



Oregon Health & Science University
Hospitals and Clinics Provider's Orders

PO1500



ICU: CMICU: ADMISSION

Page 1 of 7

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Allergies: _____ Weight: _____ kg

Diagnosis: _____

Service: _____ Attending: _____

Admission

- Admit to Inpatient
- Admit to Daypatient
- Place on Outpatient Observation Status – Hospital

Attending Physician

- Attending Provider: _____

Code Status

- Full Code
- Do Not Resuscitate/Do Not Intubate
- Limited Resuscitation
 - Closed Cardiac Massage:
 - Cardiac Defibrillation:
 - Endotracheal Intubation:
 - Pressors and Antiarrhythmics:
 - Bag Mask Valve Ventilation (Peds Only):

Isolation

- | | |
|---|-----------------------|
| <input type="checkbox"/> Contact Isolation | Reason for Isolation: |
| <input type="checkbox"/> Modified Contact Isolation | Reason for Isolation: |
| <input type="checkbox"/> Droplet Isolation | Reason for Isolation: |
| <input type="checkbox"/> Airborne Isolation | Reason for Isolation: |
| <input type="checkbox"/> Strict Isolation | Reason for Isolation: |
| <input type="checkbox"/> Neutropenic Protective Precautions | Reason for Isolation: |

NURSING

General

- Vital Signs Routine, PER POLICY/SOC
- Neurovascular Check Routine, EVERY 1 HOUR
- Neurological Checks Routine, PER POLICY/SOC
- Notify MD Routine, CONTINUOUS

SBP	> _____	< _____	T	> _____	< _____
DBP	> _____	< _____	UO	< _____	x _____ hrs
MAP	> _____	< _____	SaO2	> _____	< _____
HR	> _____	< _____	RR	> _____	< _____

Signature: _____ Date: _____ Time: _____

Print Name: _____ Pager: _____



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ICU: CMICU: ADMISSION

Page 2 of 7

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- Weigh Patient Routine, DAILY
- Insert and Maintain IV Access Routine, CONTINUOUS
- Strict Intake and Output Routine, CONTINUOUS
- CBG q AC and HS FOUR TIMES DAILY BEFORE MEALS & BEDTIME
- CBG q 6 hours EVERY 6 HOURS
- Oxygen Routine, CONTINUOUS
 - Device preference:
 - Rate in L/min:
 - O2 to keep SPO2: 92
 - FiO2:
- Incentive Spirometry Routine, EVERY HOUR WHILE AWAKE

Lines, Drains, Airways

- Insert and Maintain Foley Catheter Routine, CONTINUOUS
- Insert and Maintain Dobhoff Tube Routine, CONTINUOUS
- Insert and Maintain Nasogastric Tube Routine, CONTINUOUS, Tube to _____
- Insert and Maintain Orogastric Tube Routine, CONTINUOUS, Tube to _____
- X-Ray Abd Feeding Tube Evaluation Routine, AS NEEDED
 - Reason for Exam/Referral Diagnosis?: _____

Activity

- Activity: HOB Position: 45 degrees

Restraints

See Restraint Policy: (<http://ozone.ohsu.edu/healthsystem/policy/display.cfm?id=664>)

- Medical/Surgical Restraint Extreme Emergency, FOR 24 HOURS
 - Reason for restraint:
 - Behavior hinders treatment plan
 - Presents danger to self
 - Behaviors observed:
 - Exiting bed without appropriate assistance, endangering medical condition
 - Pulling on lines, tubes, dressings
 - Scratching, picking at self
 - Alternative measures attempted:
 - Request assistance from family for close observation
 - Review activity/PT to enhance safe patient mobility
 - Review/change medications
 - Review/change pain management
 - Review/change plan of care to be consistent with Advanced Directive
 - Restraint order discussed with patient: Yes No
 - Restraint order discussed with family: Yes No
 - Type of soft restraint: All 4 side rails Ankles Mitts Vest Waist Wrists

Signature: _____ Date: _____ Time: _____

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Page 3 of 7

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NUTRITION

Diet

- Diet Regular DIET EFFECTIVE NOW
- Diet Prudent (Sodium and Fat Modification) DIET EFFECTIVE NOW
- Diet Diabetic (Consistent Carbohydrate) DIET EFFECTIVE NOW
- Diet Clear Liquid DIET EFFECTIVE NOW
- Diet Full Liquid DIET EFFECTIVE NOW
- Diet Renal DIET EFFECTIVE NOW
- NPO DIET EFFECTIVE NOW
- NPO Except Meds DIET EFFECTIVE NOW

Diet Other

- NPO after Midnight DIET EFFECTIVE MIDNIGHT
- Advance Diet as Tolerated CONTINUOUS
- Starting Diet: _____
- Goal Diet: _____

Tube Feeding Please refer to GEN: ENTERAL FEEDING TUBE (PO-7296)

IV FLUIDS

IV Access

- Insert and Maintain IV Access Routine, CONTINUOUS
- Maintain Central Line
- Saline Lock Routine, ONCE

IV Fluids

- IV fluids (without additives) _____ at _____ mL/hr Intravenous, CONTINUOUS
- IV fluids with potassium (KCL) _____ at _____ mL/hr
Intravenous, CONTINUOUS

LABS

Patients at High Risk for UTI

Patients who are at high risk for UTI should have a UTI Workup Panel. Risk factors include: ground level fall, acute mental status change, transfer from outside facility with catheter in place.

- UTI Workup Panel
 - UA, Dipstick Only COLLECT NOW, X1
 - Urine, Microscopic Exam COLLECT NOW, X1
 - Culture, Urine Bacti COLLECT NOW, X1

Signature: _____ Date: _____ Time: _____
 Print Name: _____ Pager: _____



Oregon Health & Science University
Hospitals and Clinics Provider's Orders

PO1500



ICU: CMICU: ADMISSION

Page 4 of 7

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Admission

- Basic Metabolic Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca) UPON ADMISSION
- Complete Metabolic Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca, AST, ALT, Bili total, Alk phos, Alb, Prot total) UPON ADMISSION
- Phosphorus, Plasma ONCE
- Magnesium, Plasma ONCE
- CBC Only UPON ADMISSION
- CBC With Differential UPON ADMISSION
- UA, Dipstick Only UPON ADMISSION, Urine
- Urine, Microscopic Exam UPON ADMISSION, Urine
- Culture, Urine COLLECT NOW X1, Urine
- Urine Culture Screen COLLECT NOW X1
- Culture, Sputum COLLECT NOW X1, Sputum
- Culture, Blood Bacti & Fungal ONCE, Blood
- Culture, Blood Bacti & Fungal ONCE, Blood
- D-Dimer, (PE or DIC) ONCE
- Prothrombin Time/INR ONCE
- Blood Gases, Arterial COLLECT NOW X1
FIO2?:
Patient Temperature in Celsius?:
- Blood Gases, Venous ONCE
FIO2?:
Patient Temperature in Celsius?:
- Type and Screen ONCE

Serial labs Choose frequency and number of occurrences

- Basic Metabolic Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca) ONCE or _____
- CBC ONCE or _____
- Hemoglobin ONCE or _____
- Troponin I, Plasma EVERY 8 HOURS For 3 Occurrences or _____

Tomorrow AM Labs

- Basic Metabolic Set (NA, K, CL, HCO3, BUN, CR, GLU, CA) ONCE, starting tomorrow
- Complete Metabolic Set (NA,K,CL,CO2,BUN,CREAT,GLUC,CA,AST,ALT,BILI TOTAL,ALK PHOS,ALB,PROT TOTAL) ONCE, starting tomorrow
- CBC ONCE, starting tomorrow

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Hospitals and Clinics Provider's Orders

PO1500



ICU: CMICU: ADMISSION

Page 5 of 7

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Labs For Fever

- Culture, Sputum Sputum, AS NEEDED For T> 38
- Culture, Blood Bacti & Fungal AS NEEDED For T> 38, Blood
- Culture, Blood Bacti & Fungal AS NEEDED For T> 38, Blood
- Urine Microscopic Exam AS NEEDED for T >38, Urine
- Culture, Urine AS NEEDED for T > 38 , Urine,
- Culture, Urine Screen AS NEEDED For T> 38

DIAGNOSTIC STUDIES

Admission

- X-Ray Portable Chest 1 View Routine, ONCE
Reason for Exam/Referral Diagnosis?:
- 12 Lead ECG Routine, ONCE
Patient symptoms:
- 12 Lead ECG PRN Chest Pain Routine, AS NEEDED
Patient symptoms:

MEDICATIONS

Sedation/Analgesia/Delirium

If vented, please use ICU: SEDATION ANALGESIA DELIRIUM (PO-1654) unless patient is on a PCA.
See GEN: ANALGESICS AND ANTIEMETICS: ADULT (PO-7217) or GEN: PCA: ADULT (PO-1520) (see below)

Bowel Care

DO **NOT** use Adult Bowel Protocol for patients with intestinal obstruction, acute intestinal inflammation (e.g. Crohn's disease), colitis ulcerosa, appendicitis, acute abdominal pain, nausea or vomiting, pregnancy.

Link to Adult Bowel Protocol information: http://ozone.ohsu.edu/healthsystem/HIS/Bowel_Protocol.pdf

- Monitor per Adult Bowel Protocol Routine, CONTINUOUS
- senna 8.6 mg – docusate 50 mg (aka SENOKOT-S) PO 1 Tab, Oral, TWICE DAILY
Hold for loose stool, Bristol type 6 or 7. Ensure adequate fluid intake
- senna 8.6 mg – docusate 50 mg (aka SENOKOT-S) PFT 1 Dose, Feeding Tube, TWICE DAILY
Hold for loose stool, Bristol type 6 or 7. Ensure adequate fluid intake
- polyethylene glycol (aka MIRALAX) PO 17g, Oral, DAILY AS NEEDED if no BM in past 3 days.
Dissolve packet contents in 8 ounces of water, Ensure adequate fluid intake.
- polyethylene glycol (aka MIRALAX) PFT 17g, Feeding Tube, DAILY AS NEEDED if no BM in past 3 days.
Dissolve packet contents in 8 ounces of water, Ensure adequate fluid intake.

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Oregon Health & Science University
Hospitals and Clinics Provider's Orders

PO1500



ICU: CMICU: ADMISSION

Page 6 of 7

ACCOUNT NO.
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- bisacodyl (aka DULCOLAX) PR 10 mg, Rectal, TWICE DAILY AS NEEDED if no BM in past 3 days. Rectal medications are contraindicated in neutropenic patients
- tap water enema Routine, ONCE
- simethicone (aka MYLICON) PO 80 mg, Oral, THREE TIMES DAILY AS NEEDED for bloating CHEW tablets well before swallowing
- simethicone (aka MYLICON) PFT 80 mg, Feeding Tube, THREE TIMES DAILY AS NEEDED for bloating SHAKE WELL
- guar gum (aka BENEFIBER) PO 1 Packet, Oral, DAILY AS NEEDED for constipation, per bowel protocol Stir into 4-8 ounces of liquid or soft food. Stir well until dissolved.
- guar gum (aka BENEFIBER) PFT 1 Packet, Feeding Tube, DAILY AS NEEDED for constipation, per bowel protocol. Stir into 4-8 ounces of liquid or soft food. Stir well until dissolved.

GI Prophylaxis VAP prevention requires a selection unless contraindicated

- ranitidine (aka ZANTAC) tablet 150 mg, Oral, TWICE DAILY
- ranitidine (aka ZANTAC) PFT suspension 150 mg, Feeding tube, TWICE DAILY
- ranitidine (aka ZANTAC) IV 50 mg, Intravenous, EVERY 8 HOURS
- omeprazole (aka PRILOSEC) PO capsule 40 mg, Oral, DAILY DO NOT open, crush or chew. Give on empty stomach.
- omeprazole (aka PRILOSEC) PO suspension 40 mg, Feeding Tube, DAILY
- GI Prophylaxis Contraindicated Routine, CONTINUOUS
Why?:
Drug: GI Prophylaxis- H2 blocker or PPI
Contraindication: _____

Hyperglycemia

See GEN: SUBCUTANEOUS INSULIN: ADULT (PO-1760)
See ICU: INSULIN INFUSION- ADULT (PO-1751)

Insomnia



- zolpidem (aka AMBIEN) tablet 5 mg, Oral, AT BEDTIME AS NEEDED for insomnia
May repeat dose in one hour (not to exceed 10 mg)

Ophthalmic Medications

- hypromellose (aka ARTIFICIAL TEARS) ophthalmic drops 1 Drop, Both Eyes, AS NEEDED for dry eyes, eye irritation
- white petrolatum-mineral oil (aka LACRILUBE) ophthalmic ointment Both Eyes, EVERY 1 HOUR AS NEEDED for dry eyes, eye irritation

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 <p>Oregon Health & Science University Hospitals and Clinics Provider's Orders</p> <p>PO1500</p>  <p>ICU: CMICU: ADMISSION</p> <p>Page 7 of 7</p>	<p>ACCOUNT NO. MED. REC. NO. NAME BIRTHDATE</p>
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Skin Care

- menthol-zinc oxide (aka CALAZIME) topical paste Topical, FOUR TIMES DAILY AS NEEDED for skin irritation, redness, breakdown
Notify MD with all new skin issues

Tobacco Withdrawal

See GEN: TOBACCO DEPENDENCE (PO-7290) if patient is a current tobacco user or has used tobacco in the last 12 months.

GEN: ANALGESICS AND ANTIEMETICS: ADULT (PO-7217)

See <http://ozone.ohsu.edu/healthsystem/HIS/po7217.pdf>

GEN: PCA: ADULT (PO-1520)

See <http://ozone.ohsu.edu/healthsystem/HIS/po1520.pdf>

VENOUS THROMBOEMBOLISM RISK ASSESSMENT AND PROPHYLAXIS

See <http://ozone.ohsu.edu/healthsystem/HIS/po7272.pdf>

OTHER

Consults

- | | |
|---|------------------------------|
| <input type="checkbox"/> IP PT - Eval and Treat Adult | Start Date: _____ |
| <input type="checkbox"/> IP OT - Eval and Treat Adult | Start Date: _____ |
| <input type="checkbox"/> Start RT Protocols, RT to Eval and Treat | Reason for Eval/Treat: _____ |
| <input type="checkbox"/> IP Consult to Nutrition | Reason for Consult: _____ |
| <input type="checkbox"/> IP Consult to Social Worker | Reason for Consult: _____ |
| <input type="checkbox"/> IP Speech - Eval and Treat | Start Date: _____ |
| <input type="checkbox"/> IP Consult to Wound Ostomy | Reason for Consult: _____ |
| | Wound Location: _____ |
| <input type="checkbox"/> IP Consult to Clinical Pharmacist | Reason for Consult: _____ |
| <input type="checkbox"/> IP Consult to Palliative Care | Reason for Consult: _____ |

Outside Records

- Obtain Medical Records Routine, CONTINUOUS
Facility(s) to request records from: _____
Special conditions/requests: _____
OHSU Provider Contact Information for Questions (if different than ordering provider):

Signature: _____	Date: _____	Time: _____
Print Name: _____	Pager: _____	
ONLINE 6/20/2011	Downtime version of Epic 304001771	PO-1771