Vancouver CoastalHealth
VGH / UBCH / GFS

PHYSICIAN'S ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

ICU ADMISSION ORDERS

(items with check boxes must be selected to be ordered)

Time Processed
RN/LPN Initials
Comments

Date: _____ Time: _____ Weight: _____ Kg ☐ Actual ☐ Estimate

Admission Diagnosis:_____

Admitting Physician:_____

Code status:_____

MD to Notify Family Physician of ICU Admission Date Notified: _____

IV Solution(s)

_____ Rate: _____ mL/h

_____ Rate: _____ mL/h

Mechanical Ventilation

a) Mode _____
b) Tidal volume _____ (mL) **OR** pressure limit at _____(cm H_20) as applicable
c) PEEP _____ cm H_20
d) Adjust FiO2 to maintain SaO_2 at or above _____%
e) _____
f) _____

Patient Positioning and Precautions

- ❑ No spinal precautions necessary, maintain HOB greater than 30°
- ❑ Cervical, thoracic and lumbar spine precautions:
  - Apply stiff-neck cervical collar
  - Maintain bed in 30° Reverse Trendelenberg
- ❑ Seizure precautions

Activity (Reassess Daily)

- ❑ Bed rest
- ❑ AAT
- ❑ Specify if restrictions required _____

Gastrointestinal Access

- ❑ Insert nasal #18 French Salem Sump ***OR***
- ❑ Insert oral #18 French Salem Sump
- ❑ Esophagectomy patient, do not change or adjust OG/NG tube position; leave air vent open (i.e. do not place anti-reflux valve on air vent).

Nutrition Support

- ❑ NPO; NG/OG tube to low intermittent suction
- ❑ Initiate and titrate feeds as per ICU Feeding Protocol

Enteral feeding formula:_____ (refer to ICU Enteral Products Formulary)

Start rate: _____ mL/h (if different from 25 mL/h)
Goal rate: _____ mL /h (refer to Goal Feed Rate Resource)

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Medications

DISCONTINUE ALL PREVIOUS MEDICATION ORDERS

Monitoring for Analgesia, Agitation/Delirium and Anxiety

Interaction level 1: Patient should be able to communicate presence of pain or anxiety.

Document:
- VICS score Q4H and pre and post interventions to treat: agitation/delirium, pain and anxiety
- Pain intensity with Numeric Rating Scale (0-10) pre and post interventions to relieve pain (target 3/10 or as patient directs)

Analgesia

- Administer prior to procedures that may cause pain
- To relieve pain in patients who communicate need for intervention
- To treat signs of pain in patients who cannot communicate, but pain is suspected given clinical situation. **Review signs of inferred pain with MD Q4H.**

❑ Morphine 0.5 mg to 6 mg IV Q5MIN as per protocol PRN.
Call MD if infusion considered necessary after 6 hours of bolus therapy.

Peri-procedural Sedation

❑ Midazolam 0.5 mg to 6 mg IV Q3MIN PRN – administer prior to procedure as per protocol

Delirium

If patient is agitated, but is unable to communicate presence of pain or anxiety
call MD to assess patient for delirium. **Use separate orders for delirium**.

Anxiety

❑ Lorazepam 0.5 mg to 1 mg sublingual / IV Q4H PRN x 24h to relieve patient confirmed anxiety

Sedation Needed for Other Indication

☐ See separate orders for patients who require: sedation for physiologic goals

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Inhaled Bronchodilators

Ventilated patients

- ❑ salBUTamol 800 to 1,200 micrograms (8-12 puffs) by MDI Q1H PRN

- ❑ salBUTamol 800 to 1,200 micrograms (8-12 puffs) by MDI Q4H x 7 days
- ❑ ipratropium 160 to 240 micrograms (8-12 puffs) by MDI Q4H x 7days (For patients with COPD)

Non-ventilated Patients

- ❑ salBUTamol 2.5 to 5 mg nebulized Q1H PRN

- ❑ salBUTamol 2.5 to 5 mg nebulized Q4H x 7 days
- ❑ ipratropium 0.25 to 0.5 mg nebulized Q6H x 7 days (For patients with COPD)

Vasopressors/Inotropes

Maintain mean arterial pressure at or above _____mm Hg.
Contact physician to reassess if dose increase is required above maximum

- ❑ NORrepinephrine 0 to_____ mcg/MIN IV (maximum dose 10 mcg/MIN)
- ❑ DOPamine 0 to _____ mcg/kg/MIN IV (maximum dose 5 mcg/kg/MIN)
- ❑ doBUTamine 0 to _____ mcg/kg/MIN IV ***OR*** at _____ mcg/kg/MIN IV
- ❑ _____

Antibiotics:

_____ Indication:_____

_____ Indication:_____

_____ Indication:_____

Micronutrients

- ❑ Multivitamins 10 mL IV daily x 3 days
- ❑ Folic acid 5 mg IV daily x 3 days
- ❑ Thiamine 100 mg IV daily x 3 days

Glycemic Control

- Glucometer Q4H (default)
- ❑ Glucometer Q_____
- ❑ Regular Insulin IV infusion as per "ICU Protocol to control blood glucose 7 to 10 mmol/L"

Stress Ulcer Prophylaxis (See ICU protocol for indications)

- ❑ Ranitidine 50 mg IV Q8H ***OR***
- ❑ Ranitidine 150 mg NG/OG Q12H

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Bowel Protocol

If spine injury, physician to complete "ICU Bowel Protocol for Spine Injured Patient"

ICU Bowel Protocol for Non-Spine Injured patients

- Docusate 200 mg NG daily at 1000h, and continue after bowel movement
- If no bowel movement in last 24 hours give:
  - Milk of Magnesia 30 mL NG daily at 1000h **and** Cascara 15 mL NG daily at 1000h
  - Continue Milk of Magnesia and Cascara until bowel movement
  - If no bowel movement within 24 hours in response to above give:
    - One (130 mL) sodium phosphates enema (FLEET phosphate enema) PR at 1000h
  - If no bowel movement within 24 hours in response to above discuss with MD

Thromboprophylaxis

See ICU protocol for indications and contra-indications

Precautions:

- No IM injections If patient is receiving enoxaparin
- If possible, avoid ASA and NSAIDS if patient is receiving enoxaparin
- If receiving continuous epidural analgesia and enoxaparin:
  - Avoid concomitant antiplatelet agents (ASA, NSAIDS, ticlopidine, or clopidogrel) or other anticoagulants (heparin, warfarin, or dextran).
  - Removal of epidural catheters should occur at least 12 hours after the previous enoxaparin dose, and the subsequent enoxaparin dose should not be given for at least 2 hours after catheter removal.

- ❑ Enoxaparin 30 mg subcutaneous BID (For major orthopaedic trauma or spinal cord injury) ***OR***
- ❑ Heparin 5,000 units subcutaneous Q12H (If patient is 100 kg or less) ***OR***
- ❑ Heparin 5,000 units subcutaneous Q8H (If patient is greater than 100 kg)
- ❑ Intermittent pneumatic compression device (For patients with significant bleeding risk)

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Electrolyte Replacement Protocol

CAUTION USE ELECTROLYTE REPLACEMENT PROTOCOLS
ONLY IF THE FOLLOWING CRITERIA ARE MET (Review daily)

- ❑ SCr is less than 150 mmol/L or normal renal function

AND

- ❑ Urine output is greater than 0.5 mL/kg/h x 2 consecutive hours

❑ **Potassium Replacement Protocol**
If serum K is 3.1 to 4.0 mmol/L:
Give potassium chloride 20 mmol IV over 1 hour
If serum K is 2.5 to 3.0 mmol/L:
NOTIFY MD and give potassium chloride 20 mmol IV over 1 hour**; repeat x 1**
If serum K is less than 2.5 mmol/L:
NOTIFY MD and give potassium chloride 20 mmol IV over 1 hour; **repeat x 2**

- Check serum potassium 2 hours after the end of the final replacement dose

❑ **Phosphate Replacement Protocol**
If serum PO_4 is less than 0.8 mmol/L AND serum K is less than 4.0 mmol/L:
Give POTASSIUM Phosphate 15 mmol IV over 4 hours Q8H x 3 doses
- Check serum potassium, PO_4 and ionized calcium 6 hours after end of final dose

If serum PO_4 is less than 0.8 mmol/L AND serum K is 4.0 mmol/L or above:
Give SODIUM phosphate 15 mmol IV over 4 hours Q8H x 3 doses
- Check serum PO_4 and ionized calcium 6 hours after end of final dose

❑ **Magnesium Replacement Protocol**
If serum Mg is less than 0.7 mmol/L:
Give magnesium sulphate 5 g IV over 4 hours Q8H x 3 doses
- Check serum magnesium 6 hours after end of final dose

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