

**Intubation and
Ventilation
FOR AGE \geq 16**

(addressograph)

EMERGENCY DEPARTMENT PHYSICIAN'S ORDERS

INTUBATION AND VENTILATION

1. Nursing

- NPO
- Cardiac Monitor, SpO₂ Monitor
- Vitals q 5 minutes, q 15 minutes when stable
- O₂ via NRB or bag-valve mask ventilation prior to intubation
- IV NS lock
- IV _____ @ _____ ml/hr
- Bolus _____ ml _____ x _____ if BP < _____ systolic
- Gastric tube to straight drainage post intubation prior to CXR
- Foley catheter
- Consult Respiratory Therapy
- Consult Internist Dr _____
- Consult Anaesthesia Dr _____

Allergies

NKDA

2. Investigations

- CXR portable post intubation
- ABG when ventilation stable x 15 minutes

3. Medications for Intubation

- Fentanyl(1-3mcg/kg) _____ ug IV
- Etomidate(0.3mg/kg) _____ mg IV
- Ketamine(1-2.5mg/kg) _____ mg IV
- Propofol(1-2mg/kg) _____ mg IV
- Succinylcholine(1.5-2mg/kg) _____ mg IV
- Rocuronium(1mg/kg) _____ mg IV
- _____

Medications Post Intubation

- Fentanyl _____ ug IV q ____ min prn max _____ ug
- Morphine _____ mg IV q ____ min prn max _____ mg
- Midazolam _____ mg IV q ____ min prn max _____ mg
- Rocuronium _____ mg IV q ____ min prn max _____ mg
- Maintain sedation if patient paralyzed with Rocuronium
- Phenylephrine _____ ug IV q 2m prn if BP < ____ max ____ ug
- Salbutamol (Ventolin) MDI 2-8 puffs q 15 min prn
- _____

4. Ventilation

- EVAC Tube and protocol whenever possible
- Titrate FiO₂ to keep SpO₂ > 90 %
- Ventilation to target Tidal Volumes of _____ ml/kg (4- 8 ml/kg x **Ideal** Body Weight)
- ETCO₂ monitor,
- Elevate HOB 30-40° to reduce aspiration
- Notify MD if Ppeak > 30 cm H₂O
- PEEP _____ cm H₂O (5 cmH₂O recommended minimum)
- Resp. Rate to target PaCO₂ or ETCO₂ 35-45 mmHg
- _____
- _____
- Arterial Line by _____

Date _____
Time _____

Physician's Signature _____
Print Name _____