

(Check boxes/ fill in to activate. Line through to cancel pre-checked orders)

Allergies: NKDA _____

Target RASS score: _____ day (awake) _____ night (sleeping)

If not specified by physician: day (awake): 0 to -1 night (sleeping): 0 to -2

NURSING INTERVENTIONS:

- Pain and RASS scores every 4 hours, and before and after drug titrations
- Spontaneous Awakening Trial (SAT) and Spontaneous Breathing Trial (SBT) every AM. Coordinate with respiratory therapist

LABORATORY/ DIAGNOSTICS:

- Triglyceride level every Monday and Thursday while propofol infusing

MEDICATIONS:

<input checked="" type="checkbox"/> chlorhexidine gluconate (PERIDEX) 10 – 15 mL oral swab every 8 hours	Mouth Care
<input type="checkbox"/> acetaminophen (TYLENOL) 650 mg PO/ TUBE/ PR every 6 hours PRN	Pain adjunct (1-10)

fentaNYL

<input checked="" type="checkbox"/> fentaNYL 20 - 100 mcg IV push every 5 minutes until sedation goals are met, then every 30 minutes PRN. If sedation goals are not met using intermittent pushes, start infusion	Pain (1-10)
<input checked="" type="checkbox"/> fentaNYL infusion 50 - 250 mcg/ hour to maintain sedation goals	
<input checked="" type="checkbox"/> fentaNYL 10 - 50 mcg IV bolus every 10 minutes PRN. Not to exceed 2 bolus doses per hour	

propofol

<input checked="" type="checkbox"/> propofol 0.6 - 1.2 mg/ kg IV loading dose over 5 minutes X 1. Do not give loading dose if hypotension or hemodynamic instability	Anxiety
<input checked="" type="checkbox"/> propofol infusion at 0.3 – 2.5 mg/ kg/ hour. May titrate every 5 minutes to achieve sedation goals	
<input checked="" type="checkbox"/> propofol 0.25 mg/ kg IV bolus every 5 minutes PRN anxiety/ agitation. Not to exceed 2 boluses every 15 minutes. Do not give if hypotension or hemodynamic instability	

- Discontinue these orders upon extubation

Physician Signature	Date	Time
P H Y S I C I A N O R D E R		

