Physician Orders ADULT: Medical Response Team Standing Orders Protocol Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
- Initiate Powerplan Phase
  When to Initiate: Other—See Special Instructions, If MRT is notified per MD, Condition H or any associate, review and Initiate appropriate phase below.

Signs of Resp Distress Standing Order Phase
Non Categorized
Criteria for use: Patient complains of SOB, work required to breathe increases, cyanosis, family states patient cannot breathe.(NOTE)*

Vital Signs
- Vital Signs
  Stat, once

Patient Care
- INT Insert/Site Care
  Start, INT
- Suction Patient
  PRN, Suction: Oral, For airway management
- Suction Patient
  PRN, Suction: Nasal Suction: Nasotracheal, For airway management
- Accucheck Nsg
  Stat

Nursing Communication
- Nursing Communication
  STAT, obtain qualified physician interpretation of EKG

Respiratory Care
- Oxygen Saturation-Spot Check (RT)
  Stat
- Rescue Oxygen Therapy
  Routine, Special Instructions: Oxygen to increase O2 saturation to 92%
- ISTAT Blood Gases (RT Collect)
  Stat, once, Special Instructions: for agonal breathing; respiratory distress, respiratory rate greater than 22, or SPO2 less than 88%, T;N

Continuous Infusion
- NS Bolus
  500 mL, Injection, IV Piggyback, once, STAT, 1,000 mL/hr
  Comments: for SBP greater than 90mmHg or MAP less than 60mmHg may give once and call physician.

Medications
- +1 Hours D50W Syringe
  50 mL, Injection, IV Push, once, PRN Hypoglycemia, STAT, for Accucheck less than 60mg/dL

Laboratory
Physician Orders ADULT: Medical Response Team Standing Orders Protocol Plan

- CMP  
  STAT, T;N, once, Type: Blood
- CBC  
  STAT, T;N, once, Type: Blood
- Lactate Level  
  STAT, T;N, once, Type: Blood

Diagnostic Tests
- EKG  
  Start at: T;N, Priority: Stat, Reason: Other, specify, Respiratory Distress, Transport: Portable
- Chest 1 VW  
  T;N, Reason for Exam: Respiratory Distress, Stat, Portable

Consults/Notifications/Referrals
- Notify Physician-Once
  Notify For: Stridor

Signs of Chest Pain Standing Orders Phase
Non Categorized
Criteria for use: Chest pain/discomfort, Chest: Upper abdomen, chest, upper back, throat, jaw, shoulders, upper arms, Pain: Discomfort or other abnormal sensation such as gas, indigestion, fullness, pressure, tightness, or heaviness.(NOTE)*

Vital Signs
- Vital Signs  
  Stat, once

Patient Care
- INT Insert/Site Care  
  Start INT
- Oxygen Sat Monitoring NSG  
  Stat, once
- Oxygen Sat Monitoring NSG  
  Routine, q15min For 4 hr, PRN
- Accucheck Nsg  
  Stat

Nursing Communication
- Nursing Communication  
  STAT, obtain qualified physician, interpretation of EKG For STEMI; contact physician immediately and implement ordered STEMI interventions per physician order
- Nursing Communication  
  STAT, if cardiologist on case; call cardiologist immediately

Respiratory Care
- Rescue Oxygen Therapy  
  Routine, Special Instructions: Oxygen to increase O2 saturation to 90%
Physician Orders ADULT: Medical Response Team Standing Orders Protocol Plan

- Oxygen Saturation-Spot Check (RT)
  Stat

Continuous Infusion
- NS Bolus
  500 mL, Injection, IV, N/A, STAT, (for 1 dose), (infuse over 1 hr)
  Comments: For SBP less than 90mmHg or MAP less than 60mmHg may give once and call physician.

Medications
- +1 Hours aspirin
  324 mg, Chew tab, PO, once, STAT
  Comments: If allergic to ASA hold and contact physician

OR(NOTE)*

- +1 Hours aspirin
  300 mg, Supp, PR, once, STAT, Give aspirin PR if unable to take PO
  Comments: If allergic to ASA hold and contact physician

- +1 Hours nitroglycerin
  0.4 mg, Tab, SL, q15min, Chest Pain, STAT, (for 3 dose)
  Comments: Give after EKG completed only if MAP greater than 60mm HG or SBP greater than 90mmHG. Call physician after 1st dose.

Laboratory
- Troponin-I
  STAT, T;N, once, Type: Blood

- CMP
  STAT, T;N, once, Type: Blood

- CBC
  STAT, T;N, once, Type: Blood

Diagnostic Tests
- EKG
  Start at: T;N, Priority: Stat, Reason: Chest Pain/Angina/MI, send to ED for immediate interpretation

- Chest 1 VW
  T;N, Reason for Exam: Chest Pain, Stat, Portable

Signs of Mental Change Standing Order Phase
Non Categorized
Criteria for use: Acute confusion, cognitive impairment, loss of mental capacity, memory impairment, or MRT call for Suspected CVA. Comment: for signs and symptoms of suspected stroke such as Facial Droop, Arm Drift, Abnormal or loss of speech, aphasia, agraphia, acalculia, apraxia, gaze preference, visual field deficit, hemiparesis, hemisensory loss, neglect, flat affect, severe headache with no known cause, confusion, dizziness, loss of balance, or loss of sensation Or increase in NIHSS greater than 4pts((NOTE)*

Vital Signs
- Vital Signs
  Stat, once
Physician Orders ADULT: Medical Response Team Standing Orders Protocol Plan

☑ Vital Signs
  Routine, q15min, For 4 hr, PRN

Patient Care
☑ Accucheck Nsg
  Stat, once
☑ INT Insert/Site Care
  Start INT

Nursing Communication
☑ Nursing Communication
  STAT, obtain qualified physician interpretation of EKG
☑ Nursing Communication
  STAT, obtain qualified physician MD to call BAT team 516-2287
☑ Nursing Communication
  STAT, obtain last known "well" time before symptoms

Respiratory Care
☑ Oxygen Saturation-Spot Check (RT)
  Stat
☑ Rescue Oxygen Therapy
  Routine, Special Instructions: Oxygen to increase O2 Saturation to 92%
☑ ISTAT Blood Gases (RT Collect)
  Stat, once, Special Instructions: for agonal breathing; respiratory distress, respiratory rate greater than 22, or SPO2 less than 88%, T;N

Continuous Infusion
☑ NS Bolus
  500 mL, Injection, IV, N/A, STAT, (for 1 dose ), ( infuse over 1 hr )
  Comments: for SBP less than 90 or MAP less than 60mmHG may give once and call physician

Medications
☑ +1 Hours D50W Syringe
  50 mL, Injection, IV Push, N/A, Other, specify in Comment, STAT, (for 1 dose ), For Accucheck less than 60mg/dL
  Comments: For Accucheck less than 60mg/dL.
☑ +1 Hours glucagon
  1 mg, Injection, Subcutaneous, N/A, PRN, STAT, (for 1 dose ), For Accucheck less than 60mg/dL; Give if no IV access

Laboratory
☑ CMP
  STAT, T;N, once, Type: Blood
☑ CBC
  STAT, T;N, once, Type: Blood

MED Medical Response Team Standing Orders Protocol Plan 20908 QM0816 PP Rev111716  Page 4 of 5
Physician Orders ADULT: Medical Response Team Standing Orders Protocol Plan

- Lactate Level
  STAT, T;N, once, Type: Blood
- Blood Culture
  STAT, T;N, q5min 2 occurrence, Specimen Source: Peripheral Blood
  Comments: For a temp less than 36 C or greater than 38 C.

Diagnostic Tests

- Electrocardiogram
- Chest 1 VW
  Reason for Exam: Other, Enter in Comments, Stat, Portable
  Comments: Change in level of consciousness.
  Place CT below if accucheck within normal limits and stroke suspected:(NOTE)*
- CT Head/Brain W/O Cont
  T;N, Reason for Exam: Confusion, Stat, Stretcher
  Comments: For signs and symptoms of suspected stroke such as Facial Droop , Arm Drift, Abnormal or loss of speech, aphasia, agraphia, acalculia, apraxia, gaze preference, visual field deficit, hemiparesis, hemi-sensory loss, neglect, flat affect, severe headache with no known cause, confusion, dizziness, loss of balance, or loss of sensation.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order