

**GUAM MEMORIAL HOSPITAL AUTHORITY
RESPIRATORY THERAPY PHYSICIAN ORDER FORM**

- All orders for Respiratory Therapy must be written on this form except orders for mechanical ventilation which must be written on the Physician's Order Form.
- All therapy is discontinued after **4 days**. Physician must reevaluate therapy orders before reordering. A new order form will need to be completed.

Hand Held Nebulization (HHN) for Bronchodilator Therapy

Please select (✓) medication(s), dose, frequency, and fill blank areas as needed.

Medication	Dose	Frequency	Indication for PRN
<input type="checkbox"/> Albuterol 0.083% (2.5mg/3mL) Premixed Vial	<input type="checkbox"/> 2.5mg/3mL <input type="checkbox"/> 1.25mg/1.5mL <input type="checkbox"/> 0.5mg/0.6mL <input type="checkbox"/> Other _____ mg/ _____ mL	<input type="checkbox"/> q _____ hours <input type="checkbox"/> q _____ hours PRN	
<input type="checkbox"/> Ipratropium 0.02% (0.5mg/2.5mL) Premixed Vial	<input type="checkbox"/> 0.5mg/2.5mL <input type="checkbox"/> Other _____ mg/ _____ mL	<input type="checkbox"/> q _____ hours <input type="checkbox"/> q _____ hours PRN	
<input type="checkbox"/> Racipinephrine 2.25% (11.25mg/0.5mL) Premixed Vial	<input type="checkbox"/> 11.25mg/0.5mL <input type="checkbox"/> Other _____ mg/ _____ mL	<input type="checkbox"/> q _____ hours <input type="checkbox"/> q _____ hours PRN	
<input type="checkbox"/> Acetylcysteine 20% (200mg/mL) 10 mL or 30mL Vial	<input type="checkbox"/> 200mg/mL <input type="checkbox"/> 400mg/2mL <input type="checkbox"/> 600mg/3mL <input type="checkbox"/> 800mg/4mL <input type="checkbox"/> Other _____ mg/ _____ mL	<input type="checkbox"/> q _____ hours <input type="checkbox"/> q _____ hours PRN	
<input type="checkbox"/> Dexamethasone 4mg/mL Vial	<input type="checkbox"/> 4mg <input type="checkbox"/> Other _____ mg	<input type="checkbox"/> q _____ hours <input type="checkbox"/> q _____ hours PRN	
<input type="checkbox"/> Other Medication:	<input type="checkbox"/> _____	<input type="checkbox"/> q _____ hours <input type="checkbox"/> q _____ hours PRN	

Note: Metered Dose Inhalers (MDI) are used for mechanically ventilated patients. For appropriate dose refer to the HHN/MDI conversion chart as follows.

Medication	HHN Dose	Equivalent MDI Dose	Equivalent MDI In-Line Dose
Albuterol	1.25mg—2.5mg	2—4 puffs	5—10 puffs
Ipratropium	0.5 mg	4 puffs	10 puffs

Oxygen Therapy

Delivery System Nasal Cannula Mask Venti Mask Non-rebreather
 Trach Collar Other: _____

L/M or FIO₂ _____ Keep SPO₂ saturation _____ %

Respiratory Therapy

Incentive Spirometry Sputum Induction Peak Flows Pre and Post Bronchodilator

Chest Physiotherapy, Location: _____

Other: _____

Frequency: _____

TORB/VORB (Circle one)

Date: _____

Time: _____

RN/RT: _____

Physician Signature: _____

Date: _____

Time: _____

**Physician's Order Form
Respiratory Therapy Physician Order**

PATIENT ID LABEL