### Hospital

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

1. Admit to ICU. Patient to all procedures with RN and monitor
2. Allergies: ____________________________
3. Diagnosis: ____________________________
4. Attending Physician: ____________________
5. ICU routine vital signs
6. Diet: ____________________________
7. Activity ____________________________
8. Insert NG tube  □ YES  □ NO
9. Insert Foley  □ YES  □ NO
10. Oxygen: Via: ____________________________
11. Ventilator: Mode ____________________________
    FIO2 ____________________________
    TV ____________________________
    Rate ____________________________
    ET tube: ____________________________
12. ABG's
13. X-Ray: Reason: ____________________________
    X-Ray: ____________________________
14. Labs: ____________________________
15. Respiratory therapy: ____________________________
16. IV Fluids: ____________________________
17. Sedation / Pain medication: ____________________________
    □ See pain order sheet
18. Antibiotics: ____________________________
19. Pemphigus 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
    □ 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.
    □ Atropine 0.5 mg IV for bradycardia < 50 accompanied by signs of hypoperfusion
    □ If no response, begin external pacemaker at rate of 60/minute
    □ 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#

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Unit Secretary signature</th>
<th>Date and Time</th>
<th>RN signature</th>
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<tbody>
<tr>
<td></td>
<td>ALL CONTROL SUBSTANCES MUST BE RENEWED EVERY 7 DAYS</td>
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<tr>
<td>ICU Admission</td>
<td>ALL ANTIBIOTICS MUST BE RENEWED EVERY 10 DAYS</td>
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