(place patient label here)	
Patient Name:	

Benefis health system Benefis Hospitals

Order Set Directions:

- \succ (\checkmark)- Check orders to activate; Orders with pre-checked box \boxtimes will be followed unless lined out.
- Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- Initial each page and Sign/Date/Time last page

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Allergies with reaction type:

ICU Targeted Temperature Management Post-Cardiac Arrest-Phase 1 Version 2 Approval 9/25/2018

Inclusion Criteria

- All cardiac rhythms
- Glasgow coma scale less than or equal to 7
- Age greater than or equal to 18
- Pregnancy negative
- No defined neuropathology
- Establish Code status

General

· Requires mandatory Intensivist as consult

PHASE 1: ON ADMISSION AND PRIOR TO COOLING

Nursing Orders

- ☑ Vital signs every 15 minutes x 4 then hourly including temperature from 2 routes (esophageal, rectal and/or bladder)
- ☑ Elevate head of bed 30 degrees
- ☑ Nasogastric/orogastric tube insert/maintain to low intermittent suction
- ☑ Point of Care Capillary Blood Glucose every 6 hours and as needed
- ☑ Foley Catheter with Protocol
- ☑ If having seizures, notify provider
- ☑ If shivering, notify provider

Respiratory

- ☑ Initiate Ventilator Management Protocol
- ☑ Maintain O2 Sat > 94%
- ☑ Maintain PCO2 35-45 mmHg

Diet

✓ NPO

IV/ Line Insert/Maintain

- □ Arterial line insert/maintain
- ☑ Peripheral IV insert/maintain
- □ Central line maintain

IV Fluids

Sodium Chloride 0.9% IV

☑ 30 milliliter/hour continuous intravenous infusion

Initia	I۲		

(place patient label here)
Patient Name:

Benefis HEALTH SYSTEM Benefis HOSPITALS

PROVIDER ORDERS

Order Set Directions:

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Medications

Sedatives / Analgesics / Paralytics

Initiate Propofol and Fentanyl together and titrate Propofol to RASS -2 sedation level

propofol 10 mg/mL intravenous emulsion (DIPRIVAN)

fentaNYL

- ☑ 1 microgram/kilogram intravenous push bolus once (MAX 100 microgram) followed by fentanyl continuous infusion
- ☑ 50 microgram/hour continuous infusion following bolus.

**IF RASS -2 not achieved and Propofol infusion is at MAX:

LORazepam (ATIVAN)

☑ 2-4 milligram intravenously every 30 minutes as needed if RASS -2 not achieved and Propofol infusion is at MAX

fentaNYL

**IF seizures: Contact provider

LORazepam (ATIVAN)

☑ 2 milligrams intravenously push every 30 minutes as needed

**IF shivering: Contact provider

meperidine (DEMEROL)

☐ 12.5-25 milligram intravenous push every 4 hours as needed (GIVE FIRST) vecuronium

☐ If shivering is unrelieved by Demerol, contact provider for appropriate dosing and RASS score

Vasopressors: Contact provider if initiating pressor

**Initiate norepinephrine (LEVOPHED) first

norepinephrine bitartrate (LEVOPHED) in NS 4 mg/250 mL IV

 0.1 microgram/kg/minute continuous intravenous infusion. Titrate to keep MAP greater than 65 mmHg (MAX 30 microgram/minute)

**IF desired MAP not obtained ADD:

vasopressin in NS 100 unit/250 mL IV

☑ 0.04 unit/minute continuous intravenous infusion

**IF desired MAP not obtained ADD:

phenylephrine (NEO-SYNEPHRINE) in NS 20 mg/ 250 mL (80 mcg/mL) IV

☑ 20 - 180 microgram/minute continuous intravenous infusion. Titrate to keep MAP greater than 65 mmHg begin if desired MAP not achieved with norepinephrine and vasopressin)

Insulins

Insulin Sliding Scales

- \square Low
- □ Medium
- ☐ High

If blood sugar is >250, initiate insulin drip. Select Dynamic Insulin Drip orders

☐ Insulin, regular in NS 250 unit/250 mL (1 unit/mL) IV.

Initials
Initials

(place patient label here) Patient Name: Order Set Directions: > (√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out. > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made Initial each page and Sign/Date/Time last page	Benefis HOSPITALS PROVIDER ORDERS
Other	
Lacri-Lube eye ointment	
☑ 0.5 inch in each eye every 12 hours as needed while sedated	
aspirin	
 300 milligram suppository rectally once a day 325 milligram tablet by nasogastric tube once a day 	
1 323 milligram tablet by hasogastric tube office a day	
Laboratory	
Obtain the following STAT labs:	
☑ Blood Gas Study, arterial	
 Pregnancy test, serum. Select for women of child bearing age 	
☑ Amylase	
☑ CBC/AUTODIFF	
☑ Comprehensive metabolic panel	
✓ Magnesium (Mg) level, plasma	
☑ Phosphorus level, plasma ☑ CK (CPK)	
☑ Cortisol, plasma	
☑ Calcium, ionized	
☑ Lactic acid, plasma	
☑ Lipase	
☑ PT (PROTIME AND INR)	
☑ PTT	
☑ Troponin-I	
☐ Type and screen	
If fever or evidence of infection present:	

Radiology & Diagnostic Tests

□ Blood Culture□ Culture, sputum□ Culture, urine□ Procalcitonin Level

CT Head without Contrast

☑ STAT. Reason for exam: post cardiac arrest

XR Chest Single AP View Only, portable,

☑ STAT. Reason for exam: post cardiac arrest

12-lead ECG

☑ STAT. Reason for exam: post cardiac arrest

Echocardiogram, transthoracic (2D cardiac ECHO)

☑ Reason for exam: post cardiac arrest (DO NOT DELAY COOLING PROTOCOL IF NOT OBTAINED)

EEG (Electroencephalogram), continuous,

☑ STAT. Reason for exam: post cardiac arrest (DO NOT DELAY COOLING PROTOCOL IF NOT OBTAINED)

Provider	Signature:	Date:	Time:	