VENTILATOR ORDER

CHILD SUMMARY
Diagnosis ______________________________________________________ Height _______________ Weight _______________
Respiratory infectious process ☐ MRSA ☐ Other ______________________________________________________

EQUIPMENT / SUPPLY NEEDS
☐ Humidification for ventilator ☐ O₂ 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 __________________________