PHYSICIAN'S ORDERS

CULLMAN REGIONAL

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ❑

Dr. Warner – Critical Care Order Set

1. Diet: ❑ NPO (includes ALL tube feedings) ❑ Clear Liquids ❑ Regular ❑ Full Liquids ❑ Mechanical Soft
   ❑ Renal - 40 gm protein, 2 gm Na, 60 mEq K+, 600 mg phos, 1.5 L fluid restriction`
   ❑ Consistent Carbohydrate ❑ 4 gm Na, Cardiac Prudent
   ❑ Tube Feeds_____@ _____cc/hr. Add extra protein to provide 2 gm protein/Kg/day. Advance feeding to provide no more than 80% of estimated caloric goal by the end of the first week. Do not routinely measure gastric residuals unless patient has feeding intolerance; Hold for residuals > 150 ml per tube feeding order set.
2. IV Fluids: ❑ Lactated Ringer's @ _____ ❑ Saline IV Lock ❑ _____
3. ❑ Isolation_____
4. ❑ PICC line placement ● Check CVP once confirmed. ❑ Arterial line placement - consult Anesthesiology
5. ● Daily chlorhexidine baths for duration of ICU stay.
   ● Daily oral care with chlorhexidine mouthwash while on ventilator.
   ● PT Consult: Begin PROM-advance daily per PADIS early mobility procedure. See ABCDEF Bundle. RASS score -5/-4 receive passive ROM. RASS -3/-2 receive passive ROM and Sitting. RASS of -1/0/+1 receive active ROM, Sitting, Standing and finally Walking.
   ● Sleep hours and environment per PADIS procedure.
   ● Spontaneous Awakening Trial (SAT) –Perform SAT safety screen every 24 hours. (No active seizures, no alcohol withdrawal, no agitation, no paralytics, no myocardial ischemia, normal intracranial pressure, Fio2 < 70%). If patient passes SAT safety screen, perform SAT. Coordinate Sedation Vacation with Respiratory Therapy with dayshift each am.
   ● Perform Spontaneous Breathing Trial (SBT) safety screen every 24 hours.– If meets safety criteria (No agitation, No myocardial ischemia, FiO2 < 50%, adequate inspiratory efforts, O2 saturation > 88%, no vasopressor use, PEEP < 7.5 cm). If patient passes SBT safety screen, begin weaning protocol and perform SBT with Respiratory Therapist.
6. ❑ Soft restraints for delirium, interference with care, if required.
7. ❑ NG tube to low wall suction ● OGT if intubated ❑ Rectal tube ❑ Guaiac stool for Hemoccult x 1
8. ❑ Oxygen_____ ❑ Wean ❑ Don't Wean
9. Mechanical Ventilation: Mode:_____, Rate:_____b/min, Vt_____mL, (6 mL/Kg)
   FIO2:_____%, PEEP: +_____cmH2O, PS:_____cmH2O, I/E=_____,
   Insp Flow Rate:_____, Driving Pressure_____, Sensitivity:_____,
   ● Ventilator management, ABG and weaning per Respiratory Therapy protocols. Head of the bed elevated between 30° - 45°
   ● Tube compensation, autoflow, volume guarantee - ON
   ❑ NM3 with Non-Invasive Cardiac Output
10. NIV: IPAP_____/EPAP_____ FiO2_____%; Rate _____bpm; Vt_____mL
    ● NIV order set, begin in S/T mode; RT may use AVAPS mode PRN
11. ❑ Chest Physiotherapy ❑ Begin Incentive Spirometry Protocol, notify Respiratory Therapy
    ❑ EzPAP ❑ IPV q 2 to 4 hours ❑ High Flow O2 after extubation
    ❑ Noninvasive Ventilation (NIV) after extubation ● Follow Noninvasive Ventilation (NIV) Order Set
12. ❑ Suction every 2 hours and PRN ❑ prone position (ARDS with PaO_2/FIO_2 ratio <150)
13. ❑ Turn, cough, deep breath q 2 hours x 48 hours while awake, bed on Training mode.
14. ● If MAP <65, infuse LR 1000 ml IV; repeat 500 ml boluses LR q 30 minutes until CVP 8-12 mm/Hg. Goal: Minimum volume of 30 ml/Kg over the first 4-6 hours and urine output 0.5 cc/Kg per hour.

Vasopressor and Inotrope Dosing:

❑ If arterial MAP is < 65 after achieving a CVP between 8-12 mm Hg, start Levophed (Norepinephrine) drip at 4 Mcg/min, and titrate to keep MAP > 65 and < 90 to maximum dose of 30 Mcg/min.

❑ If MAP is < 65 and CVP > 10 with Norepinephrine at maximum dosage, Start Vasopressin drip at 0.01 units/min and titrate to a maximum dose of 0.03 units/min.

❑ If MAP > 65 and CVP > 10 with Norepinephrine and Vasopressin drips at maximum dosages, start Giapreza - begin Infusion: 20 ng/kg/min, Titrate per protocol.

❑ If MAP > 65, CVP > 8 but cardiac output is low or Scv02 < 70% add Dobutamine drip. Start Dobutamine at 2.5 Mcg/Kg/min and titrate up to maximum dose of 40 Mcg/Kg/min to maintain Scv02 > 70%

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❑ **Cortisol Stimulation Test (CST):** After obtaining a basal cortisol level, give 250 Mcg of cosyntropin IM or IV. Repeat plasma Cortisol samples are then also drawn at 30 and 60 minutes. Label appropriate samples as "baseline", "30 min" or "60 min"
● Begin Hydrocortisone 200 mg IV infusion over 24 hours only if 30min or 60min cortisol levels do not rise at least 7 Mcg/dL above the baseline Cortisol level and do not peak at > 18 Mcg/dL.

15. ❑ EKG now ❑ Repeat EKG in 30 minutes

16. ❑ Pneumatic compression hose (SCD)

17. ❑ FSBS glucometer @ 0700, 1100, 1600, 2100 ❑ Glucommander Order Set - begin when two consecutive blood glucose levels are >180 mg/dL

18. Cultures: ❑ Blood x 2 ❑ Nasal Swab for RSV ❑ Nasal Swab for Influenza
❑ Urine ❑ Stool C. Difficile by PCR ❑_____

● If patient unable to produce sputum, collect by NTT suction or 3% saline nebulized induction.
19. Sputum: ❑ Cytology ❑ AFB Stain & Culture ❑ Sputum Culture and Sensitivity
❑ Sputum for Diatherix Respiratory Panel

20. Daily labs collect @ 0300 every am: ❑ CBC auto Diff ❑ BMP and Mg, Ca, P04
❑ ABG (collect @ 0630) ❑ Theophylline ❑ PTT
❑ PT ❑ Lactic Acid ❑ _____

21. Weekly labs: q Monday: ❑ 24 Hour Urine Urea Nitrogen ❑ Albumin ❑ LFT ❑ PT, PTT
❑ Prealbumin ❑_____

22. Studies: ● Daily AP Portable CXR while on ventilator
❑ CXR PA & lat ❑ CXR AP portable
❑ Ultrasound _____
❑ Echocardiogram, Complete with Doppler (Dr. Mahan to read)
❑ Doppler lower extremities (Rt) (Lt) (Bilateral) R/O DVT
❑ CTA Chest R/O PTE
❑ CT Scan _____ with/without contrast
❑ VQ Lung Scan – call report
❑ Modified Barium Swallow with Speech Therapy
❑ _____

23. NeuroEEG:
❑ EEG
❑ EEG in am 48 hours after returning to normal temperature. Do pain and auditory stimulation during EEG. Have neurologist comment on reactivity any increase or decrease in EEG recording (or lack thereof).
❑ Somatosensory evoked potentials (SSEP) - in am after completion of hypothermia (TTM) order set. Have neurologist comment on presence or absence of bilateral contralateral parietal cortical N20 peak in response to bilateral median nerve (ERB) stimulation.

24. ❑ Transfusion_____ units LR-PRBCs
❑ Transfusion_____ units FFP
❑ Transfusion_____ units pheresed platelets
❑ Premed each unit with Benadryl 25 mg IV and Tylenol 650 mg Po/PR

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25. Medications:
    - Mupirocin intranasal ointment daily x 5 days
    - ❑ Albuterol 2.5 mg nebulized every 4 hours and every 2 hours PRN SOB
    - ❑ Albuterol + Atrovent (Duoneb) 3 ml nebulized every 4 hours and every 2 hours PRN SOB
    - ❑ Mucomyst 20% 2 cc via nebulizer q 8 hours x 3 days
    - ❑ CIM standing orders for PRN medications
    - ❑ Solumedrol 125 mg IV every 8 hours
    - ❑ Primaxin 500 mg IV q 8 hours
    - ❑ Levaquin 750 mg IV daily
    - ❑ Rocephin 1 gm IV q 24 hours
    - ❑ Zithromax 500 mg IV daily
    - ❑ Teflaro 600 mg IV q 12 hours
    - ❑ Vancomycin 15 mg/Kg IV q 12 hours. Trough level with 3rd dose – Pharmacy to adjust.
    - ❑ Zyvox 600 mg IV q 12 hours
    - ❑ Heparin 80 units/Kg bolus then 18 units/Kg/hr by infusion, check PTT in 6 hours and adjust rate and repeat PTT thereafter by heparin order set.
    - ❑ Diflucan 200 mg IV daily
    - ❑ Sliding scale regular insulin: glucose < 79 = give PO juice or ½ amp D50W:
        - ❑ Low dose ❑ Moderate dose ❑ High dose – Sliding Scale Insulin per order set; blood glucose values should be monitored every 1–2 h until glucose values and insulin infusion rates are stable, then every 4 h thereafter in patients receiving insulin infusions.
    - ❑ Nitroglycerin 50 mg in 250 cc D5W, start at 10 cc/hr and titrate to pain-free
    - ❑ Nitrol paste 1 inch q 6 hours, hold for systolic BP < 100 mm Hg
    - ❑ Zosyn 3.375 gm IV q 6 hours
    - ❑ Colace 100 mg PO bid for constipation
    - ❑ Benadryl 50 mg PO @ hs PRN sleep
    - ❑ Fentanyl 25 Mcg IV PRN pain every 1 hour
    - ❑ Ativan 1 mg IV every 2 hours PRN agitation
    - ❑ Vecuronium 10 Mcg/Kg IV every 1 hour PRN severe agitation. Train-of-four q shift
    - ❑ Haldol 2 mg IV / IM every 2 hours PRN delirium with agitation
    - ❑ Samsca 15 mg Po x 1 dose
    - ❑ Clevidipine 1 mg/hour IV to decrease MAP by 20%
    - ❑ KCentra (4 factor PCC) 25 units/Kg given 100 units/min IV to correct INR
    - ❑ Sugammadex to reverse neuromuscular blockade 2 mg/Kg x 1 dose. May repeat x 1.
    - ❑ Famotidine 20 mg IV bid
    - ❑ Protonix 40 mg IV daily
    - ❑ Lovenox 40 mg SubQ daily
    - ❑ Eliquis (apixaban) 10 mg PO bid
    - ❑ Spironolactone 25 mg PO daily
    - ❑ Dobutamine IV 0.5 Mcg/Kg/min
    - ❑ 3% NaCl 50 ml IV over 2 hours
    - ❑ Lasix 40 mg IVP x 1 now
    - ❑ Lasix 20 mg IV q 8 hours PRN CVP > 9
    - ❑ Zaroxolyn 2.5 mg Po x 1
    - ❑ Lokelma 10g packet PO TID x 48 hrs for hyperkalemia
    - ❑ Dexmedetomidine (Precedex) Infusion per order set
    - ❑ Hydrocortisone 50 mg IV q 6 hours x 4 days
    - ❑ Fludrocortisone 50 Mcg PO/NG daily x 4 days
    - ❑ Vitamin C 1.5 gm in 100 ml D5W IV over 60 min every 6 hours x 4 days
    - ❑ Giapreza (angiotensin II)- begin Infusion: 20 ng/kg/min, Titrate per protocol
    - ❑ Andexxa for reversal of FactorXa anticoagulation

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26. Order Sets:
    - ❑ CCU Pain, Agitation, Delirium, Immobility, and Sleep Disruption (PADIS) Order Set
    - ❑ Adult CCU Pain Order Set
    - ❑ Severe Sepsis/Septic Shock Order Set
    - ❑ Adult Diarrhea Order Set
    - ❑ Targeted Temperature Management (Therapeutic Hypothermia) Order Set
    - ❑ Diabetic Ketoacidosis (DKA) Order Set
    - ❑ Alcohol Withdrawal Order Set
    - ❑ Adult Bronchodilator Order Set
    - ❑ Other: _____
27. Notify: ❑ PT – begin mobilization ❑ Case Management ❑ Pastoral Care ❑ Dietitian ❑ Pharmacy – renal dose meds
28. Consultations: ❑ Cardiology ❑ Nephrology ❑ Neurology ❑ Palliative Care ❑ Other _____
29. Consent patient/family for:
30. Other:

MD Signature: _____**Date &Time:**_____