

**OLIVE VIEW-UCLA MEDICAL CENTER  
RESPIRATORY CARE SERVICES - ADULT  
POLICY & PROCEDURE**

**NUMBER: 848  
VERSION: 1**

**SUBJECT/TITLE: PHYSICIAN ORDERS**

**POLICY:** All physicians orders should be entered through the HIS system and include the following:

General Respiratory Care Orders

1. Specific therapeutic modality (HHN, MDI, etc.).
2. The name and dosage of medication to be used (when required)
3. The frequency of therapy.

General Ventilator Parameters Orders

1. Mode
2. Vt
3. Respiratory Rate
4. FiO<sub>2</sub>
5. PEEP

**PURPOSE:** To assure proper ordering of Respiratory Care Therapy.

**DEPARTMENTS: RESPIRATORY CARE SERVICES**

**PROCEDURE: NOTE:**

No verbal orders will be taken Monday through Friday during the day shift. Evenings, weekends and emergent care verbal orders will be accepted by the RCP. All verbal orders will be entered in the EHR, signed and dated by the RCP who received the verbal order. The ordering physician must co-sign the order. **It is the responsibility of the RCP to assure the physician co-signs the verbal order by the end of shift.**

It is the responsibility of the RCP to check the patient's chart and verify the existence and completeness of the physician's order.

If the RCP needs to obtain clarification of an order and the ordering physician is unavailable the RCP must exercise his/her professional judgment regarding the implementation of the order.

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If the patient is in distress the ordered care should be implemented without delay. However, if in the opinion of the RCP, the order constitutes a hazard to the patient, the RCP must contact the Senior Resident, Fellow, or Attending Physician. If these physicians are unavailable the RCP should contact the Department Manager who will contact the hospital’s Medical Director.

If the patient is not in distress and the RCP cannot contact the physician of record, senior resident, fellow, or attending physician the RCP may attach a written request for clarification on the front of the chart.

It is the RCPs responsibility to follow up all requests of this nature before the end of his/her shift.

In the event that continuous ventilator settings have been changed without the knowledge of the RCP and no physician order exists to cover the changes, the last written ventilator order will be followed. Before reinstatement of the previous orders, the RCP will reassess the patient to assure that the patient will not be compromised by the changes.

If the patient has tolerated the changes and no immediate threat to patient safety exists the RCP will contact the physician of record or the senior ICU Resident, Fellow, or Attending Physician to inform them of the changes and obtain updated orders.

References:	
Approved by: Edward Richard Lind (Chief of Respiratory Therapy), Nikhil Barot ()	Date: 08/22/2017
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