

Delirium Elderly Initial Management Only Appears If: SB IP AND NON-ED PATIENTS

This order set is intended for the safe diagnosis and treatment of ELDERLY patients with NEWLY suspected delirium. This order set is not intended for dementia workup and may not include all needed for extensive delirium workup and ongoing management. Antipsychotics are recommended for agitation symptoms ONLY. Please always consider possible alcohol/ benzodiazepine withdrawal. Orders for management of alcohol withdrawal are not included here.

Please choose orders which are appropriate for your patients.

General

Precautions

Aspiration precautions

Comments:
Process Instructions:
Phase of Care:

Fall precautions

Comments: **High risk for Falls**
Process Instructions:
Phase of Care:

Questions:

Increased observation level needed: Yes No

Latex precautions

Comments:
Process Instructions:
Phase of Care:

Seizure precautions

Comments:
Process Instructions:
Phase of Care:

Questions:

Increased observation level needed: Yes No

Nursing

Activity

Activity - out of bed; up in chair with assistance

Priority: **Routine**
Frequency: **2 times daily** [Until Discontinued] [Q Shift] [Daily]
Comments:
Phase of Care:

Questions:

Specify: [Activity as tolerated] [Up ad lib] **[Out of bed] [Up in chair] [Up with assistance]** [Other activity (specify)]
Additional modifier: [for meals] [in cardiac chair]

Ambulate with assistance

Priority: **Routine**
Frequency: **3 times daily** [Until Discontinued] [Q Shift] [Daily]
Comments: As tolerated
Phase of Care:

Questions:

Specify: [in hall] [in room] **[with assistance]** [with assistive device]

Nursing

Sitter/Virtual Observation

Comments: Telesitter/sitter for patient safety if needed.

Questions:

Reason for Safety Observation/Monitoring: [Fall Risk] [Interfering with treatment] [Removing wires/IVs] [Confused/Delirium/Hallucinations/Sundown] [Elopement] [Aggressive/Violent/Agitation/Impulsive] [Withdrawal (ETOH, Opiates/Benzodiazepines)] [Unsteady gait w/elevated INR] [Suicide Risk] [Homicidal Risk] [4-Point behavioral restraints] [Emergency detention order/Order Protective Custody]

Abdominal binder

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q4H] [Q Shift] [Daily]
Comments: If PEG in place to avoid removal.
Phase of Care:

Questions:

Waking hours only? [Yes] [No]
Nurse to schedule? [Yes] [No]
Special Instructions:

Bladder scan

Priority: [Routine] **[STAT]**
Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: If post-void residual (PVR) greater than 300 mL, call provider.
Phase of Care:

Camouflage/cover IV saline lock when possible to avoid removal.

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Once] [Until Discontinued]
Comments:
Phase of Care:

Oral care

Priority: **[Routine]** [STAT]
Frequency: **[2 times daily]** [BID] [Q8H] [Q Shift]
Comments: Clean mouth and teeth at least twice daily.
Phase of Care:

Please obtain hearing amplifier if patient does not have hearing aids and is hard of hearing

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Once] [Until Discontinued]
Comments:
Phase of Care:

Have patient wear hearing aids and eyeglasses.

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Once] [Until Discontinued]
Comments:
Phase of Care:

Re-orient patient frequently to time, place, and environment and situation.

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Once] [Until Discontinued]
Comments:
Phase of Care:

Keep lights on in day and curtains open for sunlight to promote normal sleep-wake cycles.

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Once] [Until Discontinued]
Comments:
Phase of Care:

Pulse oximetry check

Priority: **[Routine]** [STAT]
Frequency: [Once] **[Daily]** [Q PM] [Continuous] [HS only]
Comments:
Phase of Care:

Questions:

Current FIO2 or Room Air: [Current FIO2] [Room Air]

Assess for fecal impaction

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: for fecal impaction if no bowel movement in 2 days. Notify provider.
Phase of Care:

Questions:

Assess:

[\[\] Straight cath](#)

Priority: **[Routine]** [STAT]
Frequency: **[Once For 1 Occurrences]** [Once] [Q4H] [Q Shift] [Daily]
Comments: If needed to obtain urine for urinalysis or urine culture.
Phase of Care:

[\[\] Patient education - delirium, antipsychotic medications](#)

Priority: **[Routine]**
Frequency: **[Once]** [Prior to Discharge]
Comments: Please give caregivers information on delirium via Methodist Patient Education channel, delirium brochures, or www.icudelirium.org.
Phase of Care:

Questions:

Patient/Family: [Patient] **[Family]** [Both]
Education for: [Activity] [CHF education] [Diabetes education (performed by nurse)] [Discharge] [Drain care] [Fall risk] [Incentive spirometry] [Self admin of medication] [Smoking cessation counseling] **[Other (specify)]**
Specify: Antipsychotic medications

[\[\] Telemetry \(Selection Required\)](#)

Telemetry monitoring

Priority: **[Routine]** [STAT]
Frequency: **[Continuous For 3 Days]** [Continuous]
Comments:
Phase of Care:

Questions:

Order: [SPO2] **[Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)]** [Place in Centralized Telemetry Monitor] [EKG Monitoring Only (Telemetry Box)]
Reason for telemetry: [Acute Coronary Syndrome (within last 24-48 hrs)] [Atrial Fibrillation – new or hemodynamically unstable or symptomatic] [Acute Decompensated Heart Failure] [Stroke] [Electrolyte Disturbance] [Syncope of Suspected Cardiac Origin]
Can be off of Telemetry for tests and baths? **[Yes]** [No]

And

Telemetry Additional Setup Information

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]** [Q1H] [Q2H] [Q4H] [Q8H]
Comments:
Phase of Care:

Questions:

High Heart Rate (BPM): 120
Low Heart Rate(BPM): 50
High PVC's (per minute): 10
High SBP(mmHg): 175
Low SBP(mmHg): 100
High DBP(mmHg): 95
Low DBP(mmHg): 40
Low Mean BP: 60
High Mean BP: 120
Low SPO2(%): 94

IV

Medications

Pharmacy Consult

[\[\] Pharmacy consult to complete review of medications on confused patients](#)

Priority: [Routine] **[STAT]**
Frequency: **[Until discontinued, Starting S]** [Until Discontinued]
Comments:

Questions:

Reason for Consult?

Pain

Please address pain as a source of agitation before starting antipsychotics. Consider scheduled pain medications if pain source is present and

patient unable to reliably ask for pain medications.

PRN Pain Medications

Mild Pain (Pain Score 1-3) (Selection Required)

acetaminophen (TYLENOL) tablet

Dose: 650 mg
Route: **[oral]**
Rate:
Duration:
Frequency: every 6 hours PRN
PRN comment: **[mild pain (score 1-3)]** [moderate pain (score 4-6)] [headaches] [fever]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [toothache] [dysmenorrhea] [arthritic pain] [back pain] [myalgia] [fever] [pain] [headache disorder]

acetaminophen liquid - oral or feeding tube (Selection Required)

acetaminophen (TYLENOL) liquid

Dose: 650 mg
Route: **[oral]**
Rate:
Duration:
Frequency: **[every 6 hours PRN]** [Q4H PRN] [Q6H PRN]
PRN comment: **[mild pain (score 1-3)]** [moderate pain (score 4-6)] [headaches] [fever]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Or

acetaminophen (TYLENOL) liquid

Dose: 650 mg
Route: **[feeding tube]** [oral]
Rate:
Duration:
Frequency: **[every 6 hours PRN]** [Q4H PRN] [Q6H PRN]
PRN comment: **[mild pain (score 1-3)]** [moderate pain (score 4-6)] [headaches] [fever]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Moderate Pain (Pain Score 4-6) (Selection Required)

traMADoL (ULTRAM) tablet

Dose: **[25 mg]** [50 mg] [100 mg]
Route: **[oral]**
Rate:
Duration:
Frequency: **[every 6 hours PRN]** [Q4H PRN] [Q6H PRN] [TID PRN]
PRN comment: [mild pain (score 1-3)] **[moderate pain (score 4-6)]** [severe pain (score 7-10)]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: **[acute pain]** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

HYDRoCodone-acetaminophen (NORCO) 5-325 mg per tablet

Dose: **[1 tablet]**
Route: **[oral]**
Rate:
Duration:
Frequency: **[every 6 hours PRN]** [Q4H PRN] [Q6H PRN]
PRN comment: [mild pain (score 1-3)] **[moderate pain (score 4-6)]** [severe pain (score 7-10)]
Frequency Start:
Number of Doses:

Phase of Care:
Administration instructions:
Indications: **[acute pain]** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

() HYDROcodone-acetaminophen (HYCET) solution - oral or feeding tube (Selection Required)

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution

Dose: [5 mL] **[10 mL]** [15 mL]
Route: **[oral]**
Rate:
Duration:
Frequency: **[every 6 hours PRN]** [Q4H PRN] [Q6H PRN]
PRN comment: [mild pain (score 1-3)] **[moderate pain (score 4-6)]** [severe pain (score 7-10)]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: **[acute pain]** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

Or

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution

Dose: [5 mL] **[10 mL]** [15 mL]
Route: **[feeding tube]** [oral]
Rate:
Duration:
Frequency: **[every 6 hours PRN]** [Q4H PRN] [Q6H PRN]
PRN comment: [mild pain (score 1-3)] **[moderate pain (score 4-6)]** [severe pain (score 7-10)]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: **[acute pain]** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

() oxyCODONE (ROXICODONE) immediate release tablet

Dose: **[2.5 mg]** [5 mg] [10 mg] [15 mg] [20 mg] [30 mg]
Route: **[oral]**
Rate:
Duration:
Frequency: **[every 6 hours PRN]** [Q3H PRN] [Q4H PRN] [Q6H PRN]
PRN comment: [mild pain (score 1-3)] **[moderate pain (score 4-6)]** [severe pain (score 7-10)] [other]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: **[acute pain]** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

() If NPO, Cautious use if CrCl < 30 ml/min or AKI - morPHINE injection

Dose: 1 mg
Route: **[intravenous]** [intramuscular] [subcutaneous]
Rate:
Duration:
Frequency: **[every 4 hours PRN]** [Once] [Q2H PRN] [Q3H PRN] [Q4H PRN]
PRN comment: **[moderate pain (score 4-6)]** [severe pain (score 7-10)] [other]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

If NPO, Preferred if CrCl < 30 ml/min or AKI - hydromorPHONE (DILAUDID) injection

Dose: 0.2 mg
Route: **[intravenous]** [intramuscular] [subcutaneous]
Rate:
Duration:
Frequency: **[every 3 hours PRN]** [Once] [Q2H PRN] [Q3H PRN] [Q4H PRN]
PRN comment: **[moderate pain (score 4-6)]** [severe pain (score 7-10)] [other]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Severe Pain (Pain Score 7-10) (Selection Required)

traMADoL (ULTRAM) tablet

Dose: [25 mg] **[50 mg]** [100 mg]
Route: **[oral]**
Rate:
Duration:
Frequency: **[every 6 hours PRN]** [Q4H PRN] [Q6H PRN] [TID PRN]
PRN comment: [mild pain (score 1-3)] [moderate pain (score 4-6)] **[severe pain (score 7-10)]**
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: **[acute pain]** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet

Dose: **[1 tablet]**
Route: **[oral]**
Rate:
Duration:
Frequency: **[every 6 hours PRN]** [Q4H PRN] [Q6H PRN]
PRN comment: [mild pain (score 1-3)] [moderate pain (score 4-6)] **[severe pain (score 7-10)]**
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: **[acute pain]** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

HYDROcodone-acetaminophen (HYCET) solution - oral or feeding tube (Selection Required)

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution

Dose: [5 mL] [10 mL] **[15 mL]**
Route: **[oral]**
Rate:
Duration:
Frequency: **[every 6 hours PRN]** [Q4H PRN] [Q6H PRN]
PRN comment: [mild pain (score 1-3)] [moderate pain (score 4-6)] **[severe pain (score 7-10)]**
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: **[acute pain]** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

Or

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution

Dose: [5 mL] [10 mL] [**15 mL**]
Route: [**feeding tube**] [oral]
Rate:
Duration:
Frequency: [**every 6 hours PRN**] [Q4H PRN] [Q6H PRN]
PRN comment: [mild pain (score 1-3)] [moderate pain (score 4-6)] [**severe pain (score 7-10)**]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [**acute pain**] [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

() oxyCODONE (ROXICODONE) immediate release tablet

Dose: [**5 mg**] [10 mg] [15 mg] [20 mg] [30 mg]
Route: [**oral**]
Rate:
Duration:
Frequency: [**every 6 hours PRN**] [Q3H PRN] [Q4H PRN] [Q6H PRN]
PRN comment: [mild pain (score 1-3)] [moderate pain (score 4-6)] [**severe pain (score 7-10)**] [other]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [**acute pain**] [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

() If NPO, Cautious use if CrCl < 30 ml/min or AKI - morphine injection

Dose: 2 mg
Route: [**intravenous**] [intramuscular] [subcutaneous]
Rate:
Duration:
Frequency: [**every 4 hours PRN**] [Once] [Q2H PRN] [Q3H PRN] [Q4H PRN]
PRN comment: [moderate pain (score 4-6)] [**severe pain (score 7-10)**] [other]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Hold for sedation.
Indications:

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

() If NPO, Preferred if CrCl < 30 ml/min or AKI - hydromorPHONE (DILAUDID) injection

Dose: 0.25 mg
Route: [**intravenous**] [intramuscular] [subcutaneous]
Rate:
Duration:
Frequency: [**every 3 hours PRN**] [Once] [Q2H PRN] [Q3H PRN] [Q4H PRN]
PRN comment: [moderate pain (score 4-6)] [**severe pain (score 7-10)**] [other]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

[] Scheduled Pain Medications

[] Topical Analgesia (Selection Required)

() lidocaine 4 % topical patch

Dose: [**1 patch**] [2 patch]
Route: [**transdermal**]
Rate:
Duration: [**Administer over: 12 Hours**] [8 Hours] [12 Hours]
Frequency: [**every 24 hours**] [Q24H]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Apply to affected area over 12 hours daily.

Indications: [postherpetic neuralgia]

diclofenac (FLECTOR) 1.3 % topical patch

Dose: [**1 patch**]
Route: [**transdermal**]
Rate:
Duration: [**Administer over: 12 Hours**] [12 Hours]
Frequency: [**every 12 hours**] [Q12H]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Apply to affected area over 12 hours twice daily.
Indications: [sprains and strains]

Mild Pain (Selection Required)

acetaminophen (TYLENOL) tablet

Dose: 650 mg
Route: [**oral**]
Rate:
Duration:
Frequency: every 6 hours
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [toothache] [dysmenorrhea] [arthritic pain] [back pain] [myalgia] [fever] [pain] [headache disorder]

acetaminophen liquid - oral or feeding tube (Selection Required)

acetaminophen (TYLENOL) liquid

Dose: 650 mg
Route: [**oral**]
Rate:
Duration:
Frequency: [**every 6 hours**] [Q4H PRN] [Q6H PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Or

acetaminophen (TYLENOL) liquid

Dose: 650 mg
Route: [**feeding tube**] [oral]
Rate:
Duration:
Frequency: [**every 6 hours**] [Q4H PRN] [Q6H PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Moderate Pain (Selection Required)

traMADoL (ULTRAM) tablet

Dose: [**25 mg**] [50 mg] [100 mg]
Route: [**oral**]
Rate:
Duration:
Frequency: [**every 6 hours**] [Q4H PRN] [Q6H PRN] [TID PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Hold for sedation.
Indications: [**acute pain**] [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

HYDRoCodone-acetaminophen (NORCO) 5-325 mg per tablet

Dose: [**0.5 tablet**] [1 tablet]
Route: [**oral**]
Rate:

Duration:
Frequency: **every 6 hours** [Q4H PRN] [Q6H PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Hold for sedation.
Indications: **acute pain** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

() HYDROcodone-acetaminophen (HYCET) solution - oral or feeding tube (Selection Required)

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution

Dose: **5 mL** [10 mL] [15 mL]
Route: **oral**
Rate:
Duration:
Frequency: **every 6 hours** [Q4H PRN] [Q6H PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Hold for sedation.
Indications: **acute pain** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

Or

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution

Dose: **5 mL** [10 mL] [15 mL]
Route: **feeding tube** [oral]
Rate:
Duration:
Frequency: **every 6 hours** [Q4H PRN] [Q6H PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Hold for sedation.
Indications: **acute pain** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

() Caution if CrCl < 30 ml/min - morPHINE injection

Dose: **1 mg**
Route: **intravenous** [intramuscular] [subcutaneous]
Rate:
Duration:
Frequency: **every 4 hours** [Once] [Q2H PRN] [Q3H PRN] [Q4H PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Hold for sedation.
Indications:

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

() If NPO, preferred if CrCl < 30 ml/min - hydromorPHONE (DILAUDID) injection

Dose: **0.2 mg**
Route: **intravenous** [intramuscular] [subcutaneous]
Rate:
Duration:
Frequency: **every 4 hours** [Once] [Q2H PRN] [Q3H PRN] [Q4H PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Hold for sedation.
Indications:

Severe Pain (Selection Required)

oxyCODONE (ROXICODONE) immediate release tablet

Dose: **[2.5 mg]** [5 mg] [10 mg] [15 mg] [20 mg] [30 mg]
Route: **[oral]**
Rate:
Duration:
Frequency: **[every 6 hours]** [Q3H PRN] [Q4H PRN] [Q6H PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Hold for sedation.
Indications: **[acute pain]** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet

Dose: **[1 tablet]**
Route: **[oral]**
Rate:
Duration:
Frequency: **[every 6 hours]** [Q4H PRN] [Q6H PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Hold for sedation.
Indications: **[acute pain]** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

HYDROcodone-acetaminophen (HYCET) solution - oral or feeding tube (Selection Required)

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution

Dose: [5 mL] **[10 mL]** [15 mL]
Route: **[oral]**
Rate:
Duration:
Frequency: **[every 6 hours]** [Q4H PRN] [Q6H PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Hold for sedation.
Indications: **[acute pain]** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

Or

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution

Dose: [5 mL] **[10 mL]** [15 mL]
Route: **[feeding tube]** [oral]
Rate:
Duration:
Frequency: **[every 6 hours]** [Q4H PRN] [Q6H PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Hold for sedation.
Indications: **[acute pain]** [chronic pain]

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

If NPO, Avoid if CrCl < 30 ml/min - morPHINE injection

Dose: 2 mg
Route: **[intravenous]** [intramuscular] [subcutaneous]
Rate:

Duration:
Frequency: **[every 4 hours]** [Once] [Q2H PRN] [Q3H PRN] [Q4H PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Hold for sedation.
Indications:

Questions:

Allowance for Patient Preference: [Nurse may administer for higher level of pain per patient request (selection)]

() If NPO, Preferred if CrCl< 30 ml/min - hydromorPHONE (DILAUDID) injection

Dose: 0.25 mg
Route: **[intravenous]** [intramuscular] [subcutaneous]
Rate:
Duration:
Frequency: **[every 4 hours]** [Once] [Q2H PRN] [Q3H PRN] [Q4H PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Hold for sedation.
Indications:

Insomnia

() ramelteon (ROZEREM) tablet

Dose: **[8 mg]**
Route: **[oral]**
Rate:
Duration:
Frequency: **[nightly PRN]** [Nightly PRN]
PRN comment: **[sleep]**
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [sleep-onset insomnia]

() trazODone (DESYREL) tablet - AVOID IF CARDIAC CONDUCTION ABNORMALITIES

Dose: **[25 mg]** [50 mg] [100 mg] [150 mg] [200 mg] [300 mg]
Route: **[oral]**
Rate:
Duration:
Frequency: **[nightly PRN]** [Nightly] [Nightly PRN] [BID] [TID]
PRN comment: **[sleep]** [depression]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Avoid if cardiac conduction abnormalities
Indications: [major depressive disorder] [insomnia associated with depression]

Questions:

Indication: [Anxiety disorder] [Attention deficit hyperactivity disorder] [Autism] [Bipolar disorder] [Drug dependence therapy] [Insomnia] [Major depressive disorder or dysthymia] [Parkinson's disease and restless legs syndrome] [Psychosis, including schizophrenia (neuroleptics)] [Other]

() doxepin (SINEquan) 10 mg/mL solution

Dose: 3 mg
Route: **[oral]**
Rate:
Duration:
Frequency: **[nightly PRN]**
PRN comment: **[sleep]**
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Do not administer within 3 hours of a meal.
Indications: [depressive type psychosis] [anxiety] [depression] [depression associated with bipolar disorder]

Questions:

Indication: [Anxiety disorder] [Attention deficit hyperactivity disorder] [Autism] [Bipolar disorder] [Drug dependence therapy] [Insomnia] [Major depressive disorder or dysthymia] [Parkinson's disease and restless legs syndrome] [Psychosis, including schizophrenia (neuroleptics)] [Other]
Indication: [Insomnia]

Agitation

Warning: Low-dose haloperidol and atypical antipsychotics are typically recommended for management of agitated delirium in hospitalized elders. Benzodiazepines should be reserved for patients with concerns of alcohol or benzodiazepine withdrawal or those who cannot tolerate antipsychotics. Benzodiazepines typically increase confusion and delirium in elderly patients.

FDA Warning: Higher mortality risk in elderly patients with dementia receiving antipsychotics. FDA notes higher risk for heart attack, stroke, and pneumonia for elderly patients with dementia who received antipsychotics. Thus, medications should be used only briefly for agitation or psychotic symptoms and tapered off as soon as symptoms improve.

Caution with use of antipsychotics in patients with QTc greater than or equal to 0.47 seconds.

PRN Dosing - QUETiapine (SEROquel) tablet

Dose: **[12.5 mg]** [25 mg] [50 mg] [100 mg] [200 mg] [400 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[every 8 hours PRN]** [BID] [TID] [Nightly]

PRN comment: **[agitation]**

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [schizophrenia] [mania associated with bipolar disorder] [generalized anxiety disorder] [depression associated with bipolar disorder] [bipolar disorder in remission] [major depressive disorder treatment adjunct]

Questions:

Indication: [Anxiety disorder] [Attention deficit hyperactivity disorder] [Autism] [Bipolar disorder] [Drug dependence therapy] [Insomnia] [Major depressive disorder or dysthymia] [Parkinson's disease and restless legs syndrome] [Psychosis, including schizophrenia (neuroleptics)] **[Other]**

Specify: agitation

Nightly maintenance - QUETiapine (SEROquel) tablet

Dose: **[25 mg]** [50 mg] [100 mg] [200 mg] [400 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[nightly]** [BID] [TID] [Nightly]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: Maintenance dosing if frequent agitation at night.

Indications: [schizophrenia] [mania associated with bipolar disorder] [generalized anxiety disorder] [depression associated with bipolar disorder] [bipolar disorder in remission] [major depressive disorder treatment adjunct]

Questions:

Indication: [Anxiety disorder] [Attention deficit hyperactivity disorder] [Autism] [Bipolar disorder] [Drug dependence therapy] [Insomnia] [Major depressive disorder or dysthymia] [Parkinson's disease and restless legs syndrome] [Psychosis, including schizophrenia (neuroleptics)] **[Other]**

Specify: agitation

Consider use if elevated QT interval > 450 msec - ARIPiprazole (ABILIFY) tablet

Dose: [2 mg] **[5 mg]** [10 mg] [15 mg] [20 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[daily PRN]** [Once] [Daily]

PRN comment: agitation

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [schizophrenia] [bipolar disorder] [infantile autism] [Gilles de la Tourette syndrome] [major depressive disorder treatment adjunct] [adjunct therapy for obsessive compulsive disorder]

Questions:

Indication: [Anxiety disorder] [Attention deficit hyperactivity disorder] [Autism] [Bipolar disorder] [Drug dependence therapy] [Insomnia] [Major depressive disorder or dysthymia] [Parkinson's disease and restless legs syndrome] [Psychosis, including schizophrenia (neuroleptics)] **[Other]**

Specify: agitation

[] If CrCl 30 and above - risperiDONE oral tablet or sublingual disintegrating tablet (Selection Required)

() risperiDONE (RisperDAL) tablet

Dose: **[0.25 mg]** [0.5 mg] [1 mg] [2 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[every 6 hours PRN]** [QPM] [Nightly] [BID]

PRN comment: **[agitation]**

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [schizophrenia] [mania associated with bipolar disorder] [infantile autism] [obsessive-compulsive disorder] [depression associated with bipolar disorder] [bipolar disorder in remission] [major depressive disorder treatment adjunct] [mixed bipolar I disorder] [adjunct therapy for obsessive compulsive disorder]

Questions:

Indication: [Anxiety disorder] [Attention deficit hyperactivity disorder] [Autism] [Bipolar disorder] [Drug dependence therapy] [Insomnia] [Major depressive disorder or dysthymia] [Parkinson's disease and restless legs syndrome] [Psychosis, including schizophrenia (neuroleptics)] **[Other]**

Specify: agitation

() risperiDONE (RisperDAL M-TABS) disintegrating tablet

Dose: **[0.25 mg]** [0.5 mg] [1 mg] [2 mg] [3 mg] [4 mg]

Route: **[sublingual]** [oral]

Rate:

Duration:

Frequency: **[every 6 hours PRN]** [Nightly] [BID]

PRN comment: agitation

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [schizophrenia] [mania associated with bipolar disorder] [infantile autism] [obsessive-compulsive disorder] [depression associated with bipolar disorder] [bipolar disorder in remission] [major depressive disorder treatment adjunct] [mixed bipolar I disorder] [adjunct therapy for obsessive compulsive disorder]

Questions:

Indication: [Anxiety disorder] [Attention deficit hyperactivity disorder] [Autism] [Bipolar disorder] [Drug dependence therapy] [Insomnia] [Major depressive disorder or dysthymia] [Parkinson's disease and restless legs syndrome] [Psychosis, including schizophrenia (neuroleptics)] **[Other]**

Specify: agitation

[] If CrCl LESS than 30 - risperiDONE oral tablet or sublingual disintegrating tablet (Selection Required)

() risperiDONE (RisperDAL) tablet

Dose: **[0.25 mg]** [0.5 mg] [1 mg] [2 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[every 12 hours PRN]** [QPM] [Nightly] [BID]

PRN comment: **[agitation]**

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [schizophrenia] [mania associated with bipolar disorder] [infantile autism] [obsessive-compulsive disorder] [depression associated with bipolar disorder] [bipolar disorder in remission] [major depressive disorder treatment adjunct] [mixed bipolar I disorder] [adjunct therapy for obsessive compulsive disorder]

Questions:

Indication: [Anxiety disorder] [Attention deficit hyperactivity disorder] [Autism] [Bipolar disorder] [Drug dependence therapy] [Insomnia] [Major depressive disorder or dysthymia] [Parkinson's disease and restless legs syndrome] [Psychosis, including schizophrenia (neuroleptics)] **[Other]**

Specify: agitation

() risperiDONE (RisperDAL M-TABS) disintegrating tablet

Dose: **[0.25 mg]** [0.5 mg] [1 mg] [2 mg] [3 mg] [4 mg]

Route: **[sublingual]** [oral]

Rate:

Duration:

Frequency: **[every 12 hours PRN]** [Nightly] [BID]

PRN comment: agitation

Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [schizophrenia] [mania associated with bipolar disorder] [infantile autism] [obsessive-compulsive disorder] [depression associated with bipolar disorder] [bipolar disorder in remission] [major depressive disorder treatment adjunct] [mixed bipolar I disorder] [adjunct therapy for obsessive compulsive disorder]

Questions:

Indication: [Anxiety disorder] [Attention deficit hyperactivity disorder] [Autism] [Bipolar disorder] [Drug dependence therapy] [Insomnia] [Major depressive disorder or dysthymia] [Parkinson's disease and restless legs syndrome] [Psychosis, including schizophrenia (neuroleptics)] **[Other]**
Specify: agitation

haloperidol (HALDOL) intraMUSCULAR

haloperidol lactate (HALDOL) injection

Dose: **[0.5 mg]** [2 mg] [5 mg] [10 mg]
Route: **[intramuscular]** [intravenous]
Rate:
Duration:
Frequency: **[every 30 min PRN]** [Once] [Q1H PRN] [Q4H PRN] [Q6H PRN]
PRN comment: **[agitation]** [delirium] [anxiety] severe
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Administer every 30 minutes until patient is calm up to maximum of 2 mg (or 4 doses) PER DAY.
Indications: [schizophrenia] [psychotic disorder] [Gilles de la Tourette syndrome] [delirium] [cancer chemotherapy-induced nausea and vomiting]

Questions:

Indication: [Anxiety disorder] [Attention deficit hyperactivity disorder] [Autism] [Bipolar disorder] [Drug dependence therapy] [Insomnia] [Major depressive disorder or dysthymia] [Parkinson's disease and restless legs syndrome] [Psychosis, including schizophrenia (neuroleptics)] **[Other]**
Specify: severe agitation

haloperidol lactate (HALDOL) injection

Dose: **[0.5 mg]** [2 mg] [5 mg] [10 mg]
Route: **[intramuscular]** [intravenous]
Rate:
Duration:
Frequency: **[every 6 hours PRN]** [Once] [Q1H PRN] [Q4H PRN] [Q6H PRN]
PRN comment: **[agitation]** [delirium] [anxiety]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions: Administer if patient unable or refusing to take oral medications.
Indications: [schizophrenia] [psychotic disorder] [Gilles de la Tourette syndrome] [delirium] [cancer chemotherapy-induced nausea and vomiting]

Questions:

Indication: [Anxiety disorder] [Attention deficit hyperactivity disorder] [Autism] [Bipolar disorder] [Drug dependence therapy] [Insomnia] [Major depressive disorder or dysthymia] [Parkinson's disease and restless legs syndrome] [Psychosis, including schizophrenia (neuroleptics)] **[Other]**
Specify: agitation

Bowel Regimen

Please add scheduled laxatives if giving any opioids PRN or scheduled

sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet

Dose: **[1 tablet]** [2 tablet]
Route: **[oral]**
Rate:
Duration:
Frequency: **[nightly]** [Nightly] [BID] [Nightly PRN] [Once] [BID PRN] [Once PRN]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: [constipation]

polyethylene glycol (MIRALAX) packet 17 gram

Dose: 17 g
Route: **[oral]**
Rate:
Duration:
Frequency: **daily**
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications: **[bowel evacuation] [constipation]**

VTE

Labs

Labs Today

Bedside glucose

Priority: **[Routine] [STAT]**
Frequency: **[Once For 1 Occurrences]** [Once] [Daily] [Q4H] [Q6H] [AC only] [AC & HS] [User Schedule]
Comments: **Notify provider if less than 70 mg/dL or greater than 250 mg/dL.**
Phase of Care:

CBC and differential

Frequency: **[Once]** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

Ammonia

Frequency: **[Once]** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments: **Specimen must be placed on ice and delivered immediately to the Core Laboratory.**
Phase of Care:

Basic metabolic panel

Frequency: **[Once]** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

Blood gas, arterial

Frequency: **[Once]** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

NT-proBNP

Frequency: **[Once]** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

Comprehensive metabolic panel

Frequency: **[Once]** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

Digoxin level

Frequency: **[Once]** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

FK506 Tacrolimus level, random

Frequency: **[Once]** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

Lactic acid level - ONE TIME ORDER ONLY

Frequency: **[Once]** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

Lithium level

Frequency: **[Once]** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

Magnesium

Frequency: **[Once]** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:

Phase of Care:

Phenytoin level, total

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

Troponin T

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

Urinalysis with microscopic

Frequency: **Once** [STAT] [AM Draw] [Timed] [Add-on]
Comments: Specimen must be received in the laboratory within 2 hours of collection.
Phase of Care:

Toxicology screen, urine

Frequency: **Once** [STAT] [AM Draw] [Timed] [Add-on]
Comments:
Phase of Care:

Microbiology

Urinalysis screen and microscopy, with reflex to culture

Frequency: **Once** [STAT] [AM Draw] [Timed] [Add-on]
Comments: Specimen must be received in the laboratory within 2 hours of collection.
Phase of Care:

Questions:

Specimen Source: **Urine**
Specimen Site: [Catheterized] [Clean catch] [Cystoscopy] [Foley] [Ileal conduit] [Kidney] [Koch pouch] [Midstream] [Nephrostomy] [Pediatric bag] [Random void] [Stint] [Suprapubic] [Ureteral] [VB1] [VB2] [VB3]

Sputum culture

Frequency: **Once** [AM Draw] [Timed]
Specimen type: **Sputum** [Tracheal aspirate]
Specimen source: [Expecterated] [Induced] [Not otherwise specified]
Comments:
Phase of Care:

Blood culture x 2

Blood culture, aerobic and anaerobic x 2

Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

Blood Culture Best Practices - <https://formweb.com/files/houstonmethodist/documents/blood-culture-stewardship.pdf>

Blood culture, aerobic & anaerobic

Frequency: **Once** [STAT] [AM Draw] [Timed]
Specimen type: Blood
Specimen source:
Comments: Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
Phase of Care:

And

Blood culture, aerobic & anaerobic

Frequency: **Once** [STAT] [AM Draw] [Timed]
Specimen type: Blood
Specimen source:
Comments: Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
Phase of Care:

Cardiology

Cardiology

ECG 12 lead

Priority: Routine

Frequency: [STAT] [**Once**] [Conditional] [Daily]
Comments:
Phase of Care:

Questions:

Clinical Indications: **Other:**
Other: **Arrhythmia**
Interpreting Physician:

Imaging

CT

CT Head W/o Contrast

Priority: [**Routine**] [STAT]
Frequency: [**1 time imaging, Starting S at 1:00 AM For 1**] [Once]
Comments: Only if new focal neurologic findings or suspicion of neurologic event/head trauma
Phase of Care:

X-Ray

Chest 1 Vw Portable

Priority: [**Routine**] [STAT]
Frequency: [**1 time imaging, Starting S at 1:00 AM For 1**] [Once]
Comments:
Phase of Care:

Other Diagnostic Studies

Respiratory

Respiratory Therapy

Oxygen therapy

Priority: [**Routine**] [STAT]
Frequency: [**Continuous**] [PRN]
Comments:
Phase of Care:

Questions:

Device: [**Nasal Cannula**] [High Flow Nasal Cannula (HFNC)] [Heated High Flow] [Non-rebreather mask] [Trach Collar] [Venturi Mask]
Rate in liters per minute: [**2 lpm**] [1 Lpm] [2 Lpm] [3 Lpm] [4 Lpm] [5 Lpm] [6 Lpm]
Rate in tenths of a liter per minute: [0.2 Lpm] [0.4 Lpm] [0.6 Lpm] [0.8 Lpm] [1 Lpm] [1.2 Lpm] [1.4 Lpm] [1.6 Lpm] [1.8 Lpm] [2 Lpm]
O2 %: [21%] [22%] [23%] [24%] [25%]
Titrate to keep O2 Sat Above: [88 %] [90%] [92%] [95%] [**Other (Specify)**]
Specify titration to keep O2 Sat (%) Above: 91
Indications for O2 therapy: [Hypoxemia] [Increased work of breathing] [Respiratory distress] [Immediate post-op period] [Acute MI] [Cluster headaches] [Other (specify)]

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

Consult to Case Management for Confusion in Hospital, Assistance w Discharge Planning Needs

Phase of Care:
Comments:

Questions:

Consult Reason: [Benefit Issues] [Discharge Planning] [Home Health] [Hospice] [Insurance Issues] [LTAC Referral] [Rehabilitation Referral] [SNF Referral] [DME] [Palliative Care Education] [Dialysis Placement] [SDOH] [**Other specify**]
Specify: Confusion in Hospital, Assistance w Discharge Planning Needs

Consult to Social Work for Confusion in Hospital, Assistance w Discharge Planning Needs

Phase of Care:
Comments:

Questions:

Reason for Consult: [Adoption] [Chemical Dependency] [Deaf] [Discharge Planning] [Fetal Demise] [Discharge Placement] [Hospice Referral] [SNF] [Suspected Abuse] [Suspected Domestic Violence] [Teen Pregnancy] [Human Trafficking] [Dialysis Placement] [SDOH] [**Other Specify**]

Specify: Confusion in Hospital, Assistance w Discharge Planning Needs

[\[\] Consult PT Eval and Treat](#)

Phase of Care:

Comments: Confusion in hospital, gait and mobility safety, increased daytime activity

[Questions:](#)

Special Instructions:

Weight Bearing Status: [Full weight bearing] [Weight bearing as tolerated] [Partial weight bearing] [Touch down weight bearing] [

Non-weight bearing] [Toe touch weight bearing]

[\[\] Consult OT Eval and Teat](#)

Phase of Care:

Comments: Confusion in hospital, assessment and assistance with ADLs, increased daytime activity.

[Questions:](#)

Special Instructions:

Weight Bearing Status: [Full weight bearing] [Weight bearing as tolerated] [Partial weight bearing] [Touch down weight bearing] [

Non-weight bearing] [Toe touch weight bearing]

[\[\] Consult to Speech Language Pathology](#)

Priority: **[Routine]**

Frequency: **[Once]**

Comments: Evaluate and treat for confusion in hospital, assess swallow function.

Phase of Care:

[Questions:](#)

Reason for SLP? Evaluate and treat for confusion in hospital, assess swallow function.