

## 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
- Fingertick 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

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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 O<sub>2</sub> sat. > = 92%. Call MD if patient is requiring > 4L/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

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Date

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Time

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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-naive 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 >= 1/2pack 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

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Date \_\_\_\_\_ Time \_\_\_\_\_ Physician Signature \_\_\_\_\_



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



*Sutter Health*  
Sacramento Sierra Region

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