



SOMC CRITICAL CARE ORDERS

Revised 6/02 2753

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| <ol style="list-style-type: none">1. Connect patient to monitor; EKG strip q shift and prn and chart.2. Vitals on admission; BP/P/R q 1/2h x 2 then q1h x 8 or until stable. Then per unit Nursing Protocol.3. I & O q shift. If foley q1h x 2 and if output \geq 30 cc/hr, may do I & O q4h. If $<$30 cc/hr, notify physician.4. O₂ at 2-4 L/min. per nasal cannula; 1-2 L/min. if COPD.5. Saline lock: flush q24h.
If there is a need: .45 NACL may be used as mainline for those drips needing to be piggybacked. May start additional IV if needed.6. STAT EKG for change in cardiac rhythm.7. Pulse oximetry prn.8. Milk of Magnesia 15 cc qd prn.
Surfak 240 mg cap qd or bid. | <ol style="list-style-type: none">9. Routine care and comfort measures.10. Resuscitate/treat arrhythmias per ACLS protocols.11. Follow protocols for critical care drips.12. Critical care orders are discontinued when patient is transferred to the regular floor except for IV access.13. If stable, patient may use bedside commode after 24 hours. |
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PHYS: _____

DATE: _____

DOB: _____
Sex: Smoker: FC: