

Intensive Care Unit (ICU) (Critical Care) Admission Condition

- Admit Inpatient (Acute), Critical
- Full Code
- Limited Code
- Do Not Resuscitate
- Activate Emergent Care Protocol for Adults in Monitored Beds [*MGH only]

Vital Signs

- Vital Signs per protocol
- Cardiac monitor (continuous)
- Pulse Oximetry (continuous)

Activity

- Bedrest
- Bedrest with bedside commode
- Bedrest with Bathroom Privileges
- Up to Chair BID

Nursing Orders

Assessments

- Fingertick Blood Sugar once, if >130 repeat fasting blood glucose within 4 hours. If >130 after 2nd measurement, initiate ICU insulin coverage protocol.
- Neuro Check q 2 hrs till stable, then q 4 hrs
- Measure central venous pressure (CVP) q6hr
- Notify MD for new onset rhythm change

Contingency

- Notify MD if temperature <36.1 C or >38.5 C
- Notify MD if systolic blood pressure <90 or >180
- Notify MD if diastolic blood pressure >110
- Notify MD if heart rate < 50 or > 110

Interventions

- Specialty Bed
- Elevate Head of Bed > 30 degrees
- Nursing Communication If patient has chest pain order 12-lead EKG stat and notify MD
- Central Venous Line Care per protocol
- Peripherally inserted central catheter (PICC) insertion/management (Power PICC)  [Evidence](#)
- Peripherally inserted central catheter (PICC) insertion/management (Standard PICC)  [Evidence](#)
- Nasogastric Tube site care,
- Foley cath Continuous to Gravity Drainage

Date

Time

Physician Signature

Respiratory

- RT to Evaluate and Treat per protocol
- Oxygen per protocol Titrate to O2 sat. $\geq 92\%$. Call MD if patient is requiring $> 4L/min$
- Notify MD if O2 sat $< 88\%$
- Notify MD if respiratory rate < 10 or > 32
- Incentive Spirometry q 2 hours while awake

Ventilator Management

- Ventilator Management Order Set

Bronchodilators:

- albuterol 0.5% inhalation by nebulizer 2.5 milligram inhaled every 4 hours while awake and prn, give with 2.5 cc (0.5 mg) ipratropium via nebulizer
- ipratropium 0.5 milligram solution inhaled every 4 hours (via neb), give with 2.5 mg albuterol via nebulizer

Diet

- NPO
- NPO except for medications
- NPO after midnight except for medications
- NG tube feedings with Regular formulation, full strength at 20 ml/hr. Increase tf by 10 mL every 6 hrs to the goal st by the dietitian. Hold TF fro residual greater than 200 ml.
- NG tube feedings with Diabetic formulation, full strength at 20 ml/hr. Increase tf by 10 mL every 6 hrs to the goal st by the dietitian. Hold TF fro residual greater than 200 ml.
- NG tube feedings with Renal formulation, full strength at 20 ml/hr. Increase tf by 10 mL every 6 hrs to the goal st by the dietitian. Hold TF fro residual greater than 200 ml.
- metoclopramide 10 milligram intravenously every 8 hours as needed for gastric residual greater than 75 ml
 - Regular diet
 - Cardiac diet
 - Consistent Carbohydrate Diet (Diabetic)

Date

Time

Physician Signature

IV Fluids

- IV saline lock
- Nursing Communication Start large-bore IV x 2
- Sodium Chloride 0.9% 1000mL IV, _____mL/hr
- Dextrose 5% with 0.45% NaCl 1000 milliliter solution 100 milliliter/hour intravenously
- Notify MD if systolic blood pressure <90 then give Sodium Chloride 0.9% 1 Liter 2000 milliliter/hour intravenously for 1 doses Bolus
- Notify MD if systolic blood pressure <90 then give Sodium Chloride 0.9% 2 liters 2000 milliliter/hour intravenously for 1 doses Bolus
- Notify MD if urine output < 30 milliliters in 2 hours then give 1000 milliliters Sodium Chloride 0.9%

Medications

- Pharmacy to monitor and adjust all Medication dosing PRN

Vasoactive Agents

- Dobutamine Start 2.5 microgram/kilogram per minute intravenously titration range 0-20 mcg/kg/min to keep SBP greater than 90 or MAP greater than 65.
- Dopamine Start 2.5 microgram/kilogram per minute intravenously titration range 0-20 mcg/kg/min to keep SBP greater than 90 or MAP greater than 65.
- norepinephrine Start 2 microgram/minute intravenously titration range 0-12 mcg/min to keep SBP greater than 90 or MAP greater than 65.
- vasopressin 0.02 unit/minute intravenously start 0.02 Unit/minute, titrate range 0-0.04 Unit/minute to keep SBP greater than 90 or MAP greater than 65
- Phenylephrine - start 50 microgram/minute solution intravenously titration range 0-180 mcg/min, titrate to keep SBP greater than 90 or MAP greater than 65
- nitroprusside Start 0.5 microgram/kilogram per minute solution intravenously titrate 0-10 mcg/kg/min to keep (MD to specify BP parameters)

Date

Time

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Antibiotics - Empiric Therapy

- EMPIRIC THERAPY - To start within 1 hour of the recognition of sepsis
- Evidence
 - levofloxacin 750 milligram solution intravenously every 24 hours , give AFTER cultures obtained
- PLUS EITHER (Choose one of the following)
 - ceftriaxone 2 gram intravenously once a day , give AFTER cultures obtained
- OR
 - cefepime 2000 milligram intravenously every 12 hours Give AFTER cultures obtained
- OR
 - ZOSYN 4.5 gram intravenously every 8 hours, give AFTER cultures obtained

Antibiotics - Other Choices

- ZOSYN 4.5 gram intravenously every 8 hours , give AFTER cultures obtained
- PRIMAXIN IV 1000 milligram intravenously every 8 hours , give AFTER cultures obtained
- meropenem 2 grams IV every 8 hours, give AFTER cultures obtained
- Ceftriaxone 2 grams IV once daily, give AFTER cultures obtained
- ceftazidime 2 gram intravenously every 8 hours , give AFTER cultures obtained
- cefepime 2 gram intravenously every 12 hours , give AFTER cultures obtained
- levofloxacin 750 milligram solution intravenously every 24 hours , give AFTER cultures obtained
- Flagyl I.V. 500 mg every 8 hours, give AFTER cultures obtained
- fluconazole 200 mg IV q day, give AFTER cultures obtained
- Consider if MRSA likely
 - vancomycin IV per pharmacy protocol, give AFTER cultures obtained
 - linezolid 600 milligram intravenously every 12 hours , give AFTER cultures obtained
 - daptomycin, 6 mg/kg intravenously every 24 hours , give AFTER cultures obtained

Antiemetics

- Please select one from this category as first choice
 - ondansetron 4 milligram solution intravenously every 4 hours as needed for nausea/vomiting
 - metoclopramide 10 milligram intravenously every 4 hours as needed for nausea/vomiting if first choice ineffective

Date

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Analgesics

- Consider limiting total acetaminophen dose to 2 gram daily for hepatic dysfunction
 - Nursing Communication May change to oral pain medication when tolerating PO
 - Nursing Communication May give parenteral medication if patient unable to take PO or PO dose not effective
 - Nursing Communication Hold narcotic analgesics if respirations less than 12 or SBP less than 90 or patient is overly sedated

PRN Analgesics for pain: Please select no more than one IV and one oral medication within a given pain scale

- Oral:
 - acetaminophen 650 milligram tablet orally every 4 hours as needed for pain scale 1-3
 - Norco 5/325, 1 to 2 tablets orally every 6 hours as needed for pain scale 4-6
- IV:
 - morphine 2-6 milligram intravenously every 2 hours as needed for pain, 2mg for pain scale 1-3, 4mg for 4-6, 6mg for 7-10
 - naloxone 0.2 milligram intravenously every 2 minutes as needed for respiratory depression due to narcotics

Insulin Sliding Scales

- Insulin Aggressive sliding scale with Lispro Insulin subcu
- IV Insulin Infusion per protocol

K/Magnesium Replacement

- Replace K+ to 3.5 per IV protocol
- Replace K+ to 4.0 per IV protocol
- Replace Magnesium per IV protocol

DVT/VTE Prophylaxis

- DO NOT GIVE: "Do not give pharmacologic DVT/VTE prophylaxis; contraindicated due to bleeding risk or active bleeding
- enoxaparin 40 milligram solution subcutaneously once a day (pharmacy to adjust for renal function) (if epidural present, wait at least 2 hours after removal before giving 1st dose)
- heparin 5000 unit subcutaneously every 8 hours
- Sequential Compression Device

GI Prophylaxis

- famotidine 20 milligram intravenously 2 times a day
- pantoprazole 40 milligram solution intravenously once a day

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Sedatives

- LORazepam 1 milligram tablet orally 2 times a day as needed for anxiety
- LORazepam 1 milligram intravenously every 4 hours as needed for anxiety
- Haldol 2 milligram every 4 hours as needed for agitation
- Haldol 5 milligram every 8 hours as needed for agitation

Ancillary Medications

- acetaminophen 650 milligram tablet orally every 4 hours as needed for temp >38.0 C
- acetaminophen 650 milligram tablet rectally every 4 hours as needed for temp >38.0 C
- Nursing Communication Routine Bowel Care [Virtualize for MGH only]
- Mylanta Regular Strength (200/200/20) 30 milliliter solution orally every 4 hours as needed for heartburn
- docusate sodium 100 milligram capsule orally 2 times a day hold for loose stools
- docusate sodium 250 milligram capsule orally once a day hold for loose stools
- senna 8.6 milligram tablet orally once a day, at bedtime as needed for constipation. May repeat x 1 tablet.
- temazepam 7.5mg,PO,Cap,qHS,PRN,Sleep,MRx1
- zolpidem (Ambien) 5mg,PO,Tab,qHS,PRN,Sleep, MRx1

Blood Transfusion

- For Hb less than 7, C&T for 2 units PRBC and transfuse

Laboratory (If not already ordered)

- CBC w/ Diff
- Basic metabolic panel (Na, K, Cl, HCO₃, BUN, Creatinine, Glucose, Calcium)
- Comprehensive metabolic panel (BMP + ALT, AST, Total Protein, Albumin, Total Bilirubin, Alk Phos)
- Troponin-I q 6 hours x 3
- Creatine kinase, MB isoenzyme (CK-MB) q 6 hours x 3
- B-type natriuretic peptide
- Culture Blood q 5 min for 10 min, 2 different sites
- Culture Lower respiratory/gram (sputum)
- Urinalysis w/culture if ind
- Prothrombin time (PT) and international normalized ratio (INR)
- Partial thromboplastin time (PTT)
- Blood gas, arterial

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