**MED: General Admission Order Set**  Patient

**VTE Score**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Moderate (2pts): Please choose one** **High Risk (3pts+):** **Please choose one MECHANICAL**

 □ AT Pumps □ AT Pumps or □ Plexi Pumps

 □ Plexi Pumps

 **AND ONE CHEMICAL**

 □ enoxaparin 40 mg SQ Daily

 □ heparin 5000units/mL SQ q8H □ heparin 5000units/mL SQ q8H

 □ fondaparinux 2.5mg SQ Daily □ fondaparinux 2.5mg SQ Daily

 □ enoxaparin 40 mg SQ Daily

 □ Ted Hose, thigh (optional)

**Omission Reason**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Omission Reason**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Allergies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Admit Type**: **□ Inpatient** Please select appropriate reason for admission **(*mandatory on all inpatient admissions*):**

□ Failure to respond to outpatient treatment

□ Intensity of Treatment

□ Risk of Adverse Outcome

□ Severity of Illness

□ Unreasonable Risk of Readmission

  **□ Observation**

**Level of Care**: □ M/S □ Tele □ Tele c Continuous Pulse Ox by Monitor Bank □ ICCU □ CVU □ MICU □ SICU

 □ OHR □ MH □ Renal Care Center

**Code Status**: □ Full □ DNR □ Modified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activity**: □ OOB □ Bed Rest □ Bedside Commode □ Bath Room Privileges □ Assistance

**Diet:** □ Regular □ Cardiac □ 2gm Na □ Renal □ 1800 ADA □ Cl Liq □ Full Liq □ NPO Fluid Rest\_\_\_\_\_mL/day

**Vitals**: □ per floor protocol □ orthostatic □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I & O**: □ per floor protocol □ Strict

**Weight**: □ Daily □ Standing

**Respiratory**: □ incentive spirometry

 □ O2 \_\_\_\_L via N/C, respiratory to manage per protocol

 □ ABG

 □ Duo Nebs (2.5mg-0.5mg) 3ml via Neb Q4H for shortness of breath

 □ Duo Nebs (2.5mg-0.5mg) 3ml via Neb Q2H for shortness of breath, Max. dose 6/24hours.

 □ Xopenex (levalbuterol ) 1.25mg q6H for shortness of breath

**IV Fluids**: □ D5 1/2NS □ D5NS □ 0.45NS □ .09% NS □ LR Rate \_\_\_\_\_\_\_\_\_\_/hr. Additives:\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ Bolus \_\_\_\_\_\_\_\_\_\_\_\_mL

**Gen Page 1**

**MED: General Admission Order Set**

Patient

**Medications**:

 □ Acetaminophen(Tylenol)

 □ 325mg □ 500mg □ 650mg □ 1000mg

 □ Q4 □ Q6 oral as needed for mild pain (1-3) or temp >101F.

□ Hydralazine (Apresoline) 10mg IV q4H as needed for SBP>160

□ Labetalol (Normodyne) 10 mg IV q4H as needed for SBP >160

□ Magnesium hydroxide (Milk of Magnesia) 15mg oral q12H as needed for constipation

 □ Metoclopramide (Reglan) 10mg IVP Q6H as needed for nausea/vomiting

 □ Ondansetron (Zofran) 4mg IV Q4H as needed for nausea/vomiting.

 □ Temazepam (Restoril ) 15mg oral daily as needed at bedtime for insomnia.

**Labs: Chemistry** □ Routine □ Urgent □ STAT □ Fasting □ Call all abnormal labs to MD

 □ CMP □ BMP □ Amylase □ Lipase □ Magnesium □ CKMB/Trop Q8H x3

 □ Calcium □ Iron Profile □ Ferritin □ Folate □ B-12 □ CRP non Cardiac

 □ Lipid Profile □ ETOH Level □ TSH □ BNP □ Liver Profile

**Labs: Hematology** □ Routine □ Urgent □ STAT □ Fasting

□ CBCD □ CBC □PT/INR □aPTT □ Retic □ D-Dimer □ H1AC □ ESR

□ Type/Screen □Type & Cross

**Labs: Urine Studies**: □ Routine □ Urgent □ STAT □ Fasting

 □ UA c micro □ Creat Cl □ Osmolality □ HCG □ Drug Screen □ Potassium □ Sodium

**Microbiology:** □ Routine □ Urgent □ STAT □ Fasting

 □ B/C q15” x 2 □ U/C □ Legionella □ C Diff □ Strep Pneumoniae

**Labs for AM**: □ CBCD □ CBC □PT/INR □aPTT □ CMP □ BMP □ Amylase □ Lipase □ Mg

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnostics:** □ Routine □ Urgent □ STAT □ in AM

 □ ECG □ Echocardiogram □ CXRay (2 view) □ CR Chest AP □ Portable

 □ CTA Chest – PE Protocol r/o PE

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consults:** □ PT (Eval & tx) □ OT (Eval & tx) □ IVT (PICC) □ Skin Care □ Social Services re:\_\_\_\_\_\_\_\_\_\_\_\_

**Consult:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_ □ Routine □ STAT

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Routine □ STAT

□ **Core Glucose Management**  □ regular (Humulin R) □ aspart (Novolog) Dose: □ Low □ Standard □ High

 □ AC/HS □ Q6H Q4H

□ **Potassium Replacement Protocol**

□ **Magnesium Replacement Protocol**

**Gen Page2**

**Gen Page2**

**MED: General Admission Order Set**

 Patient

□ **Blood Bank**

 □ Transfuse \_\_\_\_ units

 □ RBC if Hgb < \_\_\_\_\_ or HCT <\_\_\_\_\_ □ Leuko-reduced □ Irradiated □ over 2 Hours

 □ \_\_\_ units FFP (reversal of bleeding or PTT >48 seconds,

 □ \_\_\_ Platelets (prophylaxis or Plt count < or = 20,000 cyro (hemophilia A (Factor VII deficiency)

 **Blood Bank Medications:**

 □ Furosemide (Lasix) 20mg IV once give between 1st and 2nd unit.

 □ diphenhydramine (Benadryl) 25mg IV q2H hives x 2 doses

 □ MethylPREDNISolone (Medrol, Depo-Medrol, Solu-Medrol) 80mg IV x 1

**Additional Orders:**

**Medications:**

 **Drug Route Rate Frequency**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ □ PRN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ □ PRN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ □ PRN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ □ PRN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ □ PRN

**Diagnostics:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Other:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TORV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gen Page 3**

**ICU MEDICATIONS** Patient

**Analgesics:**

□ **fentaNYL** Infusion 5 mcg/mL IV 50mcg/hr

 I**nitial Infusion Rate: \_\_\_\_\_\_\_ Titration/Frequency = \_\_\_\_\_\_**

 **Maximum Infusion Rate \_\_\_\_\_\_,** Therapeutic Goal: Adequate analgesia

**Cardiac:**

□ **Amiodarone** IVPB 150mg once.

□ **Amiodarone** 1mg/min, rate 33.3 mL/hr Initial infusion. Initial Infusion Rate: 150 mg IV Bolus,

 followed by 1 mg/min infusion X 6 hours, followed by 0.5 mg/min infusion X 18 hours.

 Applies to all orders given as "per protocol".

□ **CARDizem** Bolus IV once

 □ 10mg □ 20mg

□ **CARDizem** infusion 10mg/hr Initial Infusion Rate: 10 mg/hr. Titration Amount and Frequency:

 Titrate by 5 mg/hr every hour Therapeutic Goal: To achieve a specified HR goal. HR = \_\_\_\_

 Decrease Infusion rate if Heart Rate decreases below 70. **Maximum Infusion Rate (w/o MD**

 **approval): 15 mg/hr**. Call Physician Parameters: Therapeutic goal not achieved at 15 mg/hr…

 SBP < 90 or MAP < 65

□ **DOBUTamine** Infusion 500 mg/250 mL 2.5mcg/kg/min IV Titration Titrate by 2.5 mcg/kg/min every 15

 Minutes, Therapeutic Goal: If to be titrated, must specify parameters. Sepsis protocol: SCVO2 >= 70%

 **Maximum Infusion Rate (w/o MD approval): 20 mcg/kg/min**

 **□ Dopamine**  infusion800mg/250ml 5mcg/kg/min x 1 dose Initial Infusion Rate: Inotrope: 2

 mcg/kg/min; Vasopressor: 5 mcg/kg/min. Titration Amount and Frequency: Inotrope: Titrate by

 1 mcg/kg/min every 5-10 minutes. Vasopressor: Titrate by 2 mcg/kg/min every 5-10 minutes.

 Therapeutic Goal: Inotrope: If to be titrated, order must specify parameters; Vasopressor: MAP

 >= 65. Maximum Infusion Rate (w/o MD approval): Inotrope: 10 mcg/kg/min;

 Vasopressor: 30 mcg/kg/min.

□ **nitroglycerin** Infusion 25 mg/250 mL D5W 5mcg/min, initial rate 3 ml/hr IV Titrate by 10-20 mcg/min q3-5

 minutes. **Blood pressure target = \_\_\_\_\_\_** Therapeutic Goal: \*\*\*Must be specified by physician, Relief of

 chest pain or SOB

□  **norepinephrine** Infusion 4 mg/250 mL 2mcg/min, initial rate 7.5 ml/hr IV Initial Infusion Rate: 2 mcg/min.

 Titrate by 2 mcg/min every 2 minutes. Therapeutic Goal: MAP >= 65. **Maximum Infusion Rate (w/o MD**

 **approval): 30 mcg/min**. Call Physician Parameters: Therapeutic goal not achieved at 30 minutes

□ **phenylephrine** Infusion Premix 100mcg/min, initial rate 37.5ml/hr. IV **(initial dose)**

□ **phenylephrine** Infusion Premix 40mcg/min, initial rate 15ml/hr. IV **(Maintenance dose)**

**ICU Page 1**

**ICU Medications** Patient

□ **vasopressin** Infusion Initial Infusion Rate: 0.03 units/min, Initial Rate 1.8 mL/hr (unless

 otherwise written). DO NOT Titrate. Therapeutic Goal: MAP >= 65. **Maximum Infusion Rate (w/o MD**

 **approval): 0.04 units/min.**  Call Physician Parameters: Therapeutic goal not achieved.

**Neuromuscular Blockers**:

□ **cisatracurium** Infusion 3mcg/kg/min IV Initial Infusion Rate: 3 mcg/kg/min, Titrate by 1 mcg/kg/min QH,

 Therapeutic Goal: TOF 1/4 or 2/4; Synchrony with mechanical ventilation. **Maximum Infusion Rate (w/o**

 **MD approval): 5 mcg/kg/min, Call Physician Parameters: Pt. must be intubated.**

 □ **vecuronium** Infusion 0.8mcg/kg/min IV Initial Infusion Rate: 0.8 mcg/kg/min. Titrate by 0.2 mcg/kg/min

 QH. Therapeutic Goal: TOF 1/4 or 2/4; Synchrony with mechanical ventilation. **Maximum Infusion Rate**

 **(w/o MD approval): 2 mcg/kg/min**. Call Physician Parameters: Therapeutic goal not achieved at

 2 mcg/kg/min.

**Sedatives:**

 □ **LORazepam** Infusion 0.01mg/kg/hr IV itration Titrate by 1 mg/hr every 30 minutes. **Ramsay scale goal**

 **must be specified by physician**: \_\_\_\_\_\_ **Max. infusion rate w/o MD approval 10mg/hr. C**all Physician

 Parameters: Sedation goal not achieved at 10 mg/hr.

 □ **midazolam** Infusion 2mg/hr IV; Titrate by 1 mg/hr q 5-10 minutes. **Ramsay scale goal must be specified by**

 Physician: \_\_\_\_\_\_ **Maximum Infusion Rate w/o MD approval 10mg/hr**.

 □ **propofol**  Infusion 5 mcg/kg/min IV. Titrate by 5 mcg/kg/min every 5 minutes. **Ramsay scale goal must be**

 **specified by physician:** \_\_\_\_\_\_ **Maximum Infusion Rate (w/o MD approval): 50 mcg/kg**

**Analgesics:**

□ HYDROmorphone 0.5mg q6H IV as needed (Mod. Pain 4-6)

□ Morphine Sulfate 1mg. Q4H IV as needed (Severe Pain 7-10)

□ Morphine Sulfate 2mg Q4H IV (Severe Pain 7-10)

**Antidotes and Rescue Agents:**

□ Naloxone 0.1mg IV q2minutes for opiate reversal

□ Naloxone 0.2mg IV q2minutes for opiate reversal

□ Naloxone 0.3mg IV q2minutes for opiate reversal

□ Naloxone 0.4mg IV q2minutes for opiate reversal

□ Flumazenil IV (Romazicon) \_\_\_\_ mg IV every \_\_\_\_\_\_\_\_\_\_\_\_

**Gastrointestinal:**

□ Famotidine IVPB 20mg IV q12H

□ Lansoprazole 30mg via NG oral daily

□ Metoclopramide IVP 10mg Q6H

□ Pantoprazole IVP 40mg daily

□ Ranitidine IVPB 50mg IV q8H

**ICU Page 2**

**ICU Medications** Patient

**Ophthalmic:**

□ Ocular lubricant Ophthalmic 1 drop both eyes q4H

**Respiratory:**

□ Albuterol Nebulizer 2.5mg q4H via Nebulizer

□ Albuterol continuous nebulizer 5mg/hr

□ Albuterol + ipratropium 2.5mg-0.5mg/3ml inhalation 0.5mg 3ml q4h via Nebulizer

□ Ipratropium bromide 0.5mg/2.5mL Neb inhalation 0.5mg via Nebulizer q12H.

□ Budesonide Inhalation 0.5mg via nebulizer Q12H

**Sedatives:**

□ Diazepam 5mg q6H IV sedation

□ LORazepam 1mg IV q4H sedation

□ Midazolam 1mg IV q15minues sedation

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 **ICU Page 3**