

WHEN DRUG FORMULA AND DOSAGE ARE IDENTICAL, THE PHARMACY MAY DISPENSE THE DRUG WHICH IS IN HOSPITAL STOCK REGARDLESS OF TRADE NAME UNLESS I SPECIFICALLY REQUEST "NO SUBSTITUTE." PHYSICIAN MUST DELETE ORDERS NOT DESIRED (DRAW A SINGLE LINE THROUGH THE ORDER). (IF BLANKS NOT FILLED IN, ORDERS CONSIDERED DELETED.)
Orders not to be initiated without physician signature and/or physician telephone authorization.



1PO

NICU TRANSPORT TEAM RESPIRATORY THERAPY ORDER SET

All orders below initiated per telephone communication by Medical Control Physician (MCP). Boxes that are checked signify which orders the transport team initiated per the corresponding protocol under the direction of the MCP.

Order set initiated at _____ (time) by Dr. _____

Dose Calculation Weight _____ kg

Allergies: NKDA Allergic to: _____

Goal O₂ saturation level: 88-95% (for diagnosis of persistent pulmonary hypertension goal is greater than 95%).

Goal pCO₂: blood gas pCO₂ 45-65 mm Hg

Goal lung inflation: 8-9 rib expansion on chest x-ray

Provide intermittent manual ventilation with a manual bag as necessary to provide respiratory support until definitive respiratory support is provided by high flow nasal cannula, positive pressure and/or mechanical ventilation as described below.

For initiation and adjustment of respiratory support:

High flow nasal cannula

Start at 2 LPM and increase the flow to manage a high pCO₂ or persistent apnea. This may be increased up to 6 LPM.

For initiation and adjustment of mechanical ventilation:

Conventional ventilation settings

PIP: start at 20 cm H₂O or value used during manual ventilation.

PEEP: start at 5 cm H₂O or value used during manual ventilation.

Rate: start at 40 and increase to capture an infant with asynchrony interfering with mandatory ventilation.

To achieve above goal pCO₂ levels:

For pCO₂ levels that need to be lowered:

➢ if the rib expansion is 8-9 ribs, increase the rate by 5 breaths per minute.

➢ if the rib expansion is less than 9 ribs or the rate is greater than 60, increase the PIP by 2 cm H₂O.

For pCO₂ levels that need to be raised:

➢ if the rib expansion is greater than 9 ribs, decrease the PIP by 2 cm H₂O

➢ if the rib expansion is 8-9 ribs, decrease the rate by 5

Adjust the PEEP by 1 cm H₂O to achieve the goal O₂ saturation levels.

High frequency ventilation settings

Use a mean airway pressure 1 cm H₂O above the conventional ventilator mean airway pressure.

Increase the mean airway pressure by 2 cm H₂O if saturations fail to improve to above 85%. The maximum mean airway pressure for infants less than 2 kg should not exceed 14 cm H₂O; and for infants greater than or equal to 2 kg should not exceed 20 cm H₂O. Call the medical control physician if these maximum mean airway pressures do not improve the oxygen saturation.

Frequency: for infants less than 1.5 kg, start at a rate of 480 and for infants greater than or equal to 1.5 kg, start at a rate of 360

Adjust the amplitude for visible chest shake to the lower abdomen or to achieve goal pCO₂ levels.

If amplitude adjustments are not successful, adjust the frequency to achieve the goal pCO₂ levels

If the FiO₂ is less than 40% or expansion on the chest x-ray is greater than 10 ribs, decrease the mean airway pressure by 1 cm H₂O

Inhaled nitric oxide:

Start inhaled nitric oxide at 20 parts per million for refractory hypoxemia (saturations less than 90% on more than 80% O₂ despite maximal ventilatory support).

Inhaled nitric oxide at _____ parts per million, continued at the same dose as the referring hospital.

RCP Printed Name RCP Signature Date: _____ Time: _____

Medical Control Physician Printed Name Medical Control Physician Signature Date: _____ Time: _____



Colby Campus • 1321 Colby Ave.
Pacific Campus • 916 Pacific Ave.
Pavilion for Women and Children • 900 Pacific Ave.
Providence Regional Cancer Partnership
1717 13th Street • Everett, WA 98201

PLACE PATIENT LABEL HERE

NICU TRANSPORT TEAM RESPIRATORY THERAPY
ORDER SET (08/11) PAGE 1 OF 2

Patient Name: _____

Birthdate: _____

39556 (05/24/12)

DO NOT WRITE OUTSIDE OF BORDER AREA

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Evaluation:

- AP chest x-ray to evaluate the ET tube position unless this has been done before team arrival.
- AP chest x-ray to evaluate lung inflation, ET tube position, and lung fields if there is continued difficulty with ventilation or oxygenation.
- AP chest x-ray 15 minutes after starting high frequency ventilation or if no other chest x-ray has been done on high frequency ventilation.
- Blood gas(s) 10-15 minutes post change in ventilation and/or patient deteriorates or improves dramatically after Survanta®.

Medication:

- Give Survanta® (4mL/kg) _____ mL per endotracheal tube following the procedure for surfactant administration (#12500)

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RCP Printed Name RCP Signature Date: Time: _____

Medical Control Physician Printed Name Medical Control Physician Signature Date: Time: _____



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**NICU TRANSPORT TEAM RESPIRATORY THERAPY
ORDER SET (08/11) PAGE 2 OF 2**

Patient Name: _____

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