London Health Sciences Centre

Critical Care Trauma Centre

PREPRINTED ORDERS FOR ADMISSION TO CCTC

KEY: R - REQUISITIONED P - PROCESSED (KARDEX)

NON-MEDICATION ORDERS	R	P

Reason for Exam / Clinical History and Contact # required for all Radiology / Nuclear Medicine orders.

LABORATORY / INVESTIGATIONS

- ☐ 12 lead ECG on admission
- ☐ Daily: q am
  Urea / creatinine / albumin / calcium / glucose / magnesium / phosphate / CBC and platelet count / INR / PTT / arterial or capillary blood gases / arterial lactate
- ☐ POC glucose < 3 or > 20, repeat by lab
- ☐ Venous or arterial lactate (POC) upon admission, then q 6h until normal AND patient is hemodynamically stable and off vasoactive drugs.
- ☐ Electrolytes for change in urine output / high GI losses / myocardial irritability
- ☐ Hb / Platelets: 1 - 4 hours post RBC / platelet transfusion or acute bleeding
- ☐ Arterial or capillary gases (POC) 1 hour post HCO_3 administration or for respiratory distress / myocardial irritability or post ventilator adjustment (follow FiO_2 changes with SpO_2)
- ☐ $ScvO_2$/SvO_2 (POC) on admission and insertion of central venous line (including femoral and PA). Repeat
  - for new signs of hemodynamic instability
  - q 1h during adjustment of vasoactive drug until normal, then q 6h until off
  - with each thermodilution cardiac output measurement

MONITORING

- ☐ Monitor arterial and central venous pressures and waveforms upon admission or insertion of central venous line (including femoral) as per CCTC SONC for central line monitoring.
- ☐ PA catheter: Continuous PA waveform display. Cardiac outputs q 6h and prn following adjustments of vasoactive drugs.
- ☐ Continuous cardiac output (Flotrac): Record Cardiac Index, Stroke Volume Index and Stroke Volume Variability q 1h and pre/post changes to inotropes/vasopressors /fluid therapy.
- ☐ Continuous $ScvO_2$: Monitor continuous value and document q 1h and p.r.n. Calibrate q shift to lab measured $ScvO_2$ (ordered as "O_2sat") and Hb.
- ☐ Target $ScvO_2$ or SvO_2 _____ %
  (Recommend $ScvO_2$ > 70%, SvO_2 > 60%)

NON MEDICATION ORDERS	R	P

RADIOLOGY

- ☐ CXR: daily and
  - following insertion or repositioning of a central line / endotracheal tube / gastric drainage / chest tube / percutaneous tracheostomy tube
  - within 4 hours post chest tube removal
- ☐ Feeding Tube Insertion: (gastric or small bowel)
  - initial chest x-ray at 35 - 40 cm to rule out lung placement
  - confirm final placement with abdominal x-ray

DIET (Nutrition Support):

- ☐ See pre-printed order for enteral feeding
- ☐ See TPN order sheet
- ☐ None at this time. To reassess daily

Suctioning:

- ☐ Preoxygenate on 100% oxygen prior to suctioning all ventilated patients
- ☐ Do not preoxygenate if patient breathing spontaneously and has chronic hypercarbia / hypoxemic drive

MEDICATION ORDERS	P

- ☐ Peripheral / Central I.V. flushes as per LHSC procedure
- ☐ Maintain line patency for hemodynamic monitoring circuits by regulated flow with pressurized solution with 1,000 units of Heparin / 500 mL of 0.9% NaCl

VAP/ARO Prophylaxis:

- ☐ Chlorhexidine 0.12% oral rinse prior to intubation and b.i.d. for trached or ventilated patients
- ☐ Chlorhexidine 2% bath daily per procedure

PRESCRIBER'S PRINTED NAME / SIGNATURE / CONTACT #:				DATE (YYYY/MM/DD):
PROCESSOR INITIALS:	DATE (YYYY/MM/DD):	TIME:	NURSE INITIALS:	DATE (YYYY/MM/DD):