



Developing New Partnerships for Your Health and Safety

ADDRESSOGRAPH / LABEL

MICU TRANSPORT ORDERS

1. Vital Signs (BP, P, R) q _____ min

2. Airway Management

- Oxygen at ____ lpm via NC NRB
- Mechanical Ventilation A/C SIMV
 - V_T _____ cc
 - FiO_2 _____ %
 - Rate _____ /min
 - PEEP _____ cmH₂O
- CPAP _____ cmH₂O

3. Sedation/Paralysis per MICU protocol

- Propofol _____
- Versed _____
- Vecuronium _____
- _____

4. Cardiac Monitor

- Standard ECG Monitoring
- Serial 12 Lead ECG q _____ min
- Transcutaneous Pacing
 - mA _____ (adjust prn)
 - Rate _____ /min

5. IV Therapy

Fluid	Site	Rate

6. IV Medication Drips

Medication	Concentration	Rate

7. PRN Medications per MICU protocol

_____ prn for pain
 _____ prn for agitation
 _____ prn for seizures

8. Arrhythmia Management

- Follow standard ACLS algorithms for symptomatic arrhythmias, **OR**
- Other as ordered:

9. NG/OG Maintenance

- Clamped To Suction

10. Chest Tube Maintenance

- To gravity To Suction _____ cmH₂O

11. Neurological Checks q _____ min

12. Other:

13. PRN Orders

Contact Dr. _____
 at (_____) _____
 for further orders.

Physician Signature

Date