



ADMITORDER

**Surgery/Trauma:
STICU Standard Admission Orders - Adult**

Page 1 of 4

Form Origination Date: 11/01

Version: 5

Version Date: 10/07

**This form may be completed on line. Tab or move
cursor to text field and type in text.**

**For HIPAA Compliance reasons, this form
IS NOT TO BE SAVED with patient information.
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the note.**

Patient Name _____
MRN _____

STAMP PLATE AREA

DRUG SENSITIVITY/ALLERGIES: 1. _____ 2. _____ 3. _____ 4. _____

(Instructions: Check or fill in Yes (Y) block for all applicable orders and fill in any blanks for those orders with Yes block filled in. Check No (N) block for all orders not applicable. Orders are not valid unless either Yes or No block checked or filled in wherever they appear.)

Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked. > ☐

☒ Y ☐ N 1. Admit to Service _____ Team _____
Admit Attending _____ Pager ID _____
Resident _____ Pager ID _____
Intern _____ Pager ID _____

☒ Y ☐ N 2. Admitting diagnosis(es) / procedures
a. _____
b. _____
c. _____

☒ Y ☐ N 3. Referring physicians a. PCP: _____
(Print first and last names) b. _____
c. _____

☒ Y ☐ N 4. Condition _____

☒ Y ☐ N 5. Strict input/output recording

☒ Y ☐ N 6. Vital signs (check one) ☐ q1h ☐ q2h ☐ Other _____

☒ Y ☐ N 7. Neuro checks (check one) ☐ q1h ☐ q2h ☐ Other _____

☒ Y ☐ N 8. Vascular checks (check one) ☐ q1h ☐ q2h ☐ Other _____

☒ Y ☐ N 9. Activity (check one) ☐ Bed rest ☐ Out of bed to chair
☐ Out of bed ad lib ☐ Other _____

☒ Y ☐ N 10. Daily weights

11. Positioning:

☒ Y ☐ N Spinal Protection (Check all that apply)
☐ Log roll only ☐ Flat in bed ☐ Maintain C spine immobilization in phil collar ☐ Order Miami J collar ☐ None

☒ Y ☐ N HOB greater than or equal to 30 degrees for VAP prevention (Check one)
☐ Reverse Trendelenburg at maximum possible
☐ Elevate HOB 30 degrees

☐ Y ☐ N 12. ☐ NG ☐ OG tube to continuous low suction

☐ Y ☐ N 13. Chest tubes to _____ cm continuous suction via pleurevac or similar device

Cefazolin 1 gram IV q8h X 24 hours following chest tube placement for tube thoracostomy prophylaxis (unless other antibiotics ordered under# 28) ☐

☐ Y ☐ N 14. Dressing change Type _____ Frequency _____

Physician Signature _____ Pager ID _____ Date _____ Time _____ AM/PM
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☐ Y ☐ N 15. Urinary catheter to gravity drainage

☐ Y ☐ N 16. Other drains _____

☐ Y ☐ N 17. Initiate Ventilator Management

Ventilator settings

Mode _____
Tidal volume _____ cc
FiO₂ _____

Rate _____
PEEP _____

Rapid Wean Protocol [link to [policy C145.pdf](#)]

Mouthcare q 2 hours and PRN

Brush teeth twice a day

Supraglottic suctioning if hi-lo evac endotracheal tube in place

ABG 30 minutes after initial vent setting

Lacrilube® to both eyes BID and PRN for dry eyes

☐ Y ☐ N 18. Supplemental O₂ via (check one): ☐ Nasal cannula at _____ L/min ☐ Face mask at FiO₂ = _____ %

☐ Y ☐ N 19. Initiate STICU hypothermia reversal guideline [link to [guideline](#)]

☒ Y ☐ N 20. Initiate STICU Glucose Management Protocol [link to [protocol](#)].

☒ Y ☐ N 21. Initiate FSBG monitoring Q4H.

Notify Critical Care Resident for 2 blood glucose measurements > 110 mg/dL or 1 blood glucose measurement > 140 mg/dL

☐ Y ☐ N 22. Vaccines

If patient had splenectomy this admission, refer to Adult Immunization Orders to order vaccines [link to [adultimmun.pdf](#)]

Complete the Adult Influenza Standing Order form and administer influenza vaccine if indicated

Complete the Adult Pneumococcal Standing Order form and administer pneumococcal vaccine if indicated

For patients with open wounds, confirm administration of tetanus vaccine prior to ICU admission. If not given, contact physician to complete Adult Immunization Order Form [link to [adultimmun.pdf](#)]

☐ Y ☐ N 23. DVT prophylaxis (check all applicable) (see also pharmaceutical prophylaxis #25)

☐ Foot pumps ☐ Sequential Compression Device with TED hose (length ☐ knee ☐ thigh)

24. Monitoring

☐ Y ☐ N ECG

☒ Y ☐ N Pulse oximeter

☐ Y ☐ N Central venous pressure

☐ Y ☐ N Pulmonary artery catheter

☐ Y ☐ N Record complete hemodynamic profile per STICU swan protocol [link to [protocol](#)]

☐ Y ☐ N End tidal CO₂

☐ Y ☐ N Temperature probe

☐ Y ☐ N Arterial line

☐ Y ☐ N Intracranial pressure

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☒ Y ☐ N 25. Diet (check one) ☐ NPO ☐ Per PN form ☐ NPO except for _____
☐ Per Enteral form ☐ Oral diet (type _____)

MEDICATIONS:

☐ Y ☐ N 26. DVT prophylaxis (check all applicable)
☐ Enoxaparin 30 mg SC q12h (for ortho-trauma, spinal cord injury or traumatic brain injury) ☐
☐ Heparin 5000 units SC q8h (for abdominal trauma, GI surgery or general surgery) ☐
Contraindication (documentation required if drug therapy not selected): _____

☐ Y ☐ N 27. Initiate ICU Electrolyte Protocol (Contraindicated for patients with a serum creatinine \geq 1.5 mg/dL OR urine output less than 30 mL/hr) [link to [sticuelectrolyte.pdf](#)]

☐ Y ☐ N 28. Initiate [STICU sedation/analgesia protocol](#)
Sedation management (select one)
☐ For non-neuro-trauma patients:
Lorazepam _____ mg/hour (1-2 mg suggested) IV to maintain SAS score of _____ (3-4 suggested)
PLUS Lorazepam _____ mg (1-2 mg suggested) IV q 15 minutes PRN breakthrough agitation ☐
☐ For neuro-trauma patients:
Propofol _____ micrograms/kg/minute (suggested starting dose 10-20 micrograms/kg/minute) ☐
Titrate q 5-10 minutes PRN to maintain a SAS score of ____ (2-3 suggested) or ICP _____
☒ Propofol labs: triglycerides, creatine kinase, lactate daily

Delirium management

Haloperidol _____ mg (5-10 mg suggested) IV q 20 minutes PRN delirium ☐

Pain management

Hydromorphone _____ mg/hour (0.5-1mg suggested) IV and ☐
Hydromorphone _____ mg (0.5-1 mg suggested) IV q 15 minutes PRN breakthrough pain ☐

☐ Y ☐ N 29. Antibiotics (see also Chest Tube Antibiotics #13)

Next dose due at _____

Next dose due at _____

☐ Y ☐ N 30. Ulcer prophylaxis/gastric acid management (select one)
Famotidine 20 mg ☐ PO ☐ OG/NG ☐ IV q12h ☐

☐ Y ☐ N 31. Other medications

_____ ☐

☐ Y ☐ N 32. Maintenance IV _____ with _____ mEq/L KCl at _____ mL/hr
For head injury patients no dextrose for _____ hours

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☒ Y ☐ N 33. Admission labs (unless obtained prior to ICU admission)
☒ HgA1C

☐ Y ☐ N 34. Scheduled labs (valid until 8 AM on first calendar day after admission)

☐ Y ☐ N 35. First AM labs

☐ Y ☐ N 36. Radiographic studies

☐ Y ☐ N 37. EKG if not done prior to ICU admission

☐ Y ☐ N 38. Consult Surgical Critical Care Service

☐ Y ☐ N 39. Consult Respiratory Therapy for treatments per departmental protocols

☐ Y ☐ N 40. Consult Physical Therapy

☐ Y ☐ N 41. Consult Occupational Therapy

☐ Y ☐ N 42. Consult Social Services

☐ Y ☐ N 43. Other consults

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