

Hospital



ALL ORDERS MUST INCLUDE DATE, TIME, AND
PHYSICIAN'S SIGNATURE AND ID NUMBER

Cross this box to mark this order as STAT

1. Admit to ICU. Patient to all procedures with RN and monitor		ICU Admission
2. Allergies: _____		
3. Diagnosis: _____		
4. Attending Physician: _____		Intensivist: _____
5. ICU routine vital signs _____		
6. Diet: _____		7. Activity _____
8. Insert NG tube	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9. Insert Foley	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10. Oxygen: _____		Via: _____
11. Ventilator: Mode _____		Physician managing the ventilator _____
	FIO2 _____	
	TV _____	
	Rate _____	ET tube: _____
12. ABG's _____		
13. X-Ray: _____		Reason: _____
X-Ray: _____		Reason: _____
14. Labs: _____		
15. Respiratory therapy: _____		
16. IV Fluids: _____		
17. Sedation / Pain medication: _____		<input type="checkbox"/> See pain order sheet
18. Antibiotics: _____		
19. Peptic Ulcer prophylaxis: _____		
20. DVT prophylaxis: _____		
21. Emergency standing orders:		
Lidocaine 50 mg bolus, followed by 1-2 mg/minute drip to treat sustained VT greater than 10 PCV/minute		
OR <input type="checkbox"/> Amiodarone 150 mg in D5W 100 ml over 10 minutes, then a drip (900 mg/D5W 500 ml)		
at 1 mg/minute for six hours, then reduce to 0.5 mg/minute for 18 hrs.		
<input type="checkbox"/> Atropine 0.5 mg IV for bradycardia < 50 accompanied by signs of hypoperfusion		
<input type="checkbox"/> If no response, begin external pacemaker at rate of 60/minute		
<input type="checkbox"/> Dopamine 1-5 mcg/kg/minute to maintain BP of _____		

22. House Officer may be called in the event of an emergency		
23. Other: _____		
Date and Time: _____		Physician signature and ID# _____
Date and Time	Unit Secretary signature	Date and Time
		RN signature

<p>ALL CONTROL SUBSTANCES MUST BE RENEWED EVERY 7 DAYS</p> <p>ALL ANTIBIOTICS MUST BE RENEWED EVERY 10 DAYS</p>	<p>Any change in Patient Status/Level of care requires orders to be rewritten</p>	
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ICU Admission
8000-107 (R 03/04)