



T H E  
**FREMONT-RIDEOUT**  
H E A L T H G R O U P

**CRITICAL CARE  
ADMISSION ORDERS**

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IMPRINT PATIENT PLATE WITHIN THIS BOX

**FAX ORDERS TO PHARMACY ASAP**

Diagnosis: (Place Dx on cc Multidisciplinary flow sheet)

Admit to Dr.:

ICU

CCU

**Allergies:**

Ht:

Wt:

**Code Status:**

- Full ACLS    No DEFIB    No Intubation    No Chest Compressions  
 No ACLS interventions; and continue care as ordered

**Resp / Hemodynamic Goals:**

- 1) RR <30, SAO<sub>2</sub> >92, or \_\_\_\_\_      2) ↓ work of breathing,      3) Map ≥ 70 or \_\_\_\_\_  
4) Cap refill < 4 seconds,      5) U/O > 0.5ml/kg/hr,  
6) SvO<sub>2</sub> > 65 or ScvO<sub>2</sub> ≥ 70 with RA or PA line respectively

**O<sub>2</sub> / Resp Therapy:**

by nasal cannula →  % Venti mask or →  100% mask →  high-flow horn mask to keep SaO<sub>2</sub> >:

SVN or  IPPB with  Provential 2.5mg or 5mg  Continuous  Atovent .5mg  MDI      puffs Q      hrs

**If above NOT Effective**    BIPAP with      IPAP and      EPAP      Rate =

**If Resp Goals not met call MD, Start Bipap or Bag, Consider Intubation if SAT < 90 or ↑ work of breathing**

**Ventilator:**

FiO<sub>2</sub> to keep SaO<sub>2</sub> >:      & <:       Keep static pressure ≤ 30

Volume    Pressure Control    PRVC    AC    SIMV      Rate=       PS =       PEEP=

TV 6 ml/kg    8 ml/kg    10 ml/kg    Adjust rate to keep pH > 7.3 or:      & < 7.4 or

Baseline ABG within ½ hour of stabilization, Avoid air trapping

Chest X-ray for ET tube placement within ½ hr of stabilization, Sputum for C&S & Gram Stain within 10 min of intubation

Wean when weaning criteria met per protocol

**If Hemodynamic Goals not met Per Above:**

• Fluid challenge (FC) with:      ml of:      If GNM repeat FC Q      minutes PRN if CVP <:

**If MAP remains**    Levophed at initial dose of 0.05mcg/kg/minute; titrate to MAP ≥ 70

**LESS THAN 60:**    Dopamine at initial dose of 2 mcg/kg/minute; titrate to MAP ≥ 70

Dobutamine at 4mcg/kg/minute when MAP > 70, Titrate to SvO<sub>2</sub> ≥ 70

Nipride or  Tridil To keep SBP <

Labatolol 20mg IVP q10min to max of 4 doses, start drip at .5mg min increase by .5mg q10min to max of 4mg/min,  
To keep SBP <

For A. Fib. with rate > 100 & MAP > 60 or      use **diltiazem drip orders**

• **Notify MD for GNM with above treatment**

MD Signature:

Date:

Time:

Unit Clerk:

Date:

Time:

Noted by RN:

Date:

Time:

**IV:**

NS    LR Bolus Wide Open X \_\_\_\_\_ L or Till CVP > \_\_\_\_\_

Saline Lock    D5NS    D5LR    D51/2NS at \_\_\_\_\_ ml/hour

For K+ < 3.5 or \_\_\_\_\_ replace per KCL orders       2GM Mag So4/L x \_\_\_\_\_ L x \_\_\_\_\_ days

100mg Thiamine/L x \_\_\_\_\_ L x \_\_\_\_\_ days       2mg Folic Acid & 10ml MVI/L x \_\_\_\_\_ L x \_\_\_\_\_ days

**Lab/Dx Tests:**

CBC       Lactic Acid       Liver Panel     

Chem 19       ABG       LDH     

Astra 7       CPK-MB       Sputum G.S. and C&S



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<input type="checkbox"/> 12 lead EKG	<input type="checkbox"/> Troponin	<input type="checkbox"/> UA	<input type="checkbox"/>
<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> BNP	<input type="checkbox"/> Urine C&S if > 5WBC / HPF	<input type="checkbox"/>
<input type="checkbox"/> Protime, PTT	<input type="checkbox"/> Type & Cross	<input type="checkbox"/> Blood cultures X 2	<input type="checkbox"/>
<input type="checkbox"/> DIC screen	<input type="checkbox"/> Cardiac Echo	<input type="checkbox"/> G.S.and C&S of drainage from	
<input type="checkbox"/> For new temperature >101°F: G.S./ C&S of sputum; assess skin, joints, chest, abdomen; blood cultures X 2, UA with micro if WBCs >5 / per HPF, get C&S. If diarrhea check for C-diff. Call MD for possible antibiotic orders.			
<b>Medications:</b>			
<input type="checkbox"/> SCD's	<input type="checkbox"/> Heparin 5,000 units SQ BID		
<input type="checkbox"/> Enoxaparin (Lovenox) 0.5mg/kg (minimum dose 30mg) Q12H (use heparin SCr greater than 3.0 or oliguria)			
<input type="checkbox"/> Weight Based Heparin Protocol			
<input type="checkbox"/> Pantoprazole (Protonix) 40mg or: <input type="checkbox"/> IV <input type="checkbox"/> PO, Daily or:			
<input type="checkbox"/> Aspirin <input type="checkbox"/> 81 mg <input type="checkbox"/> 325mg Route: <input type="checkbox"/> PO <input type="checkbox"/> NG <input type="checkbox"/> PR, Daily or			
<input type="checkbox"/> Metoprolol (Lopressor) 5mg IVP Q 3 minutes to a maximum of 20mg IV q ____ Hour To Keep HR < followed by Metoprolol 50mg <input type="checkbox"/> PO <input type="checkbox"/> NG BID. Increase to 100mg BID if HR > 80 & SBP > 110.			
<input type="checkbox"/> Carvedilol (Coreg 3.125-25mg) mg <input type="checkbox"/> PO <input type="checkbox"/> NG BID: <b>Hold Beta-blocker for SBP &lt; 90 or HR &lt; 50</b>			
<input type="checkbox"/> Enalapril (Vasotec) <input type="checkbox"/> 1.25mg → <input type="checkbox"/> 2.5mg → <input type="checkbox"/> 5mg IV Q6H PRN SBP >:			
<input type="checkbox"/> Lisinopril (2.5-40mg) mg <input type="checkbox"/> PO <input type="checkbox"/> NG Daily			
<input type="checkbox"/> Irbesartan (Avapro 75-300mg) mg <input type="checkbox"/> PO <input type="checkbox"/> NG Daily: <b>Hold Antihypertensives for SBP &lt;90 or</b>			
• Insulin infusion Orders for BS > 130			
<input type="checkbox"/> Hydrocortisone 100mg IVPB Q8 Hours while on Presser's, D/C 24 Hours after Pressors D/C			
<input type="checkbox"/> Solumedral mg, Q Hour NEEDS TO BE REORDED DAILY			
<input type="checkbox"/> Sedation orders with Sedation vacation Q Shift or			
<input type="checkbox"/> Pain orders or:			
MD Signature:		Date:	Time:
Unit Clerk:	Date:	Time:	Noted by RN: Date: Time:
<b>Medications:</b>			
<input type="checkbox"/> Soft Restraints PRN for patient safety			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Transfusion:</b>			
<input type="checkbox"/> Transfuse PRBCs for HGB less than: <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or: <input type="checkbox"/>			
<input type="checkbox"/> Transfuse with packed RBCs for Hgb < 10 for <b>GNM or acute coronary, cerebral, gut, or limb ischemia</b>			
<b>For Active Bleeding If BRB Continue out of NG or Rectum Notify GI</b>			
<input type="checkbox"/> Check Hemogram Q ____ Hours. Check Protime, PTT, Platelets, Fibrinogen, after each 5 units or:			
• For INR greater than or equal to 1.5 give 3 units FFP & 10mg vitamin K IV bolus over 45 minutes or:			
• For platelets less than 100,000 or: _____, give a 10 pack of platelets			
• For fibrinogen less 100 or: _____, give a 10 pack cryoprecipitate			
• Give 1 GM Calcium Chloride for each 4 units of PRBC's or for hypotension associated with transfusion			



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**Nutrition / GI:**

NPO       Dubhoff Tube Feeding       Optimal       Glucerna       Nepro

Jevity with fiber       PO Diet:       Other:

- When patient is hemodynamically stable start enteral feeding at 20mL/hour. Increase feeding by 20mL/hour Q6H to a goal rate of 60mL/hour.

TPN     Standard     Renal     Hepatic    at 20cc / Hr       20% Lipids at 20cc / Hr

Dietary Consult    Further adjustments are to be determined by dietician

Keep HOB at 30° or:       NG to suction – Avoid gastric distention; call MD if abdomen increases in size

**Other orders:**

- Assess daily to determine if invasive lines/tubes and critical care unit care are still needed.

Smoking cessation education       CHF education       Pneumovax & Flu vaccine orders

Physical Therapy assessment and treat

Social services consult

MD Signature:

Date:

Time:

Unit Clerk:

Date:

Time:

Noted by RN:

Date:

Time: