

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: _____

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

Physician Signature

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

Time

Physician Signature

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

Date

Time

Physician Signature

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

Date

Time

Physician Signature

Ventilator Management

Nursing

- Nursing Communication Discontinue Mechanical Ventilation Plan upon extubation
- Elevate Head of Bed > 30 degrees
- Oral Care q 2 hr, brush teeth BID


Respiratory

- Non Invasive Ventilation with BIPAP; IPAP = 15, EPAP = 5, RR= 15

- Ventilator Management per protocol

- Ventilator Order

- TV = 6 - 8 ml/kg ideal body wt
- Mode= SIMV
- Rate = 14
- PEEP = 5 cm
- PS = 10 cm
- FIO2= 100%
- Sputum gm stain C&S from ET secretions
- Additional Ventilator Orders _____

- ABG on initial settings and call MD for further orders
- Patients should be assessed daily for their readiness for extubation 
[Evidence](#)
 - Ventilator Weaning per protocol
 - Daily spontaneous breathing trial, ps zero, peep 5 x 30 minutes, place back on previous settings at end of trial while awaiting decision to extubate.
 - End Tidal CO2 Measurement

Ventilator Sedation Protocol

Nursing

- Target Ramsey score must be completed for dosing
- Nursing Communication Target Ramsey Score 2-3. Assess and record every 1 hour.
- Nursing Communication Nursing care per Mechanical Ventilation Sedation Protocol

Date

Time

Physician Signature

Medications

Fentanyl infusion 1000mcg/100ml D5W 100ml IV 50 mcg/hr, ** VENTILATOR SEDATION **. Give 50 mcg bolus, then begin infusion of 50 microgram/hr up to 700 micrograms/hr

Fentanyl INJ 50 microgram solution intravenous push every 15 minutes PRN breakthrough pain

Propofol Infusion (10mg/ml) 100mL 5 microgram/kilogram per minute solution intravenously ** VENTILATOR SEDATION ** increase q 5-10 minutes by 5-10 mcg/kg/min until Ramsey target reached or 50 mcg/kg/min.

Ativan 25mg/250ml D5W 250ml IV 1 mg/hr, ** VENTILATOR SEDATION **. Give 1 mg bolus, then start infusion. May increase by 1 mg/hr every 1 hr to 10 mg/hr

Ativan 1-2 milligram solution intravenous push every 15 minutes PRN breakthrough agitation ** VENTILATOR SEDATION **

Midazolam 0.5-15 milligram/hour continuous intravenous infusion ** VENTILATOR SEDATION **. Initial bolus 2 mg, then adjust by 2 mg/hr every 15 min to achieve sedation, maximum of 15 mg/hour

Midazolam 1-5 milligram intravenous push every 15 minutes as needed for breakthrough agitation ** VENTILATOR SEDATION **

- ** SEDATION VACATION PROTOCOL ** After patient has been on mechanical ventilation for minimum 4 hr, stop IV sedative at/before 0800 AND 1600, perform Glasgow Coma Scale. RT to perform spontaneous breathing evaluation (SBE) during periods of sedation discontinuance. (Step 1 of 2)
- ** SEDATION VACATION PROTOCOL ** If the patient does not meet criteria for a Spontaneous Breathing Trial (SBT), restart IV sedation at ½ the dose following the neurological and respiratory evaluation. (Step 2 of 2)

Date Time Physician Signature

Sutter Health eICU
1726 28th Street
Sacramento, CA 95816
Clinical Phone: (916) 453-5108
Clinical Fax: (916) 453-5110
Clinical Email: eicu@sutterhealth.org



Sutter Health
Sacramento Sierra Region

Fax

To:	From:
Fax:	Pages:
Phone:	Date:
Re:	Attn:

Urgent For Review Please Comment Please Reply Please Recycle

CONFIDENTIALITY NOTICE

The medical information in this FAX message is confidential and privileged. It is unlawful for unauthorized persons to review, copy, disclose or disseminate confidential medical information. If the reader of this warning is not the intended recipient, you are hereby notified that you have received this FAX message in error and that review of further disclosure of the information contained therein is strictly prohibited. If you have received this message in error, please notify us immediately at the phone number indicated above to arrange for return of the original FAX transmission by mail.



Sutter Health

Community Based, Not For Profit