

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:** _____

Admission (Admit) Orders**Condition**

- ☐ Admit Observation, Medical/Surgical
- ☐ Admit Inpatient (Acute), Medical/Surgical
- ☐ Full Code
- ☐ Limited Code
- ☐ Do Not Resuscitate

Vital Signs

- ☒ Vital Signs per protocol
- ☐ Pulse Oximetry every shift
- ☐ Pulse Oximetry (continuous)

Activity

- ☐ Bedrest with Bathroom Privileges
- ☐ Up to Chair BID
- ☐ Ambulate With Assistance, TID
- ☐ Ambulate Ad Lib

Nursing Orders***Assessments***

- ☒ Intake and Output per unit protocol
- ☒ Fingerstick Blood Sugar once, if >120 repeat fasting blood glucose within 24 hours
- ☐ Neuro Check q 2 hrs till stable, then q 4 hrs
- ☒ Daily Weight

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
- ☒ Notify MD if respiratory rate <10 or >24
- ☒ Notify MD if O2 sat < 92%
- ☒ Notify MD if blood glucose > 150 mg/dL (x 2 consecutive measurements)
- ☒ Notify MD if urine output < 30 milliliters in 2 hours

Interventions

- ☒ Elevate Head of Bed > 30 degrees
- ☐ Foley cath Continuous to Gravity Drainage
- ☒ Oxygen Titrate to O2 sat. > = 92% per protocol, notify MD if >4 L/min needed
- ☒ Smoking Cessation Education Screen for smoking with cessation therapy if indicated

Date

Time

Physician Signature

Diet

- ☐ Diet, regular
- ☐ Cardiac diet - No caffeine (including coffee, decaf coffee, tea, decaf tea, soft drinks including caffeine)
- ☐ Consistent Carbohydrate Diet (Diabetic)
- ☐ NPO
- ☐ NPO except for medications
- ☐ NPO after midnight on _____

IV Fluids

- ☐ IV saline lock
- ☐ Dextrose 5% with 0.45% NaCl 1000 milliliter solution 125 milliliter/hour intravenously
- ☐ Sodium Chloride 0.9% 1000 milliliter solution 125 milliliter/hour intravenously

Respiratory

- ☐ RT to Evaluate and Treat per protocol
- ☐ Oxygen per protocol Titrate to O2 sat. $\geq 92\%$. Call MD if patient is requiring $> 4\text{L/min}$
- ☐ Incentive Spirometry q 2 hours while awake, set as a continuous task.

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

Medications

- ☒ Pharmacy to monitor and adjust all Medication dosing PRN

Antibiotics - Empiric Therapy

- EMPIRIC THERAPY - Sepsis
 - ☐ levofloxacin 750 milligram solution intravenously every 24 hours , give AFTER cultures obtained
- PLUS EITHER (Choose one of the following)
 - ☐ ceftriaxone 1 gram intravenously once a day , give AFTER cultures obtained
- OR
 - ☐ cefepime 1000 milligram intravenously every 8 hours Give AFTER cultures obtained
- OR
 - ☐ ZOSYN 4.5 gram intravenously every 6 hours, give AFTER cultures obtained

Date

Time

Physician Signature

- EMPIRIC THERAPY - Community Acquired Pneumonia
 - ☐ Ceftriaxone 1 grams IV once daily, give AFTER cultures obtained
- PLUS
 - ☐ Azithromycin 500 mg IV once daily, give AFTER cultures obtained

Antibiotics - Other Choices

- ☐ ZOSYN 4.5 gram intravenously every 6 hours , give AFTER cultures obtained
- ☐ PRIMAXIN IV 500 milligram intravenously every 6 hours , give AFTER cultures obtained.
- ☐ meropenem 2 grams IV every 8 hours, give AFTER cultures obtained
- ☐ Ceftriaxone 1 grams IV once daily, give AFTER cultures obtained
- ☐ Ceftriaxone 2 gram intravenously every 12 hours , give AFTER
- ☐ cefepime 1 gram intravenously every 8 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
 - ☐ tigecycline, 100 milligram intravenously loading dose followed by 50 milligram intravenously every 12 hours, give AFTER cultures obtained

Analgesics

- Oral:
 - Consider limiting total acetaminophen dose to 2 gram daily for hepatic dysfunction
 - ☐ acetaminophen 650 milligram tablet orally every 4 hours
 - ☐ VICODIN 5/500 1 tablet orally as needed for pain scale over 3. May give 2nd tablet after 30 min if pain still greater than 3. If patient requires 2 tablets subsequent doses can be given as 2 tablets. ** Do not exceed 4 grams Acetaminophen per day **.
 - ☐ Norco 325/5 1 tablet orally as needed for pain scale over 3. May give 2nd tablet after 30 min if pain still greater than 3. If patient requires 2 tablets subsequent doses can be given as 2 tablets.
- IV:
 - ☒ Nursing Communication May give parenteral medication if patient unable to take PO or PO dose not effective
 - ☐ 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

Date

Time

Physician Signature

- ☐ morphine 0.5 - 2 milligram solution intravenously every 2 hours as needed for pain 0.5 mg for pain scale 1-3, 1 mg for 4-6, 2 mg for 7-10
- For opioid-naïve OR debilitated OR elderly patients (greater than 65 years) OR weight less than 50 kg, consider morphine order for 0.5-2 mg
 - ☐ naloxone 0.2 milligram intravenously every 2 minutes as needed for respiratory depression due to narcotics

Antiemetics

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

DVT Prophylaxis

- ☐ 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
- Mechanical prophylaxis is only recommended for patients considered to be high risk for bleeding. (Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy: Evidence based guidelines Vol 126. Number 13; p373s.)
 - ☐ Sequential Compression Device
 - ☐ Antiembolism Hose Knee High

GI Prophylaxis

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

K/Magnesium Replacement

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

Insulin Sliding Scales

- ☐ Insulin Aggressive sliding scale with Lispro Insulin subcu
- ☐ Insulin Moderate sliding scale with Lispro Insulin subcu

Long-acting Insulins

- ☐ insulin glargine ____ unit subcutaneously once a day, at bedtime

Other Insulins

Date

Time

Physician Signature

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
- ☐ nicotine 21mg, TOP, Patch, qDay, for pt using $\geq 1/2$ pack per day
- ☐ temazepam 7.5mg, PO, Cap, qHS, PRN, Sleep, MRx1
- ☐ zolpidem (Ambien) 5mg, PO, Tab, qHS, PRN, Sleep, MRx1
- ☒ influenza virus vaccine, inactivated 0.5 ml, IM q 24 hours x 1 dose/time if patient meets screening criteria
- ☒ pneumococcal 23-valent vaccine 0.5 ml, IM q 24 hours x 1 dose/time if patient meets screening criteria

Laboratory (If not already performed)

- ☐ 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)
- ☐ Magnesium Level
- ☐ Phosphorus Level
- ☐ BNP
- ☐ Prothrombin time (PT) and international normalized ratio (INR)
- ☐ Prothrombin time (PT) and international normalized ratio (INR) q day
- ☐ Partial thromboplastin time (PTT)
- ☐ Urinalysis w/culture if ind
- ☐ Urine Culture
- ☐ Culture Blood q 5 min for 10 min, 2 different sites
- ☐ Sputum Culture Routine
- ☐ Lactic Acid Blood; STAT
- ☐ TSH Reflex FT4

AM Labs (tomorrow)

- ☐ CBC w/ Diff Tomorrow
- ☐ Basic metabolic panel (Na, K, Cl, HCO₃, BUN, Creatinine, Glucose, Calcium) Tomorrow
- ☐ Comprehensive metabolic panel (BMP + ALT, AST, Total Protein, Albumin, Total Bilirubin, Alk Phos) Tomorrow

Date

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Physician Signature

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