



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

- R 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 msec and HOLD haloperidol
- R 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** HYDROmorphine
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 haldoperidol. *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-titrate 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-titrate 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

