

## Computerized Order Entry Form

Please complete all sections of this page before proceeding to the order sets

Physician: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Name

Patient Name: \_\_\_\_\_  
Last First

Medical Record Number: \_\_\_\_\_ Age: \_\_\_\_\_

### CODE STATUS:

FULL CODE

With Advanced Directive for no prolonged life support

Limited CODE

No Intubation

No Chest Compression

No Defibrillation

No Chest Compression, no Defibrillation

No Intubation, no Defibrillation

No Chest Compression, no Intubation

No Intubation, no Defibrillation, no Chest Compression

NO CODE

Terminal comfort care

CODE STATUS is unobtainable from the patient or family member. An order for FULL CODE has been written pending an ability to obtain a CODE STATUS determination.

OTHER: \_\_\_\_\_

## Alcohol Withdrawal Protocol, EB Condition

- Protocols include disease-specific orders not found in the primary admission orders (e.g. Med/Surg Admission) and are meant as supplement, not a replacement for standard admission orders.
- Click on icon for Alcohol Severity Assessment Score reference information. Use the Alcohol SAS to determine the patient's acuity. [\*\* Add link to SAS PDF\*\*]
- Patients with Alcohol SAS score of 7 or greater (after at least 2 doses of benzodiazepines have been given) should be considered for ICU admission

### Nursing Orders

- Nursing Communication Implement Alcohol Withdrawal Protocol, Monitor Alcohol withdrawal Severity Assessment Score (SAS) every 2 hours while awake, every 4 hours while sleeping (see reference)
- Follow fall risk protocol
- Nursing Communication : seizure precautions
- Communication order aspiration precautions
- Restraints Medical Surgical [\*\* Build note - is it possible to prefill "4 point soft" and indication = "out of bed/chair against instructions", leave F2F assessment as required field for MD to complete?]

### IV Fluids

- Note: The additives to the IV solutions below are scheduled to be added to just one IV bag per day, not added to every bag.
  - 0.9% NaCl 1000mL + thiamine 100mg + multivitamin 1 vial + folic acid 1 mg) 1000 milliliter 100 milliliter/hour intravenously once a day Ingredient once daily, base fluid depending on rate.
  - D5/0.45 NS 1000mL + Electrolytes + Vitamins (20 MEQ Potassium Chloride + 100 mg thiamine + 1 amp multivitamins + 2 grams Magnesium sulfate + 1 mg folic acid) 1000mL, IV, 100mL/hr, once daily Ingredient once daily, base fluid depending on rate.
  - Dextrose 5% with 0.45% NaCl 1000mL + potassium chloride 20 mEq 1000mL, IV, 100mL/hr
  - Sodium Chloride 0.9% 500 milliliter 1000 milliliter/hour intravenously for 1 doses Bolus, repeat bolus x1 if SBP < 100

### Medications

#### ***Benzodiazepines*** [Evidence](#)

- Ativan 1-2 milligram orally every 1 hour . For SAS 3-4 give 1 mg. SAS 5-6= 2 mg. May give parenteral benzodiazepenes if patient unable to take PO or PO dose not effective
- Ativan 1-2 milligram intravenously every 1 hour . For SAS 3-4 give 1 mg. SAS 5-6= 2 mg. May change to oral benzodiazepenes when tolerating PO

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Date

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Time

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Physician Signature

- Ativan 1 - 6 milligram intravenously every 15 minutes . For SAS 7 give 1mg. SAS 8-9= 2mg; SAS 10-12 = 4 mg; SAS > 12 = 6 mg. May change to oral benzodiazepenes when tolerating PO
- Ativan 25 mg/250mL D5W [**\*\* BUILD NOTE** - depending on facility, concentration may vary. This applies to all infusions. - Van 5.19.09] 250 milliliter intravenously . For SAS 7 give 1mg. SAS 8-9= 2mg; SAS 10-12 = 4 mg; SAS > 12 = 6 mg. May change to oral benzodiazepenes when tolerating PO
- flumazenil 0.2 milligram solution intravenously Per Parameter PRN benzodiazepine Reversal (Give IV push over 1 min). May repeat every 1 min x 4, Max= 1 mg to achieve adequate reversal) **\*\*this order sentence is in CAREB\*\*\* ECISA requisitng different sentence**
- flumazenil 0.2 mg intravenously q1min prn benzodiazepine reversal (give IV push over 30 sec). May repeat every 1min. Maximum cumulative does of 5mg (ECISA)

**Vitamins [Evidence](#)**

- thiamine 100 milligram orally once a day
- multivitamin 1 tablet orally once a day
- folic acid 1 milligram orally once a day
- pyridoxine 25 milligram orally once a day
- Aquamephyton (vitamin K) 10 mg/ml INJ 5 milligram subcutaneously once a day for 3 doses as needed for INR greater than 1.2
- Aquamephyton (vitamin K) 10 mg/ml INJ 5 milligram orally once a day for 3 doses as needed for INR greater than 1.2

**Neuroleptic Agents [Evidence](#)**

- Evidence suggests use of neuroleptics only as adjunct to benzodiazepine therapy. The patient should be considered for admission to the ICU if neuroleptics are necessary to control agitation.
- Patients given IV haloperidol must be on a cardiac monitor. Do not give if QTc is greater than 340msec
  - haloperidol 5-20 milligram intravenously per parameter If SAS >= 12 after 4 consecutive doses ATIVAN at 15 min intervals, give 5 mg x 1. Reasses every 30 minutes x 3. At 30 min, if SAS remains >= 12, then give 10 mg IV x 1. At 60 min, if SAS remains > = 12 then give 20 mg x 1. At 90 min, if SAS remains > = 12, notify MD. Give slowly no faster than 5mg/minute. Continue ATIVAN per protocol in addition to Haldol

**Other Medications**

- Use of beta blockers and CNS alpha receptor agonists are second-line medications for alcohol withdrawal, use with caution.
  - Catapres-TTS-1 transdermally, qWeek, Hold for Systolic BP < 120 [Evidence](#)
  - atenolol 25 mg PO Q12 hours PRN HR > 110; Hold for SBP < 100

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Physician Signature

[Evidence](#)

- Phosphorus Level
- Alcohol Level

***AM Labs (tomorrow)***

- Magnesium Level Tomorrow
- Phosphorus Level routine Tomorrow

**Additional Orders**

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Physician Signature

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*Sutter Health*  
Sacramento Sierra Region

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