Location: _____

General
Nursing
Vital Signs

- [x] **Vital signs - T/P/R/BP** **Frequency:** Every 15 min **Priority:** Routine
- [x] **Pulse oximetry continuous** **Frequency:** Continuous **Priority:** Routine
  Question(s):
  Current FIO2 or Room Air:

Cooling Procedure

- [x] **Cooling Procedure (goal temp)** **Frequency:** Until discontinued **Priority:** Routine **Comments:** To be maintained for 24 hours.
  Question(s):
  Goal Temperature:
- [ ] **Intravascular cooling catheter** **Frequency:** Once **Priority:** Routine
- [ ] **External cooling device** **Frequency:** Once **Priority:** Routine

Nursing Care

- [x] **Neurological assessment** **Frequency:** Every hour **Priority:** Routine **Comments:** Assess pupillary function every hour if paralyzed and document. Once patient has completed rewarming, complete neuro vital signs every 2 hours for 24 hours
  Question(s):
  Assessment to Perform:
- [ ] **Richmond agitation sedation scale** **Frequency:** Once **Priority:** Routine **Comments:** Reassess RASS at least Every 4 Hours and PRN. Follow titration instructions in sedative order. During daily sedation hold, restart sedation protocol if any of the following occur MAP less than 50mmHg or greater than 120mmHg Development of acute distress HR greater than 120 bpm RR greater than 38 breaths/min SpO2 less than 88%
  Question(s):
  Hold infusion daily at:
  Target RASS:
  BIS Monitoring (Target BIS: 40-60):
- [x] **Take temperature via bladder temperature Foley catheter or rectal or esophageal temperature probe.** **Frequency:** Until discontinued **Priority:** Routine
- [x] **Insert 1 temperature probe. If patient is anuric insert esophageal probe instead of bladder temperature probe** **Frequency:** Until discontinued **Priority:** Routine
- [x] **Insert and maintain Foley**
  - [x] **Insert Foley catheter** **Frequency:** Once **Priority:** Routine
    Question(s):
    Type:
    Size:
    Urinometer needed:
    Indication:
    Primary Ordering Comments:
    Foley catheter may be removed per nursing protocol.
  - [x] **Foley Catheter Care** **Frequency:** Until discontinued **Priority:** Routine
    Question(s):
    Orders: Maintain
- [ ] **Nasogastric tube insertion** **Frequency:** Once **Priority:** Routine
  Question(s):
  Type:
- [ ] **CVP monitoring** **Frequency:** Every 4 hours **Priority:** Routine
- [ ] **Hemodynamic Monitoring** **Frequency:** Continuous **Priority:** Routine
  Question(s):
  Measure:
- [x] **Monitor (Skin)** **Frequency:** Every 2 hours **Priority:** Routine **Comments:** skin including under cooling pads.
- [x] **Head of bed** **Frequency:** Until discontinued **Priority:** Routine **Comments:** Maintain HOB 30 degrees
  Question(s):
  Head of bed: ○ 30 degrees

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Notify Physician for shivering and further instructions** **Frequency:** Until discontinued **Priority:** Routine

☐ **Notify Physician for Blood Glucose GREATER than 150 mg/dL x 2** **Frequency:** Until discontinued **Priority:** Routine

☐ **Request for central supply equipment - miscellaneous** **Frequency:** Once **Priority:** Routine **Comments:** Temperature Management System Gel pads
Question(s):
Equipment Requested: ○ Hyper/Hypothermia
Equipment Requested: ○ Hyper/Hypothermia machine
Equipment Requested: ○ Other
Explanatory Comment: Temperature Management System Gel pads
Special Instructions:
Weight:
Process Instructions:
At this time Epic ordering is for equipment only. Please call Central Supply for your supply needs.
Isolation carts will be provided when the isolation order is entered. If a replacement cart is needed because of patient transfer, use the miscellaneous equipment request order.

Rewarming Orders

☑ **Induced Hypothermia Rewarming Instructions** **Frequency:** Until discontinued **Priority:** Routine **Comments:** -Begin after attaining goal temperature for 24 hours -Keep cooling device to "ON" to maintain body temperature at 37 degrees C for 24 hours after the target temperature of 37 degrees C is attained -Set target temperature 37 degrees C then set time to target for "Warm" to 0.25 degrees C per hour -STOP all potassium administration (including any potassium supplements in continuous IV fluids) -START Bedside Glucose Checks every 2 hours for 24 hours of rewarming until temperature reaches 37 Celcius

☑ **Bedside glucose - Rewarming** **Frequency:** Conditional Frequency **Priority:** Routine **Specimen Type:** Blood **Comments:** REWARMING: Bedside Glucose Checks every 2 hours for 24 hours of rewarming until temperature reaches 37 Celcius

IV Fluids

IV Fluids

○ **sodium chloride 0.9 % infusion** **Dose:** .9 **Frequency:** continuous

○ **lactated Ringer's infusion** **Frequency:** continuous

○ **dextrose 5 % and lactated Ringer's infusion** **Frequency:** once

○ **dextrose 5%-0.9% sodium chloride infusion** **Frequency:** continuous

Medications

Sedation: Propofol (DIPRIVAN) or DEXMEDETomidine (PREcedex) infusion

☐ **propofol (DIPRIVAN) infusion** **Dose:** 10 **Route:** intravenous **Frequency:** continuous
Question(s):
LESS than desired sedation effect: INCREASE rate by 5 mcg/kg/min. Reassess sedation within 10 minutes.
DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.
GREATER than desired sedation effect: DECREASE rate 5 mcg/kg/min and reassess sedation within 15 minutes.
If patient requiring GREATER than: 50 mcg/kg/min, Contact MD to re-evaluate sedation therapy
Propofol continuous infusion is to be used only in intubated patients on mechanical ventilation. Is the patient intubated or pending intubation?
Admin Instructions:
After initiation reassess RASS/BIS within 10 min. Titrate for Sedation. Generally not for use in patients on neuromuscular blocking agents. No bolus doses unless instructed by provider. A separate "propofol bolus from bottle" order must be placed.

☐ **dexmedeTOMIDine (PREcedex) infusion** **Dose:** 400 mcg/100 mL **Route:** intravenous **Frequency:** continuous
Question(s):
LESS than desired sedation effect: INCREASE rate by 0.1 mcg/kg/hour. Reassess RASS within 1 hours.
DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours
GREATER than desired sedation effect: Other (Specify)
Specify: DECREASE rate by 0.1 mcg/kg/hour. Reassess RASS within one hour.
If patient requiring GREATER than: 1.5mcg/kg/hr, contact MD to re-evaluate sedation therapy
Admin Instructions:
Generally for mild to moderate sedation. Not for use in patients on neuromuscular blocking agents. NO LOADING DOSE. After initiation reassess RASS within 1 hour. Titrate for Sedation.

Sedation: lorazepam (ATIVAN) or MIDAZOLAM (VERSED) infusion - HMH, HMSL, HMTW, HMWB, HMSTJ

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **lorazepam (ATIVAN) 60 mg/30 mL infusion** **Dose:** 2 **Route:** intravenous **Frequency:** continuous
Question(s):
Indication(s): Sedation
Admin Instructions:
If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.25 milligram/hour then reassess sedation in one hour.
If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.
If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour.
If patient requires GREA TER than 5 milligram/hour lorazepam, contact MD to re-evalute sedation therapy.

○ **midazolam (VERSED) 60 mg/30 mL infusion** **Dose:** 2 **Route:** intravenous **Frequency:** continuous
Question(s):
Indication(s): ○ Sedation
Midazolam continuous infusion is to be used only in intubated patients on mechanical ventilation. Is the patient intubated or pending intubation?
Admin Instructions:
If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.25 milligram/hour then reassess sedation in one hour.
If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.
If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour.
If patient requires GREA TER than 5 milligram/hour midazolam, contact MD to re-evalute sedation therapy.

Sedation: lorazepam (ATIVAN) or MIDAZOLAM (VERSED) infusion - HMW

○ **LORAZepam (ATIVAN) 30 mg/30 mL infusion** **Dose:** 1 **Route:** intravenous **Frequency:** continuous
Question(s):
Indication(s): Sedation
Admin Instructions:
If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.25 milligram/hour then reassess sedation in one hour.
If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.
If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour.
If patient requires GREA TER than 5 milligram/hour lorazepam, contact MD to re-evalute sedation therapy.

○ **MIDAZolam in 0.9% NaCl (VERSED) 55 mg/55 mL infusion** **Dose:** 1 **Route:** intravenous **Frequency:** continuous
Question(s):
Indication(s):
Midazolam continuous infusion is to be used only in intubated patients on mechanical ventilation. Is the patient intubated or pending intubation?
Admin Instructions:
If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.25 milligram/hour then reassess sedation in one hour.
If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.
If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour.
If patient requires GREA TER than 5 milligram/hour midazolam, contact MD to re-evalute sedation therapy.

☐ **Sedation: lorazepam (ATIVAN) or MIDAZOLAM (VERSED) infusion - HMSJ HMSTC Only**

○ **LORAZepam (ATIVAN) 60 mg/30 mL infusion Dose:** 2 **Route:** intravenous **Frequency:** continuous
Question(s):
Indication(s): Sedation
Admin Instructions:
If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.25 milligram/hour then reassess sedation in one hour.
If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.
If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour.
If patient requires GREA TER than 5 milligram/hour lorazepam, contact MD to re-evalute sedation therapy.

○ **MIDAZolam (VERSED) 30 mg/30 mL infusion Dose:** 1 **Route:** intravenous **Frequency:** continuous
Question(s):
Indication(s): ○ Sedation
Midazolam continuous infusion is to be used only in intubated patients on mechanical ventilation. Is the patient intubated or pending intubation?
Admin Instructions:
If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.25 milligram/hour then reassess sedation in one hour.
If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.
If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour.
If patient requires GREA TER than 5 milligram/hour midazolam, contact MD to re-evalute sedation therapy.

Sedation: fentanyl (SUBLIMAZE) infusion

○ **fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion Dose:** 50 **Frequency:** continuous
Admin Instructions:
If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 25 micrograms/hour then reassess sedation in one hour.
If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.
If GREATER than desired sedation effect: Decrease rate by 25 micrograms/hour and reassess sedation within one hour.
If patient requires GREATE R than 200 micrograms/hour fentanyl, contact MD to re-evalute sedation therapy.

Cooling Procedure

☑ **magnesium sulfate IV Dose:** 2 g **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences

Bowel Regimen

☑ **docusate (COLACE) 50 mg/5 mL liquid Dose:** 100 mg **Route:** Nasogastric **Frequency:** 2 times daily
Admin Instructions:
HOLD FOR DIARRHEA OR MORE THAN 2 STOOLS PER DAY

Antibiotics

☐ **IV Vancomycin Loading Dose + Pharmacy Consult**

☑ **vancomycin (VANCOCIN) IV Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
Loading Dose

☑ **Pharmacy consult to manage vancomycin Frequency:** Until discontinued **Priority:** Routine
Question(s):
Indication:
Anticipated Duration of Vancomycin Therapy (Days):
Process Instructions:
All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

☐ **cefepime (MAXIPIME) IV Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
EXTENDED INFUSION Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

☐ **If Penicillin Allergy**

☐ **aztreonam (AZACTAM) IV Route:** intravenous **Frequency:** every 6 hours **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:

☐ **metronidazole (FLAGYL) Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Indication:

Other Medications

☐ **thiamine (B-1) injection Dose:** 100 mg **Route:** intravenous **Frequency:** daily **Frequency Limit:** 3 Occurrences

Paralysis - NOT HMWB

☐ **Cisatracurium Bolus**

☑ **cisatracurium (NIMbex) injection Dose:** 0.15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
MAY REPEAT BOLUS ONCE

☑ **cisatracurium (NIMbex) injection Dose:** 0.15 mg/kg **Route:** intravenous **Frequency:** PRN

☐ **cisatracurium (NIMbex) infusion Dose:** 0.5 mcg/kg/min **Route:** intravenous **Frequency:** continuous
Admin Instructions:
paralytic should NOT be given until properly sedated
START IV INFUSION AT 0.5 MICROGRAMS PER KILOGRAM PER MINUTE. TITRATE TO ABOLISH AND PREVENT SHIVERING. GOAL TRAIN OF FOUR 1-2 OUT OF 4. IF SHIVERING OR OVERBREATHING VENT ADMINISTER BOLUS CISATRACURIUM 0.15 MILLOGRAMS PER KILOGRAM AND DOUBLE INFUSION DOSE

☑ **artificial tears ophthalmic solution Dose:** 1 drop **Route:** Both Eyes **Frequency:** every 6 hours
Product Admin Instructions:
For Ophthalmic use only

☐ **artificial tears ointment Route:** Both Eyes **Frequency:** every 6 hours
Admin Instructions:
OCULAR LUBRICANT OINTMENT TO BOTH EYES WHILE RECEIVING PARALYTIC.

☑ **meperidine (DEMEROL) injection Dose:** 25 mg **Route:** intravenous **Frequency:** every 2 hour PRN **PRN Comment:** For hypothermia **PRN Reasons:** shivering
Question(s):
Formulary approved non-pain management indication(s) :
Admin Instructions:
PHARMACIST TO ADJUST DOSE TO 12.5 MILLIGRAMS IV EVERY 2 HOURS AS NEEDED FOR SHIVERING IF ESTIMATED CREATININE CLEARANCE IS LESS THAN 30 ML PER MINUTE

Paralysis - HMWB Only

☐ **Cisatracurium Bolus**

☑ **cisatracurium (NIMbex) injection Dose:** 0.15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
MAY REPEAT BOLUS ONCE

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **cisatracurium (NIMbex) injection** **Dose:** 0.15 mg/kg **Route:** intravenous **Frequency:** PRN

☐ **cisatracurium (NIMbex) infusion** **Dose:** 0.5 mcg/kg/min **Route:** intravenous **Frequency:** continuous
Admin Instructions:
paralytic should NOT be given until properly sedated
START IV INFUSION AT 0.5 MICROGRAMS PER KILOGRAM PER MINUTE. TITRATE TO ABOLISH AND PREVENT SHIVERING. GOAL TRAIN OF FOUR 1-2 OUT OF 4. IF SHIVERING OR OVERBREATHING VENT ADMINISTER BOLUS CISATRACURIUM 0.15 MILLOGRAMS PER KILOGRAM AND DOUBLE INFUSION DOSE

☑ **artificial tears** **Dose:** 1 drop **Route:** Both Eyes **Frequency:** every 6 hours
Product Admin Instructions:
For Ophthalmic use only

☐ **artificial tears ointment** **Route:** Both Eyes **Frequency:** every 6 hours
Admin Instructions:
OCULAR LUBRICANT OINTMENT TO BOTH EYES WHILE RECEIVING PARALYTIC.

☐ **meperidine (DEMEROL) injection** **Dose:** 25 mg **Route:** intravenous **Frequency:** every 2 hour PRN **PRN Comment:** For hypothermia **PRN Reasons:** shivering
Question(s):
Formulary approved non-pain management indication(s) :
Admin Instructions:
PHARMACIST TO ADJUST DOSE TO 12.5 MILLIGRAMS IV EVERY 2 HOURS AS NEEDED FOR SHIVERING IF ESTIMATED CREATININE CLEARANCE IS LESS THAN 30 ML PER MINUTE

VTE

Labs

STAT Labs

☐ **Lactic acid level - ONE TIME ORDER ONLY** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Process Instructions:
SEPSIS PATIENTS:

FOR ALL SEPSIS OR SUSPECTED SEPSIS CHANGE FREQUENCY TO: NOW THEN EVERY 3 HOURS FOR 3 OCCURRENCES

☐ **CBC with platelet and differential** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Comprehensive metabolic panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Ionized calcium** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
Deliver specimen immediately to the Core Laboratory.

☐ **Urine drugs of abuse screen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Urine

☐ **hCG qualitative, serum screen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **Lipase level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Arterial blood gas** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Magnesium level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Partial thromboplastin time** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

☐ **Prothrombin time with INR** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

- ☐ **Fibrinogen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Labs Every 4 Hours

- ☑ **Basic metabolic panel** **Frequency:** Now then every 4 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- ☑ **Magnesium level** **Frequency:** Now then every 4 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- ☑ **Arterial blood gas** **Frequency:** Now then every 4 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Labs Repeat

- ☐ **Troponin T** **Frequency:** Now then every 4 hours **Frequency Limit:** 2 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- ☑ **Troponin T** **Frequency:** Now then every 8 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Cardiology

ECG

- ☑ **ECG 12 lead** **Frequency:** Once **Priority:** STAT **Maximum Quantity:** 6 **Comments:** On arrival to unit
  Question(s):
  Clinical Indications: ○ Other:
  Other: cardiac arrest
  Interpreting Physician:
- ☐ **ECG 12 lead** **Frequency:** Every 4 hours **Frequency Limit:** 2 Occurrences **Priority:** Routine **Maximum Quantity:** 6
  Question(s):
  Clinical Indications:
  Interpreting Physician:

Imaging

Diagnostic CT

- ☑ **CT Head Wo Contrast** **Frequency:** 1 time imaging **Priority:** STAT **Comments:** Within four (4) hours after arrest.
  Question(s):
  Does this require fiducials?
  Is the patient pregnant?
  Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Other Studies

Other Studies

Respiratory

Respiratory

- ☐ **Mechanical ventilation** **Frequency:** Continuous **Priority:** Routine
  Question(s):
  Mechanical Ventilation:
  Vent Management Strategies: Adult Respiratory Ventilator Protocol

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders

Sign:_____ **Printed Name:**_____ **Date/Time:**_____