



London Health Sciences Centre

Critical Care Trauma Centre

PREPRINTED ORDERS FOR ADMISSION TO CCTC

KEY: R - REQUISITIONED P - PROCESSED (KARDEX)

P & T 2003/12

NON-MEDICATION ORDERS		R	P	NON MEDICATION ORDERS		R	P
<p>Reason for Exam / Clinical History and Contact # required for all Radiology / Nuclear Medicine orders.</p> <p>LABORATORY / INVESTIGATIONS</p> <p><input type="checkbox"/> Daily: q am Urea / creatinine / albumin / calcium / glucose magnesium / phosphate / CBC and platelet count / INR / PTT / arterial or capillary blood gases / arterial lactate.</p> <p><input type="checkbox"/> POC (Point of Care) testing p.r.n.: glucose / electrolytes / blood gases / lactate.</p> <p><input type="checkbox"/> POC glucose < 3 or > 20, repeat by lab.</p> <p><input type="checkbox"/> Electrolytes: following a large change in urine output, large GI losses, or evidence of myocardial irritability.</p> <p><input type="checkbox"/> Hb / Platelets: 1 - 4 hours post transfusion of RBCs or Platelets or p.r.n. for evidence of acute bleeding.</p> <p><input type="checkbox"/> Blood gases: arterial or capillary</p> <ul style="list-style-type: none"> • 1 hour post bicarbonate administration • p.r.n. for evidence of respiratory distress, myocardial irritability, post ventilator adjustment or post extubation • oxygen adjustments alone may be followed by SpO₂ measurements <p><input type="checkbox"/> If pulmonary artery catheter in place, mixed blood gases and arterial lactate with cardiac outputs q 6 hours and p.r.n. with adjustments of inotropes / vasopressors.</p> <p><input type="checkbox"/> ScvO₂ / SvO₂ blood gases on insertion of central line then q 1 hour during adjustment of inotropes / vasopressors then decrease to q 4 hours once patient is stable.</p> <p><input type="checkbox"/> Continuous cardiac output (Flotrac)</p> <ul style="list-style-type: none"> • record CI, SVI, SVV q 1 hour • arterial lactate q 4 hours until within normal range <p><input type="checkbox"/> 24 hour urine collection for creatinine clearance: q Monday for all patients being fed enterally or parenterally.</p> <ul style="list-style-type: none"> • do not collect if patient is being dialyzed or receiving bladder irrigation. 				<p>RADIOLOGY</p> <p><input type="checkbox"/> Chest x-ray: daily and</p> <ul style="list-style-type: none"> • following insertion or repositioning of a central line / endotracheal tube / gastric drainage / feeding tube, chest tube or percutaneous tracheostomy tube • within 4 hours post chest tube removal <p><input type="checkbox"/> Feeding Tube Insertion: (gastric or small bowel)</p> <ul style="list-style-type: none"> • initial chest x-ray at 35 - 40 cm to rule out lung placement • confirm final placement with abdominal x-ray <p>DIET (Nutrition Support):</p> <p><input type="checkbox"/> See pre-printed order for enteral feeding.</p> <p><input checked="" type="checkbox"/> See TPN order sheet.</p> <p><input type="checkbox"/> None at this time. To reassess daily.</p> <p>Suctioning:</p> <p><input type="checkbox"/> Preoxygenate on 100% oxygen prior to suctioning all ventilated patients.</p> <p><input type="checkbox"/> Do not preoxygenate if patient breathing spontaneously and has chronic hypercarbia / hypoxemic drive.</p>			
				MEDICATION ORDERS			P
				<p><input type="checkbox"/> Peripheral / Central I.V. flushes as per LHSC procedure.</p> <p><input type="checkbox"/> 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.</p> <p>Oral Care:</p> <p><input type="checkbox"/> Chlorhexidine 0.12% oral rinse prior to intubation and b.i.d. for trached or ventilated patients.</p>			
<p>PRESCRIBER'S PRINTED NAME / SIGNATURE / CONTACT #:</p>				<p>DATE (YYYY/MM/DD):</p>			
<p>PROCESSOR INITIALS:</p>	<p>DATE (YYYY/MM/DD):</p>	<p>TIME:</p>	<p>NURSE INITIALS:</p>	<p>DATE (YYYY/MM/DD):</p>			