1. Portable chest x-ray Stat and every 6 a.m.
2. Vital signs every 1 hour include I & O
3. Insert Foley catheter
4. HOB ≥ 30-45 degrees if no contraindication. Assume semi-recumbent posture when able
5. ABG p 30 min on vent then every day and pm
6. Sputum C & S post intubation
7. Position change and passive ROM to all extremities every 2 hours
8. Chem 8, Mg, CBC, each day
9. O₂ protocol or keep O₂ set
10. Gastrostomy tubes should be placed orally
    □ Nutrition: full strength ________ cc/hr and advance
    to goal of ________ cc/hr Hold feeding for residual > 200cc
    □ Restores________ packets/day
    □ Promod________ scoops/day
11. Sterile suction PRN
12. Ventilator settings:
    Type: ________
    Tidal volume or pressure: ________
    FIO₂: ________
    Rate: ________
    PEEP: ________
    VE ratio: ________
13. Respiratory Rx
14. Care ofuffed tubes once daily
    - check pressures at vent setup and once daily
15. Ventilator readings every 1 hour x 3 hours, every 2 x 3 hours, and every 4 hours
16. Weaning trials every a.m. if stable
17. Sedation:
    Intermittent: ________
    continuous: ________
    If continuous must use sedation protocol; RASS of ________
18. Uter prophylaxis: □ Ranitidine (Zantac) ________ mg IV/PO every ________ hours
    □ Pantoprazole (Protonix) 40 mg IV each day
    □ Sucralfate (Carafate) 1 gm PO/mg, every 6 hours
19. OVT prophylaxis: □ Enoxaparin (Lovenox) 40 mg subcutaneous each day
    OR
    □ Heparin 5000 units subcutaneous three times a day
    □ Teds
    □ Sequential