

Admitting diagnosis _____ Admitting Physician _____

Admit to: Critical Care Unit

Allergies: _____

Code status Full Code DNR Other _____ Discussed 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 _____
- CMP QAM X 3 days or _____
- PT/INR QAM X 3 days or _____
- Liver panel QAM X 3 days or _____
- Portable CXR QAM X 3 days or _____
- Type and cross
- Type and screen
- CT Chest with PE Protocol
- TSH
- Other _____
- Cardiac enzymes X 3 Q8 hours
- Echocardiogram STAT - Indication _____
- ECG QAM X 3 days and PRN chest
- Lipid panel in AM
- Pro BNP in AM
- Cultures: blood urine sputum stool wound
- CT scan with contrast of _____
- CT scan without contrast of _____
- Amylase and lipase
- 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
- Physical Therapy evaluation
- Speech Therapy for swallow evaluation
- Social Services
- Case Management
- Nutrition Consult
- Chaplain
- Other _____
- Palliative Care

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 _____



Critical Care Admission Orders

Patient Identification

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:

- Norepinephrine (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.
- Other _____

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 Renal Laxative protocol
- Correctional Insulin sliding scale Mild scale Moderate scale Aggressive scale
- Initiate non-DKA insulin infusion protocol at level 1
- Potassium protocol: 3.5 Oral 3.5 IV 4 Oral 4 IV
- 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** _____



Critical Care Admission Orders

Patient Identification