

RT Medical Vent Order Checklist



Please provide the following documentation when ordering ventilation equipment:

- Patient Demographic Information
- Mechanical Ventilator Order including:
 - Patient Name
 - Order Date
 - Specific vent model, mode(s), and parameters for each mode, and any supplies being ordered.
 - Treating practitioner name or NPI
 - Treating practitioner's signature with date
 - Respiratory Therapist to titrate any parameters not specified including set rise time, inspiratory time, trigger, flow pattern, and other comfort settings.
 - Quarterly and PRN clinical assessments to include oximetry, breath sounds, oxygen titration, alarm adjustments
- Face to Face Cart Notes
 - Diagnoses (Need at least 1): Chronic Respiratory Failure consequent to COPD, Restrictive Thoracic Cage Abnormality or Neuromuscular disorder
 - Diagnostic testing (Need at least 1): ABG or PFT
 - BiLevel should be ruled out due to either having been tried and failed by the patient, or the note should document medical reasons as to the inability of the BiLevel to meet the needs of the patient.
 - Risk of harm/severity: notes clearly show patient has life threatening condition and is at significant risk of harm without mechanical ventilation.