

# NEW ADMIT

## CRITICAL CARE MEDICINE INTENSIVE CARE UNITS ADMISSION ORDERS

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I HEREBY AUTHORIZE THE PHARMACY TO DISPENSE A GENERIC EQUIVALENT UNLESS THE PARTICULAR DRUG IS CIRCLED:

PATIENT PLATE

Physicians: Check box for orders desired.

Admitting Diagnosis: \_\_\_\_\_ Admitting Attending \_\_\_\_\_

Isolation Needs:  None  Contact  Airborne  Droplet  Immunosuppression  Strict

Condition:  Serious  Fair  Good Level:  Level 1  Level 2

Code Status:  Full Resuscitation  Limited Resuscitation (Complete DNR Order Sheet)

Allergies: \_\_\_\_\_  No Known Drug Allergies

Medication/Allergen: \_\_\_\_\_ Symptoms: \_\_\_\_\_

\_\_\_\_\_  Rash  Urticaria  SOB  Anaphylaxis  Other \_\_\_\_\_

\_\_\_\_\_  Rash  Urticaria  SOB  Anaphylaxis  Other \_\_\_\_\_

\_\_\_\_\_  Rash  Urticaria  SOB  Anaphylaxis  Other \_\_\_\_\_

Intolerances: \_\_\_\_\_  No Known Intolerances

Medication \_\_\_\_\_ Symptoms: \_\_\_\_\_

\_\_\_\_\_  Diarrhea  Nausea or Vomiting  Other \_\_\_\_\_

\_\_\_\_\_  Diarrhea  Nausea or Vomiting  Other \_\_\_\_\_

Vital Signs:  every 1 hour  every 2 hours  every 4 hours Notify Physician when:

Activity:  Bedrest  OOB to chair Systolic BP > \_\_\_\_\_ < \_\_\_\_\_

Head of Bed:  Flat  30°  Other \_\_\_\_\_ HR > \_\_\_\_\_ < \_\_\_\_\_

Neuro Checks:  every 1 hour  every 2 hours  every 4 hours RR > \_\_\_\_\_, \_\_\_\_\_

### NUTRITION

Diet: \_\_\_\_\_ Tube feeding / Supplements: \_\_\_\_\_

TPN (Complete TPN Order Sheet)

NGT / OGT:  LCS  Gravity  Clamped

Daily Weight:  Yes  No Foley Catheter:  Yes  No I & O:  every 1 hour  every 4 hours  every shift

### ADMISSION LAB WORK AND DIAGNOSTIC STUDIES

CBC  STAT  DAILY  \_\_\_\_\_ CKR \_\_\_\_\_  STAT  DAILY  \_\_\_\_\_ Cortisol   STAT  DAILY  \_\_\_\_\_

ELR  STAT  DAILY  \_\_\_\_\_ EKG \_\_\_\_\_  STAT  DAILY  \_\_\_\_\_ Prealbumin  every Sunday   \_\_\_\_\_

ABG  STAT  DAILY  \_\_\_\_\_ PT/PTT/ENR  STAT  DAILY  \_\_\_\_\_ Calcium, Magnesium, Phosphorous  STAT  DAILY  \_\_\_\_\_

Compmet  STAT  DAILY  \_\_\_\_\_ Troponin  STAT  DAILY  every 8 hours Others \_\_\_\_\_

CONSULTS  REHAB PHYSICIAN  PT  OT  SPEECH THERAPY:  Urgent  Routine

DIETARY  SOCIAL SERVICES  CRISIS  OTHER \_\_\_\_\_  Urgent  Routine

### RESPIRATORY ORDERS

O<sub>2</sub>: \_\_\_\_\_

Ventilator Settings: \_\_\_\_\_

Mode \_\_\_\_\_ RATE \_\_\_\_\_ TIDAL VOLUME \_\_\_\_\_

FiO<sub>2</sub> \_\_\_\_\_ PEEP \_\_\_\_\_ PRESSURE SUPPORT \_\_\_\_\_

SpO<sub>2</sub>  Continuous Wean O<sub>2</sub> to keep SpO<sub>2</sub> ≥ \_\_\_\_\_

Respiratory Treatments: (See Treatment Sheet) \_\_\_\_\_



HOSPITAL  
Healthcare System

CRITICAL CARE MEDICINE  
INTENSIVE CARE UNITS ADMISSION ORDERS  
FORM 4-1043 (rev. 01/06)

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PATIENT PLATE

IV: \_\_\_\_\_ ml/hr

IV: \_\_\_\_\_ ml/hr

Standard Orders: Complete standard order sheets

Potassium  Magnesium  Sodium Phosphate  Regular Sliding Scale Insulin and Hypoglycemia  Heparin Infusion

Adult Regular Insulin Drip  Warfarin  Sedation  Pain Management

Others: \_\_\_\_\_

Central Line: Routine flushes to unused ports /  CVP Pressure Monitoring every \_\_\_\_\_ hr

DVT Prophylaxis: Sequential Compression Devices  Yes  No

Anticoagulation Therapy \_\_\_\_\_

Stress Ulcer Prophylaxis \_\_\_\_\_

Pain Medication \_\_\_\_\_

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

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