

Admit to Critical Care Physician: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Code Status:  Full code  No code  Other (complete Code Status Physician Order)

Allergies: \_\_\_\_\_

**NURSING CARE:** (Check box/ fill in to activate)

- Neuro checks every \_\_\_\_\_ hours for 12 hours then \_\_\_\_\_  Seizure precautions  
 Transduce CVP  Apply trans-cutaneous pacing pads to chest wall  
 Insert OG tube (substitute with NG tube if OG tube not possible or patient extubated)  
 Post-void residual (PVR) by BUS every 8 hours, I/O cath for PVR greater than 150 mL. Indwelling urinary catheter (**Foley**) if I/O cath more than twice.  
 Indwelling urinary catheter (**Foley**)  
 TEDS  SCDs

**DIET:** (Check box/ fill in to activate)

- NPO  CCU  Clear liquids  Full liquids  Comfort foods  2 g sodium  
 Regular  Dysphagia pureed/ nectar thick liquids, order speech consult  
 ADA: \_\_\_\_\_  Advance diet as tolerated to: \_\_\_\_\_  
 Other: \_\_\_\_\_

**ACTIVITY:** (Check box to activate)

- Strict bedrest  Up with assist  Up ad lib  Ambulate in hallway  Up to chair for meals (TID)  
 Elevate leg(s)  Special required (notify SA)

**CONSULTS:** (Check box to activate)

- Nutrition screen  PT evaluate & treat  Speech – swallow evaluation (treat as appropriate)  OT evaluate and treat  
 Wound care RN  Speech pathology cognitive/ communication evaluation (treat as appropriate)  Social work

**IV FLUIDS:** (Check box/ fill in to activate)

- Saline lock  
 IV fluid: \_\_\_\_\_ to infuse at \_\_\_\_\_ mL/ hour  
 Fluid bolus: \_\_\_\_\_ mL of \_\_\_\_\_ every \_\_\_\_\_ hour(s) PRN \_\_\_\_\_

**LABORATORY/ DIAGNOSTICS:** (Check box/ fill in to activate)

- CBC:  Now  In AM  
Basic Metabolic Panel (LTD):  Now  In AM  
Comprehensive Metabolic Panel (FP):  Now  In AM  
PT/ INR  Now  In AM
- |                                                     |                                               |                                                      |                                                        |
|-----------------------------------------------------|-----------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> ABG                        | <input type="checkbox"/> Acetaminophen (ACET) | <input type="checkbox"/> Alcohol (ALC)               | <input type="checkbox"/> BNP                           |
| <input type="checkbox"/> CRP                        | <input type="checkbox"/> D-dimer (DD)         | <input type="checkbox"/> Digoxin (DIG)               | <input type="checkbox"/> Drugs of Abuse urine (DAUTCA) |
| <input type="checkbox"/> Fasting lipids (FLP) in AM | <input type="checkbox"/> Ferritin (FER)       | <input type="checkbox"/> HgbA1c (GHGB)               | <input type="checkbox"/> Iron/ TIBC                    |
| <input type="checkbox"/> Lactate venous (LACTV)     | <input type="checkbox"/> Lipase (LIP)         | <input type="checkbox"/> Hepatic Function Panel (LP) | <input type="checkbox"/> Magnesium (MG)                |
| <input type="checkbox"/> Phosphorus (P)             | <input type="checkbox"/> RBC-folate (FOLR)    | <input type="checkbox"/> Retic count (RET)           | <input type="checkbox"/> ROMI every 6 hours X 2        |
| <input type="checkbox"/> Salicylate (ASA)           | <input type="checkbox"/> Sed Rate (ESR)       | <input type="checkbox"/> T4 free                     | <input type="checkbox"/> Theophylline (THEO)           |
| <input type="checkbox"/> TSH                        | <input type="checkbox"/> Vit B12              | <input type="checkbox"/> Guaiac stools (OCBLD2)      |                                                        |
- Other: \_\_\_\_\_
- UA  Sputum/ ETT Culture  Blood culture X 2  
Stool:  Leukocytes  O & P and Antigens  Culture  C Diff toxin  
Echocardiogram:  Stat  Urgent (within 60 min)  In AM Reason: \_\_\_\_\_ Read by: \_\_\_\_\_  
ECG:  Now  In AM  
Chest XRay:  Now  In AM  PA/ Lateral  Portable Reason: \_\_\_\_\_  
 Carotid Duplex Reason: \_\_\_\_\_  
 CT Scan of \_\_\_\_\_  with contrast  without contrast Reason: \_\_\_\_\_  
 Lower Extremity Duplex  arterial  venous  Right  Left  Bilateral Reason: \_\_\_\_\_

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



**CORE MEASURES:**

Document smoking cessation teaching if patient has smoked within 1 year  physician, check if already done

**PNEUMONIA:** (check box to activate)

Pharmacist may adjust doses for age or renal function

**Administer first dose(s) STAT if not done in ED**

Critical Care	
No Beta lactam allergy	Beta lactam allergy
<input type="checkbox"/> Ceftriaxone ( <b>Rocephin</b> ) 1 g IV every 24 hours (if greater than or equal to 80 kg, increase to 2 g) + Azithromycin ( <b>Zithromax</b> ) 500 mg IV every 24 hours X 3 days - OR - <input type="checkbox"/> Ceftriaxone ( <b>Rocephin</b> ) 1 g IV every 24 hours (if greater than or equal to 80 kg, increase to 2 g) + Levofloxacin ( <b>Levaquin</b> ) 750 mg IV every 24 hours X 5 days	<input type="checkbox"/> Levofloxacin ( <b>Levaquin</b> ) 750 mg IV every 24 hours X 5 days + Aztreonam ( <b>Azactam</b> ) 1 g IV every 12 hours

**At risk for pseudomonas: Nursing home residents, recent hospitalization, antibiotic therapy within past month, recurring episodes of infection**

No Beta lactam allergy	Beta lactam allergy
<input type="checkbox"/> Piperacillin/ tazobactam ( <b>Zosyn</b> ) 3.375 g IV every 6 hours + Levofloxacin ( <b>Levaquin</b> ) 750 mg IV every 24 hours X 5 days	<input type="checkbox"/> Aztreonam ( <b>Azactam</b> ) 1 g IV every 12 hours + Gentamicin 3 mg/ kg IV X 1 dose + Levofloxacin ( <b>Levaquin</b> ) 750 mg IV every 24 hours X 5 days

**HEART FAILURE:** (Check box/ fill in to activate order set)

ECG now (if not already done)	Restrict fluids to 1200 mL/ day
ACE Inhibitor/ ARB: _____	<input type="checkbox"/> Hold if SBP less than 90 mmHg <input type="checkbox"/> Contraindicated
Document Ejection Fraction if known: _____	<input type="checkbox"/> BNP <input type="checkbox"/> Troponin I
Echocardiogram: <input type="checkbox"/> Stat <input type="checkbox"/> Urgent (within 60 min) <input type="checkbox"/> In AM Reason: _____ Read by: _____	

**RESPIRATORY:** (Check box/ fill in to activate)

<b>Acute Bronchodilator:</b> (choose agent, route, & frequency)			
<b>Agent:</b> <input type="checkbox"/> Albuterol ( <b>Ventolin</b> ) <input type="checkbox"/> Ipratropium ( <b>Atrovent</b> ) <input type="checkbox"/> Albuterol/ ipratropium ( <b>DuoNeb</b> or <b>Combivent</b> )	<b>Dose:</b> _____ Puffs/ Treatment	<b>Route:</b> <input type="checkbox"/> HHN <input type="checkbox"/> MDI	<b>Frequency:</b> <input type="checkbox"/> every _____ hour(s) & PRN wheeze/ SOB <input type="checkbox"/> QID & PRN wheeze/ SOB <input type="checkbox"/> every _____ hour(s) PRN wheeze/ SOB
<input type="checkbox"/> Tiotropium ( <b>Spiriva</b> ) 18 mcg (1 capsule) by inhalation daily <input type="checkbox"/> Formoterol ( <b>Perforomist</b> ) 20 mcg/ 2 mL neb 1 treatment BID <input type="checkbox"/> Formoterol ( <b>Foradil</b> ) 12 mcg (1 capsule) by inhalation BID Fluticasone/ salmeterol ( <b>Advair</b> ) inhaler <input type="checkbox"/> 100/ 50 mcg <input type="checkbox"/> 250/ 50 mcg <input type="checkbox"/> 500/ 50 mcg 1 activation BID Beclomethasone ( <b>QVAR</b> ) inhaler <input type="checkbox"/> 40 mcg <input type="checkbox"/> 80 mcg _____ puff(s) BID <input type="checkbox"/> NT Suction PRN <input type="checkbox"/> Incentive Spirometer every hour while awake Peak Flow <input type="checkbox"/> BID <input type="checkbox"/> every day			
<b>Oxygen:</b> Titrate NC/ FM/ MV/ NIV to keep oxygen sats greater than or equal to _____%			
<b>Mechanical Ventilation:</b> Mode: _____ Rate: _____ Tidal Volume: _____ cc PEEP: _____ cm H <sub>2</sub> O			
<b>NIV:</b> <input type="checkbox"/> CPAP Exp. pressure _____ <input type="checkbox"/> BiPAP Insp. pressure _____ above PEEP			

\_\_\_\_\_  
 Sign Date Time



**MEDICATIONS:** (Check box/ fill in to activate)

Pharmacist may adjust doses for age or renal function

<input type="checkbox"/> Potassium Replacement: Critical Care Orders - OR - <input type="checkbox"/> Critical Care Electrolyte Replacement Orders	Electrolyte Replacement
<input type="checkbox"/> Critical Care Sedation Orders	Sedation
<input type="checkbox"/> Critical Care Insulin Infusion Orders <input type="checkbox"/> Algorithm 1 <input type="checkbox"/> Algorithm 2	Blood Glucose
<input type="checkbox"/> Critical Care Alcohol Withdrawal Orders	ETOH Withdrawal
<input type="checkbox"/> Critical Care Neuromuscular Blockade Protocol <input type="checkbox"/> Vecuronium <input type="checkbox"/> Atracurium	Paralytic
<input type="checkbox"/> Hypothermia Orders	Hypothermia
<input type="checkbox"/> ACTH Cortisol Stimulation Test Orders (CORSTIM2)	Diagnostic
<input type="checkbox"/> SubQ Sliding Scale Insulin Orders <input type="checkbox"/> No Lantus	Blood Glucose
<input type="checkbox"/> Dexmedetomidine (Precedex) infusion. Titrate to sedation goal of _____ (SAS 3 - 4 recommended)	Sedation
<input type="checkbox"/> Vasopressin infusion. Infuse at 1.2 units/ hour (fixed dose)	Sepsis
Initiate the following per Critical Care Infusion Titration Orders. Titrate to <input type="checkbox"/> MAP <input type="checkbox"/> SBP _____ mmHg PRN & for HR less than _____ <input type="checkbox"/> Norepinephrine (Levophed) infusion <input type="checkbox"/> Phenylephrine (Neosynephrine) infusion <input type="checkbox"/> EPINEPHrine infusion <input type="checkbox"/> DOPamine infusion	
<input type="checkbox"/> DOBUTamine infusion. Begin at _____ mcg/ kg/ minute and titrate per Critical Care Infusion Titration Orders for _____	
<input type="checkbox"/> Milrinone infusion. Begin at _____ mcg/ kg/ minute and titrate per Critical Care Infusion Titration Orders for _____	
For pneumonia treatment, please use page 2 (core measures) <input type="checkbox"/> Ceftriaxone (Rocephin) 1 g IV every 24 hours. If greater than or equal to 80 kg, increase to 2 g <input type="checkbox"/> MetroNIDAZOLE (Flagyl) 500 mg PO/ IV every 12 hours <input type="checkbox"/> Cefepime (Maxipime) 1 g IV every 12 hours <input type="checkbox"/> Levofloxacin 500 mg PO/ IV every day <input type="checkbox"/> Piperacillin/ tazobactam (Zosyn) 3.375 g IV every 6 hours. If greater than 100 kg, increase to 4.5 g <input type="checkbox"/> Cefazolin (Ancef) 1 g IV every 8 hours. If greater than or equal to 80 kg, increase to 2 g <input type="checkbox"/> Cephalexin (Keflex) 500 mg PO QID <input type="checkbox"/> Doxycycline 100 mg PO BID <input type="checkbox"/> Cefuroxime (Ceftin) 500 mg PO BID <input type="checkbox"/> Azithromycin (Zithromax) 500 mg PO/ IV daily X 3 days <input type="checkbox"/> Sulfamethoxazole/ trimethoprim 800/ 160 mg (Bactrim DS) 1 PO BID	Treatment Antibiotic
<input type="checkbox"/> Dalteparin (Fragmin) 5000 international units SubQ every 24 hours <input type="checkbox"/> Heparin 5000 units SubQ every 8 hours	VTE Prophylaxis
<input type="checkbox"/> Dalteparin (Fragmin) 200 international units/ kg SubQ every 24 hours <input type="checkbox"/> Warfarin (Coumadin) per Pharmacy. INR Goal is: _____	VTE Treatment
<input type="checkbox"/> Clopidogrel (Plavix) 75 mg PO every day <input type="checkbox"/> Aspirin/ dipyridamole extended release 25/ 200 mg (Aggrenox) 1 PO BID <input type="checkbox"/> Enteric coated aspirin 81 mg PO every day <input type="checkbox"/> Enteric coated aspirin 325 mg PO every day	Platelet Inhibitor

Sign

Date

Time

**MEDICATIONS:** (Check box/ fill in to activate)

Pharmacist may adjust doses for age or renal function

\*Not to exceed 4000 mg of acetaminophen/ 24 hours

<input type="checkbox"/> HYDROmorphone ( <b>Dilaudid</b> ) <i>PCA Orders</i> <input type="checkbox"/> Morphine <i>PCA Orders</i>	Severe Pain <b>PCA</b>
<b>Choose 1 item only:</b> <input type="checkbox"/> Morphine 2 - 4 mg IV every 4 hours PRN <input type="checkbox"/> HYDROmorphone ( <b>Dilaudid</b> ) 0.25 - 1 mg IV every 3 hours PRN	Severe Pain <b>IV</b>
<input type="checkbox"/> *Oxycodone/ acetaminophen 5 mg/ 325 mg ( <b>Percocet</b> ) 1 - 2 PO every 4 hours PRN	Severe Pain <b>PO</b>
<b>Choose 1 item only:</b> <input type="checkbox"/> *Acetaminophen ( <b>Tylenol</b> ) 650 mg PO/ PR every 4 hours PRN <input type="checkbox"/> Ibuprofen ( <b>Motrin</b> ) 400 mg every 6 hours PRN	Mild Pain/ Temp greater than 38° C
<input type="checkbox"/> Ketorolac ( <b>Toradol</b> ) _____ mg IV every 6 hours PRN X _____ doses	Moderate Pain <b>IV</b>
<input type="checkbox"/> *Hydrocodone/ acetaminophen 5 mg/ 325 mg ( <b>Norco</b> ) 1 - 2 PO every 4 hours PRN	Moderate Pain <b>PO</b>
<b>Choose 1 item only for EACH ROUTE:</b> <input type="checkbox"/> Ondansetron ( <b>Zofran</b> ) 4 mg IV every 6 hours PRN <input type="checkbox"/> Prochlorperazine ( <b>Compazine</b> ) 2.5 - 5 mg IV every 6 hours PRN <input type="checkbox"/> Promethazine ( <b>Phenergan</b> ) 6.25 - 12.5 mg IV every 6 hours PRN  <input type="checkbox"/> Prochlorperazine ( <b>Compazine</b> ) 5 mg PO every 6 hours PRN <input type="checkbox"/> Promethazine ( <b>Phenergan</b> ) 12.5 mg PO every 6 hours PRN	Nausea/ Vomiting
<b>Choose 1 item only for EACH ROUTE:</b> <input type="checkbox"/> Lorazepam ( <b>Ativan</b> ) _____ mg <input type="checkbox"/> PO <input type="checkbox"/> IV every _____ hours PRN <input type="checkbox"/> Midazolam ( <b>Versed</b> ) _____ mg IV every _____ hours PRN	Anxiety
<b>Choose 1 item only for EACH ROUTE:</b> <input type="checkbox"/> Haloperidol ( <b>Haldol</b> ) _____ mg <input type="checkbox"/> PO <input type="checkbox"/> IV every _____ hours PRN <input type="checkbox"/> Risperidone ( <b>Risperdal</b> ) _____ mg PO every _____ hours PRN <input type="checkbox"/> Olanzapine ( <b>Zyprexa</b> ) _____ mg <input type="checkbox"/> PO <input type="checkbox"/> IM every _____ hours PRN	Agitation
<input type="checkbox"/> Zolpidem ( <b>Ambien</b> ) 5 mg PO every HS PRN (give 2.5 mg if 65 or older). May repeat X 1	Insomnia
<input type="checkbox"/> Diphenhydramine ( <b>Benadryl</b> ) 25 mg PO every 4 hours PRN. <b>Do not give if 65 or older.</b> <b>If 65 or older, give cetirizine (Zyrtec) 5 mg PO daily PRN</b>	Itching
<input type="checkbox"/> Omeprazole ( <b>Prilosec</b> ) 20 mg PO every day. If NPO, then give Esomeprazole ( <b>Nexium</b> ) 40 mg IV every day <input type="checkbox"/> Famotidine ( <b>Pepcid</b> ) 20 mg PO/ IV every 12 hours	Acid Reducer
<input type="checkbox"/> Fluticasone ( <b>Flonase</b> ) 50 mcg nasal 2 sprays each nostril daily <input type="checkbox"/> Oxymetazoline ( <b>Afrin</b> ) 0.05% nasal 1 spray affected nostril(s) every 12 hours PRN (maximum 3 days)	Congestion
<input type="checkbox"/> Docusate sodium ( <b>Colace</b> ) 250 mg PO BID. Hold for loose stools <input type="checkbox"/> Magnesium hydroxide ( <b>MOM</b> ) conc. 10 mL PO daily PRN	Constipation
<input type="checkbox"/> Magnesium/ aluminum hydroxide/ simethicone ( <b>Maalox</b> ) 15 mL PO every 4 hours PRN	Indigestion
<input type="checkbox"/> Nicotine 14 mg patch apply daily <input type="checkbox"/> Nicotine 21 mg patch apply daily	Smoking Cessation
Zinc oxide 40% ( <b>Desitin equiv</b> ) paste apply PRN If fungal infection, first apply Nystatin cream followed by Zinc oxide 40% ( <b>Desitin equiv</b> ) paste PRN	Perianal Irritation
Ammonium lactate ( <b>Lachydrin</b> ) 12% lotion apply PRN	Dry Skin
Hypromellose ( <b>Isopto Tears</b> ) 0.5% oph. solution apply 1 - 2 drops to eyes every 2 hours PRN	Eye dryness
Lidocaine 2% ( <b>Uro-jet</b> ) jelly apply PRN	Foley Placement Pain

Physician Signature

Date

Time

