



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

PO1500



NSG: NSICU: ADMISSION

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ACCOUNT NO.
MED. REC. NO.
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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: _____

Procedure Performed

- Describe Procedure: _____

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, EVERY 1 HOUR, SPECIFIED
- Neurological Check Routine, EVERY 1 HOUR, SPECIFIED
- Notify MD Upon Patient's Arrival Routine, CONTINUOUS,
Notify Neurocritical Care MD on Call and Neurosurgery Resident on Call

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- Weigh Patient on Admission Routine, UPON ADMISSION
- Weigh Patient Daily Routine, DAILY
- Intake and Output Routine, CONTINUOUS, With cumulative fluid in/out for stay
- Notify MD Routine, CONTINUOUS
 - SBP > 160 < 90
 - Temp > 38.5 degrees C
 - HR > 105 < 55
 - SpO2 < 93%
 - RR > 24 < 8
 - CPP < 65
 - ICP > 20
 - Urine SG < 1.003
 - UO < 0.5 mL/kg/hr for more than 2 hrs
 - Altered Mental Status / Altered pupils
- Swallow Screen Routine, ONCE By RN prior to any PO.
- CBG (POC) EVERY SIX HOURS, SPECIFIED for 48 hours

Lines, Drains, Airways



- Insert and Maintain Foley Catheter Routine, CONTINUOUS, To gravity
- Suction Routine, CONTINUOUS, NG/OG to Low Continuous Suction
- Insert and Maintain Dobhoff Tube Routine, CONTINUOUS
- Record Drain Outputs Routine, EVERY SHIFT
- JP / HV(s) to Suction Bulb Routine, CONTINUOUS
- JP / HV(s) to Closed Bulb / No Suction Routine, CONTINUOUS
- Maintain Ventriculostomy Routine, CONTINUOUS
 - EVD Placement:
 - cm above or below brow:
 - At ____ cm above tragus.
- Notify MD - EVD Routine, CONTINUOUS, Call MD for EVD output > 25 mL/hr x 2 hrs, or not output x 2 hrs
- Maintain Lumbar Drain Routine, CONTINUOUS, At _____. Call MD for output > 20 mL/hr, or no output x 2 hr

Incision Care (for elective craniotomy/craniectomy patients)

- Wound care:
 1. The wound should be left covered for 48 hours unless there is evidence of bleeding or blood clot at the wound edges. If there is, clean the wound with half strength hydrogen peroxide and saline and redress the incision with a new dressing.
 2. Keep the scalp wound clean and dry (no wet towels on forehead for fever).
 3. After 48 hours, leave open to air and clean any dried blood scab on the wound edges with half strength hydrogen peroxide and saline.
 4. Shower and towel dry after 72 hours if no oozing.

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Activity
 Activity: _____ Routine, CONTINUOUS

Precautions/Restrictions

- Bone Flap Out Routine, CONTINUOUS, On _____ side.
- Cervical Collar Use Routine, CONTINUOUS
Type of collar:
Keep brace on at all times? Yes No
- TLSO Brace Routine, CONTINUOUS, At all times

NUTRITION
Diet

- Diet Regular DIET EFFECTIVE NOW
- Diet Prudent (Sodium & 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 medications DIET EFFECTIVE NOW

Diet Other

- NPO after Midnight for Surgery DIET EFFECTIVE MIDNIGHT
- Advance Diet as Tolerated to Regular CONTINUOUS
Starting diet: _____
Goal diet: Regular
- Advance Diet as Tolerated to 1800 kcal ADA CONTINUOUS
Starting diet: _____
Goal diet: 1800 kcal ADA
- Titrate Total Fluids (IV + PO) to _____ mL/day (3000 is typical)

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

IV FLUIDS
IV Access

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

IV Fluids

- NaCl 0.9% (aka NS) with KCl 20 mEq/L IV infusion at _____ mL/hr Intravenous, CONTINUOUS

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- sodium acetate-chloride (50:50) 3% with KCL 20 mEq IV infusion at _____mL/hr Intravenous, CONTINUOUS
- intravenous fluids (without additives) _____ at _____mL/hr
Intravenous, CONTINUOUS
- intravenous 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

Admission

- Renal Function Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca, Phos, Alb) UPON 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
- Magnesium, Plasma UPON ADMISSION
- CBC Only UPON ADMISSION
- aPTT (Act. Part. Thrombo. Time) UPON ADMISSION
- INR UPON ADMISSION
- Fibrinogen UPON ADMISSION
- Type and Screen ONCE
- Urine Screen for Culture UPON ADMISSION

Daily

- Renal Function Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca, Phos, Alb) DAILY
- Basic Metabolic Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca) DAILY
- Complete Metabolic Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca, AST, ALT, Bili total, Alk phos, Alb, Prot total) DAILY
- Magnesium, Plasma DAILY
- CBC Only DAILY

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- aPTT (Act. Part. Thrombo. Time) DAILY
- INR DAILY
- Fibrinogen DAILY

Other

- Specific Gravity, Random Urine (Refractometer), POC IP Only EVERY 8 HOURS
- Basic Metabolic Set (Na, K, Cl, HCO3, BUN, Cr, Glu, Ca) EVERY 6 HOURS

DIAGNOSTIC STUDIES

CT - Admission

- CT Head w/o Contrast Urgent, ONCE
Reason for Exam/Referral Diagnosis?:
- CT CTA Head w/ Contrast Routine, ONCE
Reason for Exam/Referral Diagnosis?: SAH

MRI / MRA / MRV - Admission

For MRI / MRA / MRV, answer following questions:

Reason for Exam/Referral Diagnosis? _____

Does patient wear a pacemaker? _____

Does the patient have an aneurysm clip? _____

Does Patient Have An Implanted Vagus Nerve Stimulation (VNS) device? _____

Does the patient have metal in their eyes? _____

Does patient weigh more than 299 lbs? _____

Is the Patient on Dialysis? _____

Is Pediatric Sedation Required? _____

- MRI Brain w/wo Contrast Routine, ONCE
- MRI Brain w/ Contrast Routine, ONCE
- MRI Brain w/o Contrast Routine, ONCE
- MRV Head w/o Contrast Routine, ONCE
- MRI Spine Cervical w/ Contrast Routine, ONCE
- MRI Spine Cervical w/o Contrast Routine, ONCE
- MRI Spine Thoracic w/ Contrast Routine, ONCE
- MRI Spine Thoracic w/o Contrast Routine, ONCE
- MRI Spine Lumbar w/ Contrast Routine, ONCE
- MRI Spine Lumbar w/o Contrast Routine, ONCE

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- X-ray Portable Chest 1 View Routine, ONCE
Reason for Exam/Referral Diagnosis?:
- X-ray Portable Chest 1 View - q AM While Intubated Routine, DAILY
Reason for Exam/Referral Diagnosis?:

MEDICATIONS

Analgesia

- Prescribe single IV agent and/or single oral agent.
- May also use GEN: ANALGESICS AND ANTIEMETICS: ADULT (PO-7217) Order Set.
- morphine IV 1-4 mg, Intravenous, EVERY 2 HOURS AS NEEDED for moderate to severe pain.
Do not administer for RASS score less than or equal to 0.
- HYDROmorphone (aka DILAUDID) IV 0.5-2 mg, Injection, EVERY 2 HOURS AS NEEDED for moderate to severe pain. Do not administer for RASS score less than or equal to 0.
Administer slowly over 2-3 minutes
- fentaNYL IV infusion 50-100 mcg, Intravenous, EVERY 1 HOUR AS NEEDED for moderate to severe pain.
Do not administer for RASS score less than or equal to 0.
- oxyCODONE (aka ROXICODONE) tablet 5-15 mg, Oral, EVERY 3 HOURS AS NEEDED for severe pain.
Do not administer for RASS score less than or equal to 0.
- oxyCODONE (aka ROXICODONE) liquid 5-15 mg, Feeding Tube, EVERY 3 HOURS AS NEEDED for severe pain. Do not administer for RASS score less than or equal to 0.
- HYDROcodone-acetaminophen (aka VICODIN) 5-500 mg tablet 1-2 Tab, Oral, EVERY 4 HOURS AS NEEDED for mild to moderate pain. Do not administer for RASS score less than or equal to 0.
Do not exceed 4000 mg APAP per 24 hours (from all sources)
- HYDROcodone -acetaminophen (aka LORTAB) 7.5-500 liquid 15-30 mL, Feeding Tube, EVERY 4 HOURS AS NEEDED for mild to moderate pain. Do not administer for RASS score less than or equal to 0.
Do not exceed 4000 mg APAP per 24 hours (from all sources)
- acetaminophen (aka TYLENOL) tablet 325-650 mg, Oral, EVERY 6 HOURS AS NEEDED for mild pain/fever.
Do not exceed 4000 mg APAP per 24 hours (from all sources)
- acetaminophen (aka TYLENOL) tablet 325-650 mg, Feeding Tube, EVERY 6 HOURS AS NEEDED for mild pain/fever. Do not exceed 4000 mg APAP per 24 hours (from all sources)
- acetaminophen (aka TYLENOL) PR suppository 325-650 mg, Rectal, EVERY 6 HOURS AS NEEDED for mild pain/fever

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

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- 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.
- 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.

Corticosteroid



- dexamethasone (aka DECADRON) PO tablet 4 mg, Oral, EVERY 6 HOURS
- dexamethasone (aka DECADRON) PFT liquid 4 mg, Feeding Tube, EVERY 6 HOURS
- dexamethasone (aka DECADRON) IV 4 mg, Intravenous, EVERY 6 HOURS
- fludrocortisone (aka FLORINEF) PO tablet 0.1 mg, Oral, TWICE DAILY
- fludrocortisone (aka FLORINEF) PFT tablet 0.1 mg, Feeding Tube, TWICE DAILY

GI Prophylaxis

- ranitidine (aka ZANTAC) PO tablet 150 mg, Oral, TWICE DAILY
- ranitidine (aka ZANTAC) PFT liquid 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) PFT suspension 40 mg, Feeding Tube, DAILY

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Hemodynamic support

- labetalol (aka NORMODYNE) IV 10-40 mg, Intravenous, EVERY 10 MINUTES AS NEEDED to achieve blood pressure goal
 Blood pressure goal = SBP less than _____ mmHg / DBP less than _____ mmHg
 Administer by IV bolus over 2 minutes per regimen:
 10 mg IVP if SBP/DBP above goal
 20 mg IVP if SBP/DBP above goal for 2 minutes after administration of 10 mg dose
 40 mg IVP if SBP/DBP above goal for 5 minutes after administration of 20 mg dose
- hydralazine (aka APRESOLINE) IV infusion 10 mg, Intravenous, EVERY 20 MINUTES AS NEEDED to achieve blood pressure goal
 Blood pressure goal = SBP less than _____ mmHg / DBP less than _____ mmHg
 Administer over at least 1 minute
- nicardipine IV infusion 5-15 mg/hr, Intravenous, CONTINUOUS
 Blood pressure goal = SBP less than _____ mmHg / DBP less than _____ mmHg
 (Protect from light)

Hyperglycemia

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

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)

Sedation

- Use ICU: SEDATION ANALGESIA DELIRIUM (PO-1654) for sedation/intubation greater than 24 hrs
- See ICU: NEUROMUSCULAR BLOCKADE: ADULT (PO-1702)
- See NSG: NSICU: PENTOBARBITAL COMA (PO-7271)

- propofol (aka DIPRIVAN) IV infusion 5-50 mcg/kg/min, Intravenous, CONTINUOUS
 Initiate infusion at _____ mcg/kg/min and titrate to RASS goal 0 to -1.
- fentaNYL (aka SUBLIMAZE) IV infusion 1-100 mcg/hr, Injection, CONTINUOUS
 Initiate infusion at _____ mcg/hr and titrate to RASS goal 0 to -1. ****HIGH-RISK MEDICATION****
- midazolam (aka VERSED) IV infusion 1-5 mg/hr, Intravenous, CONTINUOUS
 Initiate infusion at _____ mg/hr and titrate to RASS goal 0 to -1.

Tobacco Withdrawal

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

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Vasospasm Prophylaxis

- nimodipine (aka NIMOTOP) PO capsule 60 mg, Oral, EVERY 4 HOURS For 21 Days
- nimodipine (aka NIMOTOP) PFT capsule 60 mg, Feeding tube, EVERY 4 HOURS For 21 Days
- pravastatin (aka PRAVACHOL) PO tablet 40 mg, Oral, AT BEDTIME For 21 Days
- pravastatin (aka PRAVACHOL) PFT tablet 40 mg, Feeding tube, AT BEDTIME For 21 Days

SUPPLEMENTAL POTASSIUM

Medications

- potassium chloride oral liquid 10-40 mEq, Oral, AS NEEDED for hypokalemia per protocol.
ICU Supplemental Potassium Protocol: This order should be discontinued if the patient is NOT in an ICU.
Do NOT give greater than 40 mEq at a time.

If potassium level is less than 2.5 mEq/L, call MD.
 If potassium level 2.5-3.0 mEq/L, give _____ mEq.
 If potassium level 3.1-3.5 mEq/L, give _____ mEq.
 If potassium level 3.6-4.0 mEq/L, give _____ mEq.
 If potassium level 4.1-4.5 mEq/L, give _____ mEq.
 If potassium level greater than 5.0 mEq/L, call MD.

- potassium chloride IV 10 mEq/100 mL (peripheral) 10 mEq, Intravenous, AS NEEDED for hypokalemia.
ICU Supplemental Potassium Protocol: This order should be discontinued if the patient is NOT in an ICU.
Rate: 20 mEq/hr

If potassium level is less than 2.5 mEq/L, call MD.
 If potassium level 2.5-3.0 mEq/L, give _____ mEq.
 If potassium level 3.1-3.5 mEq/L, give _____ mEq.
 If potassium level 3.6-4.0 mEq/L, give _____ mEq.
 If potassium level 4.1-4.5 mEq/L, give _____ mEq.
 If potassium level greater than 5.0 mEq/L, call MD.

- potassium chloride IV 20 mEq/100 mL (central) 20 mEq, Intravenous, AS NEEDED for hypokalemia.
ICU Supplemental Potassium Protocol: This order should be discontinued if the patient is NOT in an ICU.
Rate: 20 mEq/hr up to 40 mEq/hr (central only)



If potassium level is less than 2.5 mEq/L, call MD.
 If potassium level 2.5-3.0 mEq/L, give _____ mEq.
 If potassium level 3.1-3.5 mEq/L, give _____ mEq.
 If potassium level 3.6-4.0 mEq/L, give _____ mEq.
 If potassium level 4.1-4.5 mEq/L, give _____ mEq.
 If potassium level greater than 5.0 mEq/L, call MD.

Labs

- Potassium Routine, AS NEEDED Recommended: 8 hrs after potassium administration

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NEUROSURGERY ANTIEMETIC PROTOCOL

ondansetron (aka ZOFTRAN) for nausea/vomiting. 1st-line antiemetic agent

- ondansetron (aka ZOFTRAN) IV [if no peri-op dose of ondansetron given]
4 mg, Intravenous, ONCE
- ondansetron (aka ZOFTRAN) IV [for post-op or new intracranial hemorrhage patients]
4 mg, Intravenous, EVERY 8 HOURS For 3 Doses.
1st-line antiemetic agent for post-operative or new intracranial hemorrhage patients
Administer over at least 30 seconds, preferably over 2-5 minutes
- ondansetron (aka ZOFTRAN) tablet [for post-op or new intracranial hemorrhage patients]
4 mg, Oral, EVERY 8 HOURS For 3 Doses.
1st-line antiemetic agent for post-operative or new intracranial hemorrhage patients
- ondansetron (aka ZOFTRAN) IV [scheduled for 48 hours] **STARTING TOMORROW**
4 mg, Intravenous, EVERY 8 HOURS AS NEEDED for 48 Hours.
Administer over at least 30 seconds, preferably over 2-5 minutes
- ondansetron (aka ZOFTRAN) tablet [scheduled for 48 hours] **STARTING TOMORROW**
4 mg, Oral, EVERY 8 HOURS AS NEEDED for nausea/vomiting for 48 Doses
- ondansetron (aka ZOFTRAN) IV [PRN] **STARTING IN 48 HOURS**
4 mg, Intravenous, EVERY 12 HOURS AS NEEDED for nausea/vomiting.
Administer over at least 30 seconds, preferably over 2-5 minutes
- ondansetron (aka ZOFTRAN) tablet [PRN] **STARTING IN 48 HOURS**
4 mg, Oral, EVERY 12 HOURS AS NEEDED for nausea/vomiting.

metoclopramide (aka REGLAN)

2nd-line antiemetic agent for nausea/vomiting unresponsive to ondansetron (aka ZOFTRAN)

- metoclopramide (aka REGLAN) IV
5-10 mg, Intravenous, EVERY 4 HOURS AS NEEDED for nausea/vomiting.
Hold for sedation; administer slowly over 1-2 minutes.

promethazine (aka PHENERGAN)

3rd-line antiemetic agent for nausea/vomiting unresponsive to ondansetron (aka ZOFTRAN) and metoclopramide (aka REGLAN)

- promethazine (aka PHENERGAN) PR suppository
6.25-12.5 mg, Rectal, EVERY 4 HOURS AS NEEDED for nausea/vomiting; Hold for sedation

VENOUS THROMBOEMBOLISM RISK ASSESSMENT AND PROPHYLAXIS

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

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OTHER

Consults

- IP PT - Eval and Treat Adult
- IP OT - Eval and Treat Adult
- Start RT Protocols, RT to Eval and Treat
- IP Consult to Nutrition
- IP Speech - Eval and Treat - for Swallow
- IP Speech - Eval and Treat - for Cognition

Start Date: _____

Start Date: _____

Reason for Eval/Treat: _____

Reason for Consult: _____

Start Date: _____

Start Date: _____

Signature: _____ **Date:** _____ **Time:** _____

Print Name: _____ **Pager:** _____