The Board of Visitors
ryan house
open doors, open hearts

VENTILATOR ORDER

CHILD SUMMARY

Diagnosis _____ Height _____ Weight _____

Respiratory infectious process ☐ MRSA ☐ Other _____

EQUIPMENT / SUPPLY NEEDS

☐ Humidification for ventilator ☐ O_2 concentrator ☐ SVN machine and in-line valved T-adapter ☐ Aerosol setup

☐ T-piece / Trach collar ☐ Suction machine(s) will be used for (check all that apply): ☐ Oral ☐ Tracheal

☐ Other _____

PHYSICIAN / PRACTITIONER ORDERS (Do not leave blanks. Use "N/A" when not applicable.)

Ventilator / Information

Date trached _____ Trach size _____

Trach manufacturer and type _____

Helpful hints for managing your child's airway _____

_____

_____

Settings

Mode (SIMV, A/C) _____ Rate setting (RR) _____ Tidal volume (TV) _____

Pressure support (PSV) _____ Pressure control _____ Peak inspiratory pressure (PIP) _____

O2 bleed-in _____ LPM PEEP _____

Helpful hints for managing your child's airway _____

_____

_____

CPT settings _____ Cycles _____ Frequency _____

Cough assist settings _____ Cycles _____ Frequency _____

FAX to Ryan House at 602.266.0911

T/O or V/O from Physician / Practitioner (print) _____

To Nurse (print) _____

Date _____ Time _____

Physician / Practitioner fax _____

Physician / Practitioner signature _____ Date _____

Physician / Practitioner: Please sign and fax within 72 hours to Ryan House at 602.266.0911

Your signature indicates approval of the orders

Nurse Signature _____ Employee ID _____

Child Name _____ Child ID _____ Date _____