



University of Mississippi
Health Care

University Hospitals and Health System
Jackson, MS

Daily Ventilator Orders

| Order | | Core Ventilator Orders |
|-------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date | Time | |
| | | 1. Ventilation Mode: _____ V _t /PC: _____ RR: _____ PS cmH ₂ O: _____ FIO ₂ : _____ PEEP cmH ₂ O: _____ 2. Wean FIO ₂ to maintain SaO ₂ ≥ 90% <input type="checkbox"/> Pulmonary mechanics <input type="checkbox"/> in AM <input type="checkbox"/> Now |
| Order | | Ventilator Weaning Orders |
| Date | Time | |
| | | <input type="checkbox"/> Spontaneous Breathing Trial (SBT) today to be conducted as designated below, followed by a return to Core Ventilator Orders. <input type="checkbox"/> ABG at end of trial. SBT to be performed via one of the following: <input type="checkbox"/> PSV ___cmH ₂ O <input type="checkbox"/> CPAP ___cmH ₂ O <input type="checkbox"/> T-Tube (____%FiO ₂) maintaining SBT Criteria Guidelines for a minimum of (30min)_____minutes and not exceeding 2 hours. <p style="text-align: center;">OR</p> Wean the ventilator using one of the following RT driven protocols: <input type="checkbox"/> VC/PC/PRVC Phase <input type="checkbox"/> SIMV/PS Phase <input type="checkbox"/> PS Phase. Mode: _____ V _t _____ RR: _____ PS cmH ₂ O: _____ F _I O ₂ : _____ PEEP cmH ₂ O: _____ Perform SBT (as per above) when criteria are met, notify MD if criteria are met for extubation. |

Signature _____