculation: Males = 50 + [2.3 x (height in inches - 60)]. Females = 45.5 + [2.3 x (height in inches - 60)].

### Physician Notifications [225681]

<table>
<thead>
<tr>
<th>Task</th>
<th>Frequency</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify: Physician of successful spontaneous breathing trial [NSG0122]</td>
<td>Routine, AS SPECIFIED</td>
<td>Notify Provider: Attending Physician. If patient has a successful spontaneous breathing trial, contact physician to consider extubation and for order to extubate. Discontinue order post extubation.</td>
</tr>
</tbody>
</table>

### Contingency: Non-Meds [59091]

<table>
<thead>
<tr>
<th>Task</th>
<th>Frequency</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Gas, Arterial [LABABG]</td>
<td>Routine, PRN LAB For 100 Occurrences</td>
<td></td>
</tr>
</tbody>
</table>

### Interventions/Precautions [225682]

Nurse to DC orders post extubation as per orders

<table>
<thead>
<tr>
<th>Task</th>
<th>Frequency</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevate HOB [NSG0016]</td>
<td>Routine, CONTINUOUS</td>
<td>30 degrees at all times, unless contraindicated for reasons such as hemodynamic instability or Intra-aortic balloon pump (IABP). Degrees: 30 Degrees</td>
</tr>
<tr>
<td>Range Of Motion [NSG0030]</td>
<td>Routine, EVERY SHIFT</td>
<td>Type: Passive. Side: Joint. Range:</td>
</tr>
<tr>
<td>Oral Care [NSG0438]</td>
<td>Routine, PRN</td>
<td>Instructions:</td>
</tr>
<tr>
<td>CAM-ICU Delirium Assessment [NSG1027]</td>
<td>Routine, EVERY SHIFT, Starting today</td>
<td>Assess and follow Delirium Protocol</td>
</tr>
<tr>
<td>Agitation treatment strategy - RASS [NSG0123]</td>
<td>Routine, CONTINUOUS</td>
<td></td>
</tr>
</tbody>
</table>
If RASS is not between goal of 0 to -2 with fentanyl using the treat pain first approach, then administer propofol IV infusion per physician medication order. What is the nursing communication order:

<table>
<thead>
<tr>
<th>Coordinate SBT with successful SAT [NSG0123]</th>
<th>Routine, AS SPECIFIED, Starting today Coordinate spontaneous breathing trial (SBT) with Respiratory Therapy to follow successful spontaneous awakening trial (SAT) per orders. What is the nursing communication order: Coordinate SBT with successful SAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Swallow Screen: Perform post extubation [NSG0436]</td>
<td>Routine, ONE TIME Special Instructions: Perform post extubation</td>
</tr>
<tr>
<td>Gastric Tube Management: Insert Nasogastric Tube, Capped [NSG0851]</td>
<td>Routine, CONTINUOUS Capped Tube Type: Nasogastric Tube Suction Type: Action and Frequency: Insert (One Time) PRN Reason: Other instructions:</td>
</tr>
<tr>
<td>Gastric Tube Management: Insert Orogastric Tube [NSG0851]</td>
<td>Routine, ONE TIME For 1 Occurrences Confirm feeding tube placement with X-Ray prior to initiating feeding. Tube Type: Orogastric Tube Suction Type: Action and Frequency: Insert (One Time) PRN Reason: Other instructions:</td>
</tr>
<tr>
<td>Irrigate Tube [NSG0428]</td>
<td>Routine, NOW THEN EVERY 8 HOURS With 100 mL Solution: Sterile Water Location: Device: NGT</td>
</tr>
<tr>
<td>Irrigate Tube [NSG0428]</td>
<td>Routine, ONE TIME Prior to restarting when tube feeding is discontinued or interrupted Solution: Sterile Water Location: Device: NGT</td>
</tr>
</tbody>
</table>

**Ventilator Activity Orders [225683]**

- **Early Mobility - PANEL [226662]**
  - **Early Mobility [40013362]** Routine, EVERY SHIFT, Starting today Starting Level: LEVEL 1
  - **PT Evaluate And Treat - Early mobility [PT0001]** Routine, ONE TIME Weight Bearing (LOWER RIGHT): Weight Bearing (LOWER LEFT): Weight Bearing (LOWER, BILATERAL): Weight Bearing (UPPER) - Specify side/s and percent: 
  - **OT Evaluate And Treat - Early mobility [OT0001]** Routine, ONE TIME Weight Bearing (LOWER RIGHT): Weight Bearing (LOWER LEFT): Weight Bearing (LOWER, BILATERAL): Weight Bearing (UPPER) - Specify side/s and percent: 
- Bedrest [NSG0011] Routine, CONTINUOUS
- **Up In Chair [NSG0849]** Routine, EVERY SHIFT Level of Assistance:
**Respiratory Support [53550]**

Adult mechanical Vent: tidal volume 6-8 mL/kg of ideal body weight.* Pressure ventilation patient cycled: 3-6 mL/kg of body weight.* Pressure ventilation not to exceed a pressure setting of 40 cm H2O pressure.*

Ideal Body Weight Calculation: Males = 50 + [2.3 x(height in inches - 60)]. Females = 45.5 + [2.3 x(height in inches - 60)].

| Ventilator Orders, Adult [RT0079] | Routine, CONTINUOUS  
Ventilator Mode: Assist Control  
FIO2: 1.0  
Keep SPO2 Equal To Or Greater Than: 90%  
Ventilator Rate:  
Tidal Volume: 8 mL/kg Predicted Body Weight  
PEEP/CPAP, Pressure: 5 cm/H2O  
Pressure Support(cm/H2O):  
Pressure Control Level:  
Pressure Control Target Tidal Volume:  
Pressure Support Target Tidal Volume:  
Discontinue post extubation |
|----------------------------------|------------------------------------------------|

| Spontaneous Awakening Trial (SAT, Sedation Vacation) [NSG0123] | Routine, DAILY (NON SPECIFIED), Starting today  
Perform safety screen for spontaneous awakening between 4 and 12 hours following intubation and daily thereafter.  
Perform spontaneous awakening safety screen. (Spontaneous awakening safety screen includes: no active seizures, no active alcohol withdrawal, no paralytic agents, no agitation, no myocardial ischemia for 24 hrs, sedatives not used to control ICP, normal intracranial pressure.)  
If patient passes SAT safety screen, then perform spontaneous awakening trial (SAT) by discontinuing sedative medications.  
If SAT unsuccessful resume sedation at 50% of previous dose and titrate to target RASS.  
Discontinue order post-extubation.  
What is the nursing communication order: Spontaneous Awakening Trial (SAT, Sedation Vacation) |
|------------------------------------------------|------------------------------------------------|

| Spontaneous Breathing Trial (SBT) [RT0062] | Routine, AS SPECIFIED, Spontaneous Breathing Trial (SBT)  
If spontaneous awakening trial was successful, then perform spontaneous breathing trial safety screen. (Safety screen includes: FiO2 <= 50%, O2 sat >= 88%, PEEP < 7.5, no myocardial ischemia for 24 hrs, normal intracranial pressure, mechanical vent not used to control elevated ICP, no significant vasopressor medications, inspiratory efforts are present.)  
If patient passes SBT safety screen, then perform spontaneous breathing trial using { :129205}; Adjust FiO2 (not less than 30%) to maintain oxygen saturation of 92% or greater. If SBT unsuccessful, resume ventilator at previous settings and notify physician. If SBT successful, consider extubation with managing physician.  
Discontinue order post-extubation |
|------------------------------------------------|------------------------------------------------|

| ARDS/ALI Ventilator Management Protocol [RT0096] | STAT, CONTINUOUS  
Follow ARDS Net protocol for Ventilator Management.  
Call MD if: |
**MEDICATIONS: ANALGESICS**

### Discontinue post extubation

#### Pain Scale 1-6 (mild to moderate) Intermittent Injections [225687]
- **fentanyl PF (SUBLIMAZE) 50mcg/mL Inj [8232]**
  - 25 mcg, Intravenous, EVERY 15 MINUTES PRN, Pain, Pain scale 1-6 (mild to moderate)
  - Call physician if pain unrelieved by 3 doses over 1 hour. **BLACK BOX WARNING**

#### Pain Scale 7-10 (severe) Intermittent Injections [225688]
- **fentanyl PF (SUBLIMAZE) 50mcg/mL Inj [8232]**
  - 50 mcg, Intravenous, EVERY 15 MINUTES PRN, Severe Pain (7-10)
  - Call physician if pain unrelieved by 3 doses over 1 hour. **BLACK BOX WARNING**

#### Pain - CPOT 3 or greater (unable to self-report) [225689]
- **PAIN - CPOT 3 OR GREATER PANEL [164915]**
  - **fentanyl PF (SUBLIMAZE) Inj [8232]**
    - 25 mcg, Intravenous, EVERY 15 MINUTES PRN, Pain, CPOT of 3 or greater. See admin. instructions.
    - If pain unrelieved by 25 mcg dose, go to order for higher fentanyl dose or call physician. **BLACK BOX WARNING**
  - **fentanyl PF (SUBLIMAZE) Inj [8232]**
    - 50 mcg, Intravenous, EVERY 15 MINUTES PRN, Pain, CPOT of 3 or greater, pain not controlled with fentanyl 25 mcg dose. See admin. instructions.
    - Notify physician if pain unrelieved by 3 doses in one hour. **BLACK BOX WARNING**

### Pain Control Continuous IV Infusion (Single Response) [225690]
- **fentanyl (SUBLIMAZE) 2,500mcg in 0.9% NaCl 250mL IV Drip [50003043]**
  - 50-300 mcg/hr, Intravenous, TITRATE, See Admin Instructions
  - For pain not controlled with intermittent fentanyl injections.
  - Start at 50 mcg/hour. May titrate by 25 mcg/hr every 15 min to achieve goal pain scale 0-3 or CPOT 0-2.
  - Max dose 300 mcg/hr. - Discontinue prior to extubation.
  - **BLACK BOX WARNING**

**MEDICATIONS: OTHER**

### Sedation for Agitation - Continuous Infusions [225691]
Propofol is preferred treatment for agitation in intubated, mechanically ventilated patients. [If dexmedetomidine (Precedex) is indicated, go Precedex order set]

- **propofol (DIPRIVAN) Inj [30287]**
  - 0-50, Intravenous, TITRATE, See Admin Instructions
  - Starting dose 5 mcg/kg/min.
  - Titrated by 10mcg/kg/min every 15 min to control agitation.
  - Goal RASS score 0 to -2.
  - Max dose 50 mcg/kg/min.
  - Call physician for SBP <90.
  - Order triglycerides on day 3 and every 3 days while on propofol.

- **midazolam (VERSED) 100mg in NaCl 0.9% 100mL IV Drip [50003041]**
  - 0-10, Intravenous, TITRATE, See Admin Instructions
  - To control AGITATION.
  - **BLACK BOX WARNING**
  - Initial Dose: 1 mg/hr.
  - Incremental Dose: 1 mg/hr.
  - Titration Interval: every 15 minutes.
### Sedation for Agitation - Intermittent Injections [225692]

Propofol is preferred treatment for agitation in intubated, mechanically ventilated patients.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>haloperidol (HALDOL) Inj [9668]</td>
<td>2 mg, Intravenous, EVERY 10 MINUTES PRN, Other, Hyperkinesia</td>
<td>Up to 10mg every 12 hours. For IV injections, administer no more than 5 mg/min. For IV administration cardiac monitoring required before, during and minimum of 2 hours after administration. <strong>BLACK BOX WARNING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>midazolam (VERSED) Inj [5500011]</td>
<td>2 mg, Intravenous, Q1H PRN, Agitation, Goal RASS 0 to -2. If 3 consecutive doses does not control agitation, then start midazolam IV infusion per order or call physician. <strong>BLACK BOX WARNING</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Bronchodilators [83350]

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>albuterol 0.5% (2.5mg/0.5mL) Neb Soln [681]</td>
<td>2.5 mg, Oral Inhalation, Q2H PRN, Bronchospasm/Wheezing/Shortness of Breath</td>
<td>Dilute w/ NS to 2.5 mL.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>albuterol 0.5% (2.5mg/0.5mL) Neb Soln [681]</td>
<td>2.5 mg, Oral Inhalation, Q4H WHILE AWAKE (RT)</td>
<td>Dilute w/ NS to 2.5 mL.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ipratropium-albuterol (DUONEB) 0.5-2.5 (3) MG/3ML SOLN [46117]</td>
<td>3 mL, Oral Inhalation, Q4H PRN, Bronchospasm/Wheezing/Shortness of Breath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ipratropium-albuterol (DUONEB) 0.5-2.5 (3) MG/3ML SOLN [46117]</td>
<td>3 mL, Oral Inhalation, Q4H (RT)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Eye and Mouth Care [151790]

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>artificial tears Ophth Ointment [151761]</td>
<td>1 application, Both Conjunctival Sacs, Q4H PRN, Dry Eyes</td>
<td>While patient is sedated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>chlorhexidine (PERIDEX, PERIOGARD) 0.12% Oral Soln [25984]</td>
<td>5 mL, Topical Oral, Q12H</td>
<td>Apply to teeth, mouth, and pharynx with swab and suction. - Discontinue post extubation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>polyvinyl alcohol (ARTIFICIAL TEARS) 1.4% Ophth Drops Soln [41183]</td>
<td>2 Drop, Both Eyes, EVERY 10 MINUTES PRN, Dry Eyes, Dry eyes</td>
<td>Discontinue post extubation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IMAGING AND OTHER DIAGNOSTICS

**X-Ray [130305]**

- **XR Chest 1 View Portable [RAD0921]**
  - STAT
  - Reason for Exam: Reason for Exam: ETT Placement
  - Is the patient pregnant?
  - Additional procedure instructions: 1 TIME IMAGING For 1

### LABS

**Other [129602]**

- **Culture, Respiratory w/ Smear [LABRES]**
  - Routine, ONCE For 1 Occurrences

- **Blood Gas, Arterial [LABABG]**
  - Routine, ONCE For 1 Occurrences
  - Obtain within 30 minutes after initial setting.

- **Blood Gas, Venous [LABVBG]**
  - Routine, ONCE For 1 Occurrences
  - Obtain within 30 minutes after initial setting.

### CONSULTS

**Ancillary Services [53555]**
<table>
<thead>
<tr>
<th>Consult To Nutrition [CON0016]</th>
<th>Reason(s) For Consult: Routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT Evaluate And Treat [PT0001]</td>
<td>Routine, ONE TIME</td>
</tr>
<tr>
<td></td>
<td>Weight Bearing (LOWER RIGHT):</td>
</tr>
<tr>
<td></td>
<td>Weight Bearing (LOWER LEFT):</td>
</tr>
<tr>
<td></td>
<td>Weight Bearing (LOWER, BILATERAL):</td>
</tr>
<tr>
<td></td>
<td>Weight Bearing (UPPER) - Specify side/s and percent:</td>
</tr>
</tbody>
</table>