NEW ADMIT
CRITICAL CARE MEDICINE
INTENSIVE CARE UNITS
ADMISSION ORDERS

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

Symptoms:

Medication/Allergen: ____________________________

Intolerances: ____________________________ □ No Known Intolerances

Symptoms:

Medication: ____________________________

Vital Signs: □ every 1 hour □ every 2 hours □ every 4 hours Notify Physician when:
Systolic BP > _______<
HR > _______<
RR > _______<

Neuro Checks: □ every 1 hour □ every 2 hours □ every 4 hours

NUTRITION
Diet: ____________________________ □ TPN (Complete TPN Order Sheet)
□ NGT / OGT □ LCS □ Gravity □ Clamped
Daily Weight: □ Yes □ No □ Foley Catheter: □ Yes □ No □ 1 & O: □ every 1 hour □ every 4 hours □ every shift

ADMISSION LAB WORK AND DIAGNOSTIC STUDIES

CBC □ STAT □ DAILY □________________________ OXR □ STAT □ DAILY □________________________ Cortisol □ STAT □ DAILY □________________________
ERL □ STAT □ DAILY □________________________ WKG □ STAT □ DAILY □________________________ Prolactin □ STAT □ DAILY □________________________
ABG □ STAT □ DAILY □________________________ PT/PTT/INR □ STAT □ DAILY □________________________ Calcium, Magnesium, Phosphorous □ STAT □ DAILY □________________________
Compsel □ STAT □ DAILY □________________________ Troponin □ STAT □ DAILY □________________________ Others □ STAT □ DAILY □________________________

CONSULTS □ REHAB PHYSICIAN □ PT □ OT □ SPEECH THERAPY: □ Urgent □ Routine
□ DIETARY □ SOCIAL SERVICES □ CRISIS □ OTHER □ Urgent □ Routine

RESPIRATORY ORDERS
□ O2: ____________________________

□ Ventilator Settings:
Mode________________________ RATE________________________ TIDAL VOLUME______________
FiO2________________________ PEEP________________________ PRESSURE SUPPORT________________________
SpO2 □ Continuous □ Wean O2 to keep SpO2 ≥________________________

□ Respiratory Treatments: (See Treatment Sheet)

HOSPITAL
Healthcare System

CRITICAL CARE MEDICINE
INTENSIVE CARE UNITS ADMISSION ORDERS
FORM 4-2045 (rev. 01/06)
CRITICAL CARE MEDICINE
INTENSIVE CARE UNITS
ADMISSION ORDERS

PATIENT NAME

IV: ___ ul/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  
Leg Anticoagulation Therapy

☐ Stress Ulcer Prophylaxis

☐ Pain Medication

☐ Other Medications:

SIGNATURE  TITLE  DATE  PRINTED

HOSPITAL
Healthcare System

CRITICAL CARE MEDICINE
INTENSIVE CARE UNITS ADMISSION ORDERS
FORM 4-1045 (01/06)