Admitting diagnosis ____________________________ Admitting Physician ____________________________

Admit to: Critical Care Unit

Allergies: 

Code status □ Full Code □ DNR □ Other ____________ Discuss with □ Patient □ Family/Significant Other

Expected length of stay: _______ days Expected disposition: □ Home □ SNF □ Home Health □ Asst living □ Rehab

For additional orders, see the following order sets:

□ Sepsis □ Pneumonia □ Hypothermia □ Other

Diagnostic Tests (on admission if not already done):

□ CBC QAM X 3 days or ________________ □ Cardiac enzymes X 3 Q8 hours
□ CMP QAM X 3 days or ________________ □ Echocardiogram STAT - Indication ________________
□ PT/INR QAM X 3 days or ________________ □ ECG QAM X 3 days and PRN chest
□ Liver panel QAM X 3 days or ________________ □ Lipid panel in AM
□ Portable CXR QAM X 3 days or ________________ □ Pro BNP in AM
□ Type and cross □ Cultures: □ blood □ urine □ sputum □ stool □ wound
□ Type and screen □ CT scan with contrast of ________________
□ CT Chest with PE Protocol □ CT scan without contrast of ________________
□ TSH □ Amylase and lipase
□ Other ________________ □ Urine tox screen

Vital Signs / Hemodynamics / Monitoring:

☑ VS per ICU routine
☑ Daily weight
☑ Neuro checks per ICU routine or ________________

If central line / PICC present or placed:

□ ScvO2 STAT if not done, then Q3hrs X 2 and PRN
□ Continuous ScvO2 if ScvO2 catheter present Goal ________________
□ CVP continuous Goal ________________
☑ Call Physician for CVP monitoring/treatment orders when central line placed and patient has hypotension, increasing pressor requirement, CHF, bleeding or respiratory failure.

□ Other

Referrals:

□ Vascular Access Team to insert PICC □ Case Management □ Palliative Care
□ Physical Therapy evaluation □ Nutrition Consult
□ Speech Therapy for swallow evaluation □ Chaplain
□ Social Services □ Other

Diet:

□ NPO □ Regular □ CCD □ Cardiac □ Tube feeding ________________
□ Other

Activity:

□ Bedrest □ HOB up 30 degrees □ Other ________________

Nursing Care:

☑ I & O per ICU routine □ Urinary catheter
□ Insert gastric tube □ NG □ OG □ Straight urinary cath if no void in 8hrs; if residual greater than 600ml, leave in catheter
□ Other

Respiratory Care:

□ ABG QAM □ O2 Protocol (if not intubated), maintain O2 sat greater than ________________
□ STAT ABG for change in status □ Ventilator Management Protocol (if intubated)
□ Aerosol Protocol (AMP in MS4) □ Other ________________

Date ____________ Time ___________ Physician ____________________________

Sutter Roseville Medical Center
A Sutter Health Affiliate

Critical Care Admission Orders
Medications:

**IV fluid** ____________________________ to run at ____________________________ ml/hr

**Sedation/Analgesia:**
- Initiate ICU Sedation/Analgesia order set with:
  - Propofol (Diprivan) – Start infusion at 5mcg/kg/min, titrate up by 10mcg/kg/min Q5min for RASS score of 0 to -2
  - Lorazepam (Ativan) – Start infusion at 0.5mg/hr, titrate up by 1mg/hr Q30min for RASS score of 0 to -2
  - Midazolam (Versed) – Start infusion at 1mg/hr, titrate up by 1mg/hr, Q30min for RASS score of 0 to -2
  - Fentanyl – Start infusion at 25mcg/hr, titrate up by 25mcg/hr Q30min for pain score of 0 to 2
  - Morphine – Start infusion at 1mg/hr, titrate up by 1mg/hr Q30min for pain score of 0 to 2

**Vasopressors / Inotropes:**
- Norepinepherine (Levophed) IV - Start at 2mcg/min for MAP less than 65mmHg, titrate to MAP goal of 65-70mmHg, if MAP sustained greater than 70, titrate drug off. Notify physician for dose greater than 10mcg/min.
- DOPAmine IV – Start at 5mcg/kg/min if MAP less than 55mmHg, titrate to MAP goal of 65-70mmHg, if MAP sustained greater than 70, titrate drug off. Notify physician for dose greater than or equal to 15mcg/kg/min.

**DVT prophylaxis:**
- SCDs
- No pharmacological prophylaxis indicated
- Enoxaparin (Lovenox) 40mg SubQ Q24h
- Heparin 5,000 Units SubQ Q8h

**Peptic/Stress Ulcer prophylaxis:**
- No stress ulcer prophylaxis indicated
- Famotidine (Pepcid) 20 mg PO/IV Q12h
- Pantoprazole (Protonix) 40mg PO/IV Q24h

**General orders:**
- Pneumococcal and Influenza (when in season) Vaccinations per protocol
- Cooling blanket for temp greater than 39°C/102.2°F
- Acetaminophen (Tylenol) 650mg PO/NG/PR Q4 hrs PRN temp greater than 38°C/100.4°F
- Chlorhexidine 0.12% oral rinse 2ml Q4h for oral care
- Ondansetron (Zofran) 4 mg IV Q6h PRN N/V
- Laxative protocol
- Correctional Insulin sliding scale
- Magnesium protocol
- Critical Phosphate protocol
- Calcium protocol
- Alprazolam (Xanax) 0.25mg PO/NG Q8h PRN anxiety
- Temazepam (Restoril) __________mg PO/NG QHS for sleep
- Zolpidem (Ambien) ____________mg PO/NG QHS for sleep

**Pain Management:** For Mild pain begin with #1. If not effective or pain is moderate to severe, give #2 or #3 based upon patient report, physiologic status and previous medication history

#1 Mild pain (1-3) □ Fentanyl 12.5mcg IV Q2h PRN OR
#2 Moderate pain (4-6) □ Fentanyl 25mcg IV Q2h PRN OR
#3 Severe pain (7-10) □ Fentanyl 50mcg IV Q2h PRN OR

**Additional orders:**
- ____________________________________________________________________
- ____________________________________________________________________
- ____________________________________________________________________
- ____________________________________________________________________
- ____________________________________________________________________

**Date__________ Time ___________ Physician ____________________________

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**Critical Care Admission Orders**