

DATE/TIME	CHK'D BY	PHYSICIAN'S ORDER SHEET	
		High Flow Initiation for Bronchiolitis	Children's Respiratory Care
		Order Set No.	Weight: _____ KG
		Allergies:	Reactions:
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		Admitting M.D./DO/DDS:	
		Attending M.D./DO/DDS:	
		Referring M.D./DO/DDS:	
		<input type="checkbox"/> Inpatient Admission <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation <input type="checkbox"/> Extended Stay	
		Diagnosis: High Flow Nasal Cannula Initiation for Bronchiolitis, Infant < 2 yr	
		Resident: _____ Pager: _____	
		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	
		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	
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		New:	Physician's Signature

PROHIBITED ABBREVIATIONS			
PROHIBITED:	INSTEAD WRITE	PROHIBITED:	INSTEAD WRITE
MS, MgSO ₄	magnesium sulfate	Q.D.	daily
MS, MSO ₄	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

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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