Physician Orders ADULT: ICU Admit Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  Phase: ICU Admit Phase, When to Initiate: ____________________________
☐ Initiate Powerplan Phase
  Phase: Mechanically Ventilated Patients (Vent Bundle) Phase, When to Initiate: ____________________________

ICU Admit Phase
 Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
  T,N Admitting Physician: ________________________________________
  Reason for Visit: ______________________________________________
  Bed Type: ___________________________ Specific Unit: ______________________
  Care Team: ___________________________________________ Anticipated LOS: 2 midnights or more
☐ Notify Physician-Once
  Notify For: room number on arrival to unit

Vital Signs
☐ Vital Signs Per Unit Protocol
  Monitor and Record T,P,R,BP
☐ Vital Signs
  Monitor and Record Pulse Monitor and Record Blood Pressure Monitor and Record Resp Rate, q1h(std)
☐ Vital Signs
  q4h(std)
☐ Vital Signs
  Monitor and Record Resp Rate Monitor and Record Blood Pressure Monitor and Record Pulse, q2h(std)
☐ Neurochecks
  q1h(std)
☐ Neurochecks
  q2h(std)

Food/Nutrition
☐ NPO
☐ NPO
  Instructions: NPO except for medications
☐ Tube Feeding Bolus Plan(SUB)*
☐ Tube Feeding Continuous/Int Plan(SUB)*
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**Patient Care**
- **O2 Sat Monitoring NSG**
  - *titrate to keep O2 sat greater than or equal to 92%.*
- **Elevate Head Of Bed**
  - *30 degrees Unless Contraindicated*
- **Intake and Output**
  - *q8h(std)*
- **Bedside Glucose Nsg**
  - *Stat, once*
- **Bedside Glucose Nsg**
  - *q6h(std)*

**Respiratory Care**
- **O2 Sat-Continuous Monitoring (RT)**
  - *q4h(std), Special Instructions: titrate to keep O2 sat greater than or equal to 92%.*
- **O2-BNC**
  - *Routine, 6 L/min, Special Instructions: per policy titrate to keep O2 Sat greater than or equal to 92%.*
- **Oxygen-Simple Facemask**
  - *Routine, 10 L/min, Special Instructions: per policy maintain O2 sat greater than 92%*
- **Oxygen-Non Rebreather Mask**
  - *Routine, 10 L/min, Special Instructions: per policy maintain O2 sat greater than 92%.*

  **NOTE:** If a mechanical ventilator is needed please order the Mechanically Ventilated Patient Phase (Vent Bundle Phase) in this Plan. (NOTE)*

- **Ventilator Weaning Trial Medical by RT**
- **Ventilator- Weaning Protocol**
- **ABG- RT Collect**
  - *Stat once*

**Continuous Infusion**
- **Sodium Chloride 0.9%**
  - *1,000 mL, IV, Routine, 75 mL/hr*
- **Dextrose 5% with 0.45% NaCl**
  - *1,000 mL, IV, Routine, 75 mL/hr*

**Medications**
- **VTE MEDICAL Prophylaxis Plan(SUB)*
- **Insulin SENSITIVE Sliding Scale Plan(SUB)*
- **Insulin STANDARD Sliding Scale Plan(SUB)*
- **Insulin RESISTANT Sliding Scale Plan(SUB)*
- **+1 Hours** famotidine
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- **20 mg, Injection, IV Push, q12h, Routine**
  - Comments: Reduce to q24h if CrCl is less than 50 mL/min.

- **+1 Hours** famotidine
  - **20 mg, Tab, NG, q12h, Routine**
  - Comments: Reduce to q24h if CrCl is less than 50 mL/min.

- **+1 Hours** pantoprazole
  - **40 mg, DR Tablet, PO, QDay, Routine**
  - Comments: DO NOT CHEW, CUT, OR CRUSH

- **+1 Hours** pantoprazole
  - **40 mg, Granule, NG, QDay, Routine**

- **+1 Hours** pantoprazole
  - **40 mg, Injection, IV Push, q24h, Routine**

- **+1 Hours** albuterol
  - **2.5 mg, Inh Soln, NEB, q4h, Routine**

- **+1 Hours** albuterol
  - **2.5 mg, Inh Soln, NEB, q4h, PRN Shortness of Breath, Routine**

- **+1 Hours** albuterol-ipratropium
  - **3 mL, Inh Soln, NEB, q4h, Routine**

- **+1 Hours** albuterol-ipratropium
  - **3 mL, Inh Soln, NEB, q4h, PRN Shortness of Breath, Routine**

- **+1 Hours** ipratropium
  - **0.5 mg, Inh Soln, NEB, q4h, Routine**

- **+1 Hours** ipratropium
  - **0.5 mg, Inh Soln, NEB, q4h, PRN Shortness of Breath, Routine**
  - Comments: Shortness Of Breath

**Laboratory**

- **CBC**
  - **STAT, T;N, once, Type: Blood, Nurse Collect**

- **CBC**
  - **Routine, T+1;0400, once, Type: Blood, Nurse Collect**

- **Basic Metabolic Panel**
  - **STAT, T;N, once, Type: Blood, Nurse Collect**

- **Basic Metabolic Panel**
  - **Routine, T+1;0400, once, Type: Blood, Nurse Collect**

- **CMP**
  - **STAT, T;N, once, Type: Blood, Nurse Collect**

- **CMP**
  - **Routine, T+1;0400, once, Type: Blood, Nurse Collect**
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☐ Cortisol Level
  STAT, T;N, once, Type: Blood, Nurse Collect

☐ Lactic Acid Level
  STAT, T;N, once, Type: Blood, Nurse Collect

☐ C-Reactive Protein
  STAT, T;N, once, Type: Blood, Nurse Collect

☐ Brain Natriuretic Peptide
  STAT, T;N, once, Type: Blood, Nurse Collect

☐ BNP Pro
  STAT, T;N, once, Type: Blood, Nurse Collect

☐ Lipid Profile
  STAT, T;N, once, Type: Blood, Nurse Collect

☐ Prealbumin
  STAT, T;N, once, Type: Blood, Nurse Collect

☐ D-Dimer Quantitative
  STAT, T;N, once, Type: Blood, Nurse Collect

☐ PT/INR
  STAT, T;N, once, Type: Blood, Nurse Collect

☐ PT/INR
  Routine, T+1;0400, qam, Type: Blood, Nurse Collect

☐ PTT
  STAT, T;N, once, Type: Blood, Nurse Collect

☐ PTT
  Routine, T+1;0400, qam, Type: Blood, Nurse Collect

☐ Troponin-I
  Time Study, T;N, q6h x 2 occurrence, Type: Blood, Nurse Collect

☐ Troponin Point of Care
  Stat

☐ CK
  Time Study, T;N, q6h x 2 occurrence, Type: Blood, Nurse Collect

☐ Type and Crossmatch PRBC
  STAT, T;N, Type: Blood, Nurse Collect

☐ Transfuse PRBC's - Not Actively Bleeding
  STAT, T;N

☐ Transfuse PRBC's - Actively Bleeding
  STAT, T;N

☐ Hold PRBC
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- STAT, T;N
  - Blood Culture
    - STAT, T;N, once, Nurse Collect
  - Blood Culture
    - Time Study, T;N+5, once, Nurse Collect
  - Urinalysis w/Reflex Microscopic Exam
    - STAT, T;N, once, Type: Urine, Nurse Collect

**Diagnostic Tests**

- EKG
  - Start at: T;N, Priority: Stat
- Chest 1 View
  - T;N, Routine
- Chest 2 Views
  - T;N, Routine, Stretcher
- CT Thorax WO Cont
  - T;N, Routine, Stretcher
- CT Brain/Head WO Cont
  - T;N, Routine, Stretcher
- CT Abdomen and Pelvis WO Cont
- CT Abdomen WO Cont
  - T;N, Routine, Stretcher
- CT Pelvis WO Cont
  - T;N, Routine, Stretcher

If Patient on ventilator, the following order can be placed: (NOTE)*

- NM Pulm Ventilation and Perfusion Img

**Consults/Notifications/Referrals**

- Notify Resident-Once
  - Notify For: Critical Care
- PT Initial Evaluation and Treatment
- Consult Clinical Dietitian
- Consult Medical Social Work
- Consult Case Management

**Mechanically Ventilated Patients Phase**

**Non Categorized**

- R Mechanically Ventilated Pt (Vent Bundle) Care Track
  - T;N

**Patient Care**
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- Elevate Head Of Bed
  - 30 degrees or greater if systolic blood pressure is greater than 95 mmHg

- Reposition ETT (Nsg)
  - T;N, QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.

- ETT Subglottic Suction
  - Low Continuous, 20mmHg, Applies to ETT with the Hi-Lo suction capability. (DEF)*
  - Low Intermittent, 40mmHg, Applies to ETT with the Hi-Lo suction capability.
  - Low Intermittent, 60mmHg, Applies to ETT with the Hi-Lo suction capability.
  - Low Intermittent, 80mmHg, Applies to ETT with the Hi-Lo suction capability.
  - Low Intermittent, 100mmHg, Applies to ETT with the Hi-Lo suction capability.
  - Low Intermittent, 120mmHg, Applies to ETT with the Hi-Lo suction capability.

- Mouth Care
  - Routine, q2h(std)

- Nursing Communication
  - Call MD if higher than any of the following maximum doses of medications is required. LORazepam 6 mg in 3 hours, Fentanyl 500 mcg/hr, propofol 100 mcg/kg/min, midazolam 7mg/hr

- Nursing Communication
  - If SAS goal not met in 6 hours on haloperidol, call MD for further orders

- Nursing Communication
  - If receiving haloperidol, patient must be on cardiac monitor - call MD for QTc prolongation greater than or equal to 500 msecs and HOLD haloperidol

- Nursing Communication
  - Once SAS goal is met initially, reassess and document SAS score q2hrs

- Nursing Communication
  - If the patient is on sedation medication other than propofol, begin turning off the sedation medications at 8am for the sedation vacation process

- Nursing Communication
  - Notify Respiratory for Weaning Assessment at 8am if a Vacation Sedation is initiated,

Respiratory Care

- Mechanical Ventilation

- Reposition ETT (Nsg)
  - QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.

Medications

- +1 Hours docusate
  - 100 mg, Liq, Tube, bid, Routine
  - Comments: HOLD for diarrhea

- +1 Hours famotidine
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20 mg, Oral Susp, Tube, bid, Routine
Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min

☐ +1 Hours famotidine
20 mg, Injection, IV Push, bid, Routine
Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min

☐ +1 Hours pantoprazole
40 mg, Granule, NG, QDay, Routine

☐ +1 Hours pantoprazole
40 mg, Injection, IV Push, QDay, Routine

☐ VTE MEDICAL Prophylaxis Plan(SUB)*
☐ VTE SURGICAL Prophylaxis Plan(SUB)*
☐ Sequential Compression Device Apply
Apply to Lower Extremities

Sedation
Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)*
Choose Sedation Goal per Riker Sedation Agitation Scale (SAS) Goal of 3-4 recommended (NOTE)*

☐ Sedation Goal per Riker Scale
Goal: 3 (Sedated)

☐ Propofol Orders Plan(SUB)*
☐ +1 Hours LORazepam
1 mg, Injection, IV Push, q30h, PRN Other, specify in Comment, Routine
Comments: to maintain SAS goal (Maximum of 6 mg in a 3 hr period). If patient is over sedated, hold dose until appropriate SAS achieved. Call MD if patient requires more than 20 mg/day.

☐ +1 Hours midazolam 1mg/mL/NS 50 mL PreMix
50 mg / 50 mL, IV, Routine, titrate
Comments: Initiate at 1 mg/hr. Titrate by 0.5mg/hr every 15 minutes until SAS goal achieved. Maximum dose 7 mg/hr

Pain Management
Choose one of the orders below, morPHINE is not recommended if creatinine clearance is less than 50 mL/min, in liver failure or SBP less than 90mmhg or MAP less than 65 mmhg.(NOTE)*

☐ +1 Hours morphine
4 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine

☐ +1 Hours HYDROMorphone
1 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10)

☐ +1 Hours fentaNYL 10 mcg/mL in NS infusion
2,500 mcg / 250 mL, IV, Routine, Titrate
Comments: Concentration 10 mcg/mL
Initial Rate: 50 mcg/hr; Titration Parameters: 50 mcg/hr every 10 min to SAS goal per MD
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Orders. Max Rate: 500 mcg/hr

Refractory Agitation
Place order below for agitation that persists despite adequate sedation & analgesia. Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)*

☐ +1 Hours haloperidol
  2 mg, Injection, IV Push, q1h, PRN Agitation, Routine
  Comments: Cardiac monitor required. *If Qtc greater than 500 msec, hold haloperidol. *If SAS not met in 6 hrs, call MD. Call MD is patient requires more than 20 mg/day.

Sedation Vacation Daily
☑ Sedation Vacation
  qam, see Order Comment; T;N
  Comments: For patients receiving continuous infusions, lighten/discontinue sedation and pain medications at 0800 daily (or more often as indicated by MD/required by nsg unit) until the patient is awake, can follow commands, or until they become uncomfortable or agitated. Resume sedation infusion at 1/2 the previous rate and re-titrare to SAS goal. If SAS goal still achieved without active therapy, do not restart sedation. If patient becomes agitated, resume sedation infusion at 1/2 the previous rate & re-titrare to SAS goal (document on the nursing flow sheet)

☑ Ventilator Weaning Trial Medical by RT

Consults/Notifications/Referrals
☑ Notify Physician-Continuing
  Notify: MD, Notify For: QTc prolongation on cardiac monitor greater than or equal to 500msecs and HOLD haloperidol

Date Time Physician’s Signature MD Number

*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