Ventilator Flow Sheet and Physician Order Form

Purpose: To maintain a permanent record of our patient's progress, ventilator parameters, ABGs, and treatments or therapies performed.

Description: Ventilator checks will be completed when blood gases and/or procedures are performed in the NICU or a minimum of twice per shift. The vent checks must be complete. Physician orders are required for mechanical ventilation, oxygen therapy, blood gases, respiratory treatments, pulse oximetry, patient parameters and weaning parameters.

Personnel: Respiratory therapists and technicians.

Procedure: VENTILATOR FLOWSHEET

1. Each ventilator flowsheet should indicate the date, type of ventilator, tube size and position, therapists' initials and signature for each shift.
2. Each entry should have time entries using military time per hospital policy.
3. Initial physician’s orders and ventilator settings must agree. There must be orders written by the physician for initial vent settings, initial oxygen, adjustments of therapy and respiratory treatments. Each shift is responsible for up-to-date patient parameter orders with the appropriate changes made on the ventilator flow sheet.
4. Oxygen analyzers alarms should be charted appropriately.
5. Therapy charted on ventilator and non-ventilator patients should include patient positioning, sputum production (quantity and color), heart rate (before, during and after), breath sounds (pre and post therapy), SpO₂’s (pre and post therapy) and any problems encountered during the therapy (patient toleration). Ventilated patients should also have a completed vent check.
6. All ABG’s should be charted on the ventilator flow sheet along with the SpO₂ and ventilator parameters the patient was receiving at the time the blood gas was drawn.
7. For non-intubated patients receiving oxygen, the method of delivery and oxygen percentage must be charted, i.e. hood, nasal cannula or CPAP.
8. All equipment setups and changeouts should be documented on the flowsheet.
9. All monitoring alarms of the ventilator and oxygen monitoring equipment should be documented.
10. Patient assessments must be completed every 8 hours for mechanically ventilated patients.

PHYSICIAN ORDER FORM

1. Initial respiratory therapy orders must be written on the “Initial Respiratory Therapy Orders” form, then placed in the blue patient chart.
2. Subsequent respiratory therapy orders are to be written in the blue patient chart and flagged per unit policy.
3. All equipment setups, ventilator settings, blood gas parameters, weaning
parameters and frequencies, i.e. Q4 and PRN, must be written as an order.

4. The "Initial Respiratory Therapy Orders" sheets must be stamped with the patient's ID card and the order dated and timed. All orders for blood gas analysis, equipment or weaning parameters must be updated every Monday and Friday.

5. The current respiratory therapy physician orders will be kept in the blue patient chart.

Written: June 1989
Revised: August 1997
Reviewed: April 1998
Revised: July 2000
Revised: April 2003