Physician to indicate the protocol(s) to be ordered:

☐ Ventilator Management Protocol: (Print from Intranet)

*Note: DVT and Stress Ulcer prophylaxis as described below unless contraindication or MD order.*

DVT Prophylaxis:
Enoxaparin (Lovenox) 40 mg subcutaneous daily or reason for contraindication: ________________

Stress Ulcer Prophylaxis:
Pantoprazole (Protonix) 40 mg IV daily or reason for contraindication: ________________

-------------------------------------------- OR make individual protocol selection--------------------------------------------

☐ Ventilator Parameters Protocol (page 3 Ventilator Management Protocol)
☐ Ventilator Discontinuance Protocol (page 8 Ventilator Management Protocol)
☐ Pain and Sedation Protocol (page 6 Ventilator Management Protocol)
☐ Continuous IV Insulin Infusion Protocol (goal range 110-150)

DVT Prophylaxis:
☐ Enoxaparin (Lovenox) 40 mg subcutaneous daily or reason for contraindication: ________________

Stress Ulcer Prophylaxis:
☐ Pantoprazole (Protonix) 40 mg IV daily or reason for contraindication:

Other


Date ___________ Time ___________ Physician __________________________________________

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Sutter Roseville Medical Center
A Sutter Health Affiliate

Critical Care Protocols
MD Order Sheet

50-7720-E001 (1/29/09)