

Admit: ICU Attending: <input type="checkbox"/> Seneff <input type="checkbox"/> Junker <input type="checkbox"/> Chawla <input type="checkbox"/> BAbell <input type="checkbox"/> Akst <input type="checkbox"/> Honig <input type="checkbox"/> Jha <input type="checkbox"/> LAbell <input type="checkbox"/> Davison			
Diagnosis: _____			
Need for Critical care: <input type="checkbox"/> Respiratory insufficiency <input type="checkbox"/> Hemodynamic instability <input type="checkbox"/> Major post-op greater than 2 days <input type="checkbox"/> Potential for rapid decompensation <input type="checkbox"/> Electrolyte instability <input type="checkbox"/> ICP monitoring <input type="checkbox"/> Suctioning greater than 2H			
Medication reconciliation: <input type="checkbox"/> Done			
Condition: Critical Vital Signs: Per ICU protocol			
Activity: <input type="checkbox"/> Bedrest with HOB elevated 30° if intubated <input type="checkbox"/> Other			
Isolation: <input type="checkbox"/> None <input type="checkbox"/> Contact <input type="checkbox"/> Airborne <input type="checkbox"/> Neutropenic			
ALLERGIES:			<input type="checkbox"/> NKDA <input type="checkbox"/> Unknown
Nursing: <input type="checkbox"/> NGT to LCS <input type="checkbox"/> Foley catheter to gravity <input type="checkbox"/> Chest tube to 20 cmH ₂ O suction <input type="checkbox"/> Neurocheck q1hour <input type="checkbox"/> Skin care protocol <input type="checkbox"/> Intra abdominal pressure q 6 hours			
Diet: <input type="checkbox"/> NPO (If CVA – swallow evaluation before advancing diet) <input type="checkbox"/> Clear liquids <input type="checkbox"/> Other:			
IVF: <input type="checkbox"/> NS <input type="checkbox"/> LR <input type="checkbox"/> 1/2NS <input type="checkbox"/> D ₅ W <input type="checkbox"/> Add per Liter IVF: <input type="checkbox"/> 20mEq KCL <input type="checkbox"/> ____ Amps bicarb Bolus: _____ cc X _____ now, then Rate: _____ cc/hr			
O2: <input type="checkbox"/> Nasal cannula @ _____ liter/min <input type="checkbox"/> FM @ _____ %O ₂ <input type="checkbox"/> 100% NRBM <input type="checkbox"/> High Flow N/C			
Ventilator settings:			
<input type="checkbox"/> SIMV <input type="checkbox"/> A/C TV: _____ ml RR: _____ bpm PS: _____ cmH ₂ O FiO ₂ : _____ % PEEP: _____ cmH ₂ O			
BiPAP at: Inspiratory: _____ Expiratory: _____ FiO ₂ : _____ %			
Nebulizers: <input type="checkbox"/> Albuterol 2.5mg + Ipratropium 0.5mg Neb <input type="checkbox"/> Albuterol 2.5mg Neb <input type="checkbox"/> Racemic epinephrine 11.25mg per nebulizer protocol <input type="checkbox"/> q _____ hrs <input type="checkbox"/> PRN q _____ hrs <input type="checkbox"/> Continuous			
Tests on arrival: <input type="checkbox"/> Metabolic panel <input type="checkbox"/> Chem 7 <input type="checkbox"/> Mg++ <input type="checkbox"/> CBC <input type="checkbox"/> PT/PTT <input type="checkbox"/> ABG <input type="checkbox"/> CVO ₂ Sat <input type="checkbox"/> Cardiac enzymes q8h X 3 <input type="checkbox"/> Lactate <input type="checkbox"/> Random cortisol level <input type="checkbox"/> Type and Screen <input type="checkbox"/> Type and Cross _____ units <input type="checkbox"/> EKG <input type="checkbox"/> PCXR R/O: _____ Other: _____			
Tests in AM: <input type="checkbox"/> Metabolic panel <input type="checkbox"/> Chem 7 <input type="checkbox"/> Mg++ <input type="checkbox"/> CBC <input type="checkbox"/> PT/PTT <input type="checkbox"/> ABG <input type="checkbox"/> Lactate <input type="checkbox"/> CVO ₂ Sat <input type="checkbox"/> Random cortisol level <input type="checkbox"/> Type and Screen <input type="checkbox"/> Type and Cross _____ units <input type="checkbox"/> EKG <input type="checkbox"/> PCXR, R/O: _____ Other: _____			
Protocols: <input type="checkbox"/> Electrolyte <input type="checkbox"/> Intravenous insulin <input type="checkbox"/> Sliding scale insulin <input type="checkbox"/> Intravenous heparin <input type="checkbox"/> Sedation			
DVT prophylaxis: <input type="checkbox"/> Enoxaparin (Lovenox) 40 mg sc Daily <input type="checkbox"/> Enoxaparin (Lovenox) 30 mg sc daily for creatinine greater than 2.0 <input type="checkbox"/> Heparin 5000 units SC TID <input type="checkbox"/> Other: OR: <input type="checkbox"/> SCD			
Other Orders / Medications:		INDICATIONS:	
Physician Signature:		Pager#	Date:
			Time:
Nurse Signature:		Date:	Time:

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL



**CRITICAL CARE
ADMISSION ORDERS**

Patient Label