

DATE/TIME	CHK'D BY	PHYSICIAN'S ORDER SHEET	
		<b>High Flow Initiation for Bronchiolitis</b>	<b>Children's Respiratory Care</b>
		<b>Order Set No.</b>	<b>Weight: _____ KG</b>
		<b>Allergies:</b>	<b>Reactions:</b>
		<b>Allergies:</b>	<b>Reactions:</b>
		<b>Allergies:</b>	<b>Reactions:</b>
		<b>Admitting M.D./DO/DDS:</b>	
		<b>Attending M.D./DO/DDS:</b>	
		<b>Referring M.D./DO/DDS:</b>	
		<input type="checkbox"/> Inpatient Admission <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation <input type="checkbox"/> Extended Stay	
		<b>Diagnosis: High Flow Nasal Cannula Initiation for Bronchiolitis, Infant &lt; 2 yr</b>	
		<b>Resident:</b> _____ <b>Pager:</b> _____	
		1. Condition: <input type="checkbox"/> Fair <input type="checkbox"/> Guarded	
		2. Notify Respiratory Therapist of oxygen therapy via High Flow Nasal Cannula	
		3. Lab: Baseline CBG prior to initiating high flow; R.T. to notify resident and/or attending of CBG results	
		4. Respiratory Therapist to initiate high flow nasal cannula at _____ liters/minute (max 4LPM)	
		5. Respiratory Therapist to adjust FiO2 settings to achieve oxygen saturation ≥ 93% and R.T. to notify resident as needed for FiO2 > 0.40	
		6.. Continuous Pulse Oximetry	
		7. Keep bag and mask resuscitation equipment at bedside	
		8. Nursing to assess for gastric distention and changes in work of breathing	
		9. Vital signs: Q 1hour X 2, then Q 2hours	
		10. Diet: NPO	
		11. IVF: <input type="checkbox"/> _____ @ _____ ml/hr	
		12. Vent GT: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
		13. RN/ RT Notify HO for problems or increasing oxygen requirements	
		14. RT assessment every 4 hours	
		<b>Note: This order set is not intended to be initiated without the consult of a Hospitalist or Intensivist and is meant to be used with caution outside the boundaries of the ICU's</b>	
			Page 1 of 1
		<b>New:</b>	<b>Physician's Signature</b>

PROHIBITED ABBREVIATIONS			
PROHIBITED:	INSTEAD WRITE	PROHIBITED:	INSTEAD WRITE
MS, MgSO <sub>4</sub>	magnesium sulfate	Q.D.	daily
MS, MSO <sub>4</sub>	morphine sulfate	QOD	every other day
U	units	.5 mg	0.5 mg – always use zero before decimal
IU	international units	5.0 mg	5 mg – never use trailing zeroes

Revised: 12//2007

ERLANGER Health System  
Chattanooga, Tennessee

**PHYSICIAN'S ORDER SHEET**

THE PHARMACY IS AUTHORIZED TO DISPENSE DRUGS FOR ADMINISTRATION OF ANOTHER GENERICALLY EQUIVALENT BRAND, IDENTICAL IN STRENGTH, DOSAGE FORM, AND CONTENT OF ACTIVE THERAPEUTIC INGREDIENT(S).

**Patient Identification**

\*PO2300\*