

PHYSICIAN'S ORDERS

DATE	TIME	CHECK (✓) OR COMPLETE THOSE ORDERS TO BE CARRIED OUT ON THIS PATIENT
		ENT ADMISSION ORDERS TO TOWER 7 MSICU
		Attending: _____ Fellow: _____ Resident: _____
		Diagnosis:
		Surgery:
		Isolation:
		Allergies: (Food & Med.)
		Respiratory Settings:
		<input type="checkbox"/> FiO2 _____ SIMV _____ TV _____ PS _____ PEEP _____.
		<input type="checkbox"/> O2 Therapy _____ L, _____ %, <input type="checkbox"/> NP <input type="checkbox"/> Mask <input type="checkbox"/> Cupula <input type="checkbox"/> Heated mist <input type="checkbox"/> Cool mist
		Wean from ventilator to keep SaO2 >92%, pH >7.32 & RR <30
		Line Care: <input type="checkbox"/> A-line <input type="checkbox"/> Swan-Ganz
		IV Fluid:
		Activity:
		<input type="checkbox"/> Head of bed at 30 degrees.
		<input type="checkbox"/> Bed rest X 24h. Then OOB q shift & prn when hemodynamically stable.
		<input type="checkbox"/> NPO: NG to int. wall suction X 24h then clamp. DO NOT REPOSITION Secure w/tape.
		<input type="checkbox"/> TED/SCD. (May D/C when ambulating.)
		Medications:
		<input type="checkbox"/> ASA 325mg NG/PO daily
		<input type="checkbox"/> Docusate 100 mg NG/PO q 12h.
		<input type="checkbox"/> Famotidine 20 mg IV/NG/PO q 12h.
		<input type="checkbox"/> MVI 1 amp IV/NG/PO daily X 7 day.
		<input type="checkbox"/> Folate 1 mg IV/NG/PO daily X 7 day.
		<input type="checkbox"/> Thiamine 100 mg IV/NG/PO daily X 7 day.
		<input type="checkbox"/> Lacrilube OU q hs.
		<input type="checkbox"/> Artificial tears q 2h while awake.

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		MEDICATIONS:
		<input type="checkbox"/> Metoclopramide 10 mg IV q 6h
		<input type="checkbox"/> See antibiotics sheet.
		PRN MEDICATIONS:
		<input type="checkbox"/> PCA per Anesthesia Pain Service.
		<input type="checkbox"/> Lorazepam 1-2 mg IV q 2h prn agitation.
		<input type="checkbox"/> Morphine Sulfate 2-6 mg IV q 1h prn severe pain.
		<input type="checkbox"/> Acetaminophen with Codeine elixir 15-30 ml q 4h prn moderate pain.
		<input type="checkbox"/> Acetaminophen 650 mg NG/PR q 6h prn T >38.5° C or mild pain
		<input type="checkbox"/> Diphenhydramine 25-50 mg IV/NG q 6h prn itching.
		<input type="checkbox"/> Phenergan 12.5 mg-25 mg IV q 6h prn nausea/vomiting.
		<input type="checkbox"/> MOM 15-60 ml NG/PO daily prn No BM (use first)
		<input type="checkbox"/> Dulcolax supp. PR prn No BM (if no result with MOM)
		<input type="checkbox"/> Fleets Enema daily prn No BM (if no result with above)
		<input type="checkbox"/> K series: Call H.O. for K < 3.0 or > 5.5. (Redraw post coverage)
		K < 3.9 give 10 mEq KCl IV X 3.
		K < 3.5 give 10 mEq KCl IV X 4.
		<input type="checkbox"/> Magnesium series: (Redraw post coverage)
		Mg < 1.8 give 1 Gm Magnesium Sulfate IV times one dose.
		Mg < 1.5 give 2 Gm Magnesium Sulfate IV times one dose.
		<input type="checkbox"/> Calcium series: (Redraw post coverage)
		Calcium Gluconate 1amp IV for ion Ca < _____ times one dose.
		<input type="checkbox"/> Nifedipine 10 mg SL/NG q 4 hours prn SBP>185
		LABS AND X-RAY:
		<input type="checkbox"/> Chest X-Ray in AM X 1 and in RR.
		<input type="checkbox"/> CBC, BMP, Ca, Mg & Phos. q AM X 3 days and in RR.
		<input type="checkbox"/> CMP q Monday and Thursday
		<input type="checkbox"/> ABG prn

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		ROUTINE CARE:
		<input type="checkbox"/> Strict intake and output.
		<input type="checkbox"/> Foley to gravity drain.
		Weight daily.
		<input type="checkbox"/> Vital signs per ICU routine.
		<input type="checkbox"/> Call HO SBP>180<80;DBP<90;T>38.5°C; HR<50 >110; RR>25; UO<30ml hr; SaO ₂ <92%
		WOUND CARE:
		<input type="checkbox"/> Wound care with H ₂ O ₂ followed by NS wash to remove crusts. q 6h & prn
		<input type="checkbox"/> Apply Bacitracin ointment q 12h X 2 days then D/C.
		<input type="checkbox"/> JP drains to bulb suction. (If bulb not holding suction switch to low wall suction)
		<input type="checkbox"/> Record drains separately.
		<input type="checkbox"/> Strip drains q 1-2h for patency. (tape tubing securely to skin)
		<input type="checkbox"/> STSG thigh donor site. Change Aquacell daily and prn breakthrough drainage.
		Use Hydrogel when No drainage change daily and prn
		FLAP CARE: Type: _____
		<input type="checkbox"/> Check capillary refill q 1h X 24h Then q 4h. Call HO for:
		Any change in flap/reconstruction capillary refill.
		Fluid collection under flap.
		Air leak around drain insertion site.
		Unusual drainage from drain (including frothy)
		Incision becomes red, develops pustules, is edematous or dehiscent
		Refer to free flap order sheet.
		AIRWAY CARE:
		<input type="checkbox"/> Routine laryngectomy/tracheostomy care q 8h and prn. Instill 0.9 NS pillows q 1-2h.
		<input type="checkbox"/> Deflate cuff when off vent unless on aspiration precautions.
		<input type="checkbox"/> Routine laryngectomy care q 8h and prn. Instill 0.9 NS pillows q 1-2h.

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		ORAL CARE:
		<input type="checkbox"/> ½ st. H2O2 & 0.9 NS or Peridex q 4h.
		<input type="checkbox"/> Do not suction or clean directly over internal oral suture lines.
		Consults:
		<input type="checkbox"/> Anesthesia Pain Service. (MD to call.)
		<input type="checkbox"/> Critical Care Medicine. (MD to call.)
		<input type="checkbox"/> ENT Speech Pathology. Call 734-2786 (voice mail)
		<input type="checkbox"/> Nutrition.
		<input type="checkbox"/> Physical Therapy.
		<input type="checkbox"/> IV Therapy for PICC line insertion.
		1. 0800-1600 call 4-5379 2. Nights & weekends call 4-3732 (voice mail).
		Transfusion Orders:
		<input type="checkbox"/> Call HO Hgb ≤ _____ or Hct ≤ _____ for transfusion orders.
		Premedicate with:
		a) Acetaminophen 650mg NG/PR x 1.
		b) Diphenhydramine 50mg IV/NG x 1.
		Nursing and Patient Education:
		<input type="checkbox"/> MPER for total laryngectomy/partial laryngectomy.
		<input type="checkbox"/> MPER for oral-facial cancer
		<input type="checkbox"/> Advance Directive.
		Attending Physicians Name: _____ PI# _____ Beeper _____.
		Ordering Physicians Name: _____ PI# _____ Beeper _____.

