

(place patient label here)

Patient Name: \_\_\_\_\_



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**ICU Admission Basic**

**Version 2 Approved 4/10/2017**

**Patient Placement**

***Patient Status***

If the physician cannot anticipate that the duration of episode of care for the patient will cross two midnights, the patient should continue to be treated as an outpatient (observation services) and should be admitted if or when additional information suggests or the physician anticipates that the duration of the episode of care will cross a second midnight.

Admit to inpatient: **\*\*I certify that:**

Inpatient services are reasonable and necessary and ordered in accordance with Medicare regulations.

Services ordered are appropriate for the inpatient setting.

It is anticipated that the medically necessary care of the patient will cross at least 2 midnights.

The diagnosis included in this order is the reason for inpatient services and is outlined further in the history and physical and subsequent progress notes.

The need for post hospital care will be determined based upon the patient's evolving clinical condition and needs.

Diagnosis: \_\_\_\_\_

Observation services (Condition can be evaluated/treated/improved within 2 midnights or additional time is needed to determine if inpatient admission is medically necessary)

Attending Provider: \_\_\_\_\_

***Preferred Location/Unit***

ICU

**Comfort care only [ ] Yes [ ] No**

***Code Status:***

Full Code

DNR

Limited DNR Status

No intubation, mechanical ventilation

No chest compressions

No emergency medications or fluid

No defibrillation, cardioversion

No \_\_\_\_\_

**Activity**

Up ad lib

Up with assist

Up to chair

Bed rest with bathroom privileges

Bed rest with bedside commode

Bed rest

PT- ICU mobility

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**Nursing Orders**

- Initiate MRSA Testing and Treatment Protocol
- Vital signs per unit standard      Vital signs non unit standard \_\_\_\_\_
- Intake and output per unit standard
- Daily weight
- Point of Care Capillary Blood Glucose 4 times a day, before meals and at bedtime Or every 6 hours IF NPO
- Foley Catheter
- Nasogastric/orogastric tube insertion/management
  - low intermittent suction     continuous suction     no suction/ gravity
  - Feeding tube insertion/management (DOBHOFF)

**Respiratory**

- Oxygen Delivery RN/RT to Determine to maintain Oxygen saturation greater than 94%
  - Oxygen administration
    - Nasal Cannula at \_\_\_\_\_ Lpm and titrate to maintain Oxygen saturation greater than 90%
    - Other: \_\_\_\_\_ at \_\_\_\_\_ Lpm
  - Bilevel positive airway pressure RT to optimize setting
  - Continuous positive airway pressure (CPAP) , patient my use own- as per home settings
- For ventilator orders- Select Ventilator management or ARDS net protocol order sets

**Diet**

- Regular Diet
  - Heart Healthy Diet
  - Controlled Carbohydrate Diet
  - Full Liquid Diet
  - Clear Liquid Diet
  - NPO Diet
- Advance diet as tolerated to goal diet of: \_\_\_\_\_
- NPO at
- Time to Start                       Strict
  - NPO:\_\_\_\_\_                       With Ice Chips
  - Except Meds                       With Sips
  - Other: \_\_\_\_\_

**IV/ Line Placement**

- Peripheral IV insert/maintain     Saline lock with saline flush every BID     Arterial IV insert/maintain

**IV Fluids - Maintenance Generic Fluid**

Select this fluid for IV solution not listed above

IV Fluid-Maintenance

- Fluid: \_\_\_\_\_
- Additive: \_\_\_\_\_
- Rate: \_\_\_\_\_
- Duration (If rate not selected): \_\_\_\_\_

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**Medications**

**Analgesics: Non-opioids**

acetaminophen (TYLENOL)

- 650 milligram by nasogastric tube every 4 hours as needed for mild-to-moderate pain or fever greater than 101 F (38.3 C)
- 650 milligram orally every 4 hours as needed for mild-to-moderate pain or fever greater than 101 F (38.3 C)
- 650 milligram rectally every 4 hours as needed for mild-to-moderate pain or fever greater than 101 F (38.3 C)

**Antibacterial Prophylaxis**

mupirocin (BACTROBAN) 2% nasal ointment

- 0.5 gram in each nostril 2 times a day for 5 days = 10 total doses

**Stress Ulcer Prophylaxis Agents: Histamine-2 Receptor Antagonists**

famotidine (PEPCID)

- 20 milligram orally 2 times a day
- 20 milligram by nasogastric tube 2 times a day
- 20 milligram intravenously every 12 hours

pantoprazole (PROTONIX)

- 40 milligram orally once a day H-2 Antagonists preferred if possible
- 40 milligram by nasogastric tube once a day H-2 Antagonists preferred if possible
- 40 milligram intravenously every 24 hours H-2 Antagonists preferred if possible

**Laxatives: Stool Softeners**

docusate sodium (COLACE)

- 100 milligram orally or by nasogastric tube 2 times a day

senna 8.8 mg/5 mL syrup (SENOKOT)

- 5 milliliter by nasogastric tube once a day, at bedtime

senna 8.6 mg oral tablet (SENOKOT)

- 1 tablet orally once a day, at bedtime

**Ophthalmic Care**

ARTIFICIAL TEARS EYE DROPS

- 1 drop in each eye every 4 hours as needed for dry eyes

ARTIFICIAL TEARS EYE OINTMENT

- 0.5 inch in each eye every 4 hours as needed for dry eyes

**Laboratory**

**Admission labs or labs to be obtained now: (IF not done already in ER)**

Please order Respiratory Viral Panel for patients being admitted for acute or suspected respiratory tract infections (pneumonia, bronchitis, viral respiratory infections or fever >100.5 with cough with unknown cause)

- Respiratory Viral Panel by PCR (RT to collect)
- MRSA by PCR

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**PROVIDER ORDERS**

**Consult Provider**

Provider to provider notification preferred.

- Consult other provider \_\_\_\_\_ regarding \_\_\_\_\_ Does nursing need to contact consulted provider? [ ] Yes [ ] No

**Consult Department**

- Consult Care Coordination Reason for consult: \_\_\_\_\_
- Consult Dietitian Reason for consult: \_\_\_\_\_
- PT Physical Therapy Eval & Treat Reason for consult: Critical Care Mobility Program
- ST Speech Therapy Eval & Treat Reason for consult: \_\_\_\_\_
- OT Occupational Therapy Eval & Treat Reason for consult: \_\_\_\_\_
- Consult Wound/Ostomy Nurse Reason for consult: \_\_\_\_\_  
initiate Wound Care Protocol [ ] Yes [ ] No

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VTE Prophylaxis

Step 1: VTE Risk Assessment: SELECT ONE RISK CATEGORY

- LOW RISK- FEW PATIENTS FALL IN THIS CATEGORY** (Includes ambulatory patients WITHOUT additional VTE risk factors [see Appendix 1 for risk factors]) No specific measure required, early ambulation
  - Order for all LOW risk patients IF not already ordered.
    - Ambulate 3 times a day
- MODERATE RISK- ANY PATIENT NOT IN LOW RISK OR HIGH RISK CATEGORY-MOST PATIENTS FALL IN THIS CATEGORY** (Patients with one or more VTE risk factors)
- HIGH RISK- ANY PATIENT NOT IN LOW OR MODERATE RISK CATEGORY** (Includes: Elective major lower extremity arthroplasty, hip, pelvic or surgery, lower extremity fracture, acute spinal cord injury with paresis, multiple major trauma, abdominal or pelvic surgery for cancer)

Step 2: Order Prophylaxis

- Prophylaxis already addressed post-operatively- See post-op orders

➤ Pharmacological VTE Prophylaxis

- Order for MODERATE and HIGH risk patients unless contraindicated

- No pharmacological prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

CONTRAINDICATIONS

Absolute

- Active hemorrhage or high risk for hemorrhage
- Severe trauma to head or spinal cord WITH hemorrhage in last 4 wks

Relative

- Craniotomy in last 2 weeks
- Intracranial hemorrhage in 12 mos.
- Intraocular surgery in last 2 wks
- GI, GU hemorrhage in last 30 days
- Thrombocytopenia (< 50,000)
- Coagulopathy (PT > 18 sec)
- Active intracranial lesions/ neoplasms
- Hypertensive emergency
- Post-op bleeding concerns
- Scheduled to return to OR in the next 24 hrs
- Epidural catheters or spinal block
- End stage liver disease

OTHER: \_\_\_\_\_

Medications

enoxaparin (LOVENOX)

- 40 milligram subcutaneously once a day
- 30 milligram subcutaneously once a day for impaired renal function- GFR less than 30 mL/min

heparin

- 5,000 unit subcutaneously every 12 hours
- 5,000 unit subcutaneously every 8 hours

- Select fondaparinux (ARIXTRA) ONLY IF suspected or known history of immune-mediated HIT OR allergy to enoxaparin (LOVENOX)

fondaparinux (ARIXTRA)

- 2.5 milligram subcutaneously once a day DO NOT USE if GFR less than 30mL/min
- Other Medication: \_\_\_\_\_

Laboratory

- CBC without differential every 3 days IF pharmacological prophylaxis is ordered

➤ Mechanical VTE Prophylaxis

- Order for HIGH risk patients and MODERATE risk patients without pharmacological prophylaxis

- No mechanical prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

Mechanical Contraindications

- Bilateral lower extremity amputee
- Bilateral lower extremity trauma
- Other: \_\_\_\_\_

Intermittent pneumatic compression

- Sequential compression device (SCD)
- Arterial venous impulses (AVI)

Apply anti-embolic stockings (graduated)

- knee high
- thigh high

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_