**IP - Post Cardiac Arrest Hypothermia - Adult - Intensive Care - Admission [701]**

**Intended for Adult Patients Only**

The following are relative exclusion criteria. Targeted Temperature Management should be performed on a case-by-case basis, as determined by the accepting Critical Care Service.

**Exclusions:**
1) Greater than 12 hours since return of spontaneous circulation
2) Motor component of Glasgow Coma Scale score greater than or equal to 5 (i.e., purposeful movement)
3) Minimal pre-morbid cognitive status (i.e., advanced dementia)
4) Suspected non-cardiac primary etiology for comatose state
5) Sepsis as cause of arrest
6) Do not resuscitate (DNR) status
7) Core body temperature less than 30 degrees Celsius

**Admission Status**

**Admission Status [149832]**

<table>
<thead>
<tr>
<th>Admit To Inpatient [ADT0001]</th>
</tr>
</thead>
</table>
| Attending: 
| Admitting Resident: 
| Requested Floor: 
| Service: 
| I certify that an inpatient stay is medically necessary because of either an anticipated LOS >2 midnights, an inpatient-only surgery, or a previously-authorized inpatient stay. Rationale listed below. Yes |
| C - CLEAR DIAGNOSIS: |
| E - EVALUATIONS PLANNED: |
| R - RESULTS EXPECTED: |
| T - TREATMENTS ORDERED: |

**Isolation Status**

If patient requires Isolation, please search for specific isolation needed in the additional orders section below.

**Venous Thromboembolism (VTE) Prophylaxis**

**VTE Prophylaxis (Single Response) [130123]**

**Padua VTE Risk Assessment Tool**

**URL:** https://uconnect.wisc.edu/servlet/Satellite?cid=1126673704572&pagename=B_EXTRANET_UWH_HOME%2FFlexMemberFile%2FLoad_File&c=FlexMemberFile

**High VTE Risk with Low Bleed Risk (Single Response)**

| | 
|---|---|
| enoxaparin (LOVENOX) injection [800040] | 40 mg, Subcutaneous, EVERY 24 HOURS |
| heparin PF 5000 UNIT/0.5ML injection [156571] | 5,000 units, Subcutaneous, EVERY 12 HOURS |
| heparin PF 5000 UNIT/0.5ML injection [156571] | 5,000 units, Subcutaneous, EVERY 8 HOURS |

**High Bleed Risk with High VTE Risk (Single Response)**

| | 
|---|---|
| Sequential Compression Device (SCD) / Foot Pump [EQP0023] | CONTINUOUS, Routine |
| | Left/Right/Bilateral? Bilateral |
| | Type: Knee High |
| Apply and Maintain Anti-Embolism Stocking [NURTRT0039] | CONTINUOUS, Routine |
| | Does this need to be inserted/placed? |
| | Left/Right/Bilateral? Bilateral |
| | Type: Knee high |

**No VTE Prophylaxis [130084]**

| | 
|---|---|
| | ONCE, Routine |
| | Reason Not Ordered: |

**Patient Care Orders**

**Vital Signs [7689]**

| | 
|---|---|
| Vital Signs with Temperature [NURMON0013] | SEE COMMENTS, Starting today with First Occurrence As Scheduled, Routine |
Temperature Measurement Method:
Temperature Measurement Restrictions:
BP Source:
BP Location:
BP Position:
BP Restrictions:
Vital signs with temperature every 15 minutes times 4, then every 30 minutes times 4, then every hour during cooling and maintenance.

Vital Signs with Temperature [NURMON0013]
SEE COMMENTS, Starting today with First Occurrence As Scheduled For Until specified, Routine
Temperature Measurement Method:
Temperature Measurement Restrictions:
BP Source:
BP Location:
BP Position:
BP Restrictions:
Vital signs with temperature every 15 minutes times 4, then every 30 minutes times 4, then every hour during rewarming.

Patient Monitoring [18257]

- **Train of Four - After Dose Change [NURMON0060]**
  SEE COMMENTS, Starting today with First Occurrence As Scheduled For Until specified, Train of four - After each change in dose of neuromuscular blocking agent.

- **Train of Four - Every Hour [NURMON0060]**
  SEE COMMENTS, Starting today For Until specified, Every hour until twitches are at goal of 2/4, then every 4 hours.

- **Train of Four - Every 2 Hours [NURMON0060]**
  SEE COMMENTS, Starting today with First Occurrence As Scheduled For Until specified, Train of four - Every 2 hours after discontinuation of neuromuscular blocking agent until twitches return to 4/4.

- **Cardiac Rhythm Monitoring - Adult [NURMON0010]**
  CONTINUOUS, Starting today, Routine
  Notify Provider: Symptomatic Change in Rhythm
  Functional Cardiac Defibrillator Present:

- **Measure Hemodynamic Parameters [NURMON0023]**
  CONTINUOUS, Starting today, Routine
  Pulmonary Artery Systolic Pressure (mmHg):
  Pulmonary Artery Diastolic Pressure (mmHg):
  Pulmonary Artery Mean Pressure (mmHg):
  Pulmonary Artery Wedge Pressure (mmHg):
  Central Venous Pressure (mmHg):
  Central Venous Pressure (mmH2O):
  Cardiac Output:
  Cardiac Output Method:
  Cardiac Index:
  Systemic Vascular Resistance:
  Pulmonary Vascular Resistance:
  Pulmonary Vascular Resistance Index:
  Stroke Volume (mL/beat):
  Stroke Volume Index:
  Systemic Vascular Resistance Index:
  Left Cardiac Work Index:
  Right Cardiac Work Index:
  Left Ventricular Stroke Work Index:
  Right Ventricular Stroke Work Index:
  Pulmonary Capillary Wedge Pressure (mmHg):
  Measure with FloTrac? No

Activity [7691]

- **Bed Rest [NURACT0008]**
  CONTINUOUS, Starting today, Routine
  AD LIB:
  AMBULATE:
  CHAIR:
DANGLE:
BEDREST: other (comment)
RESTRICTIONS:
UPPER LEFT EXTREMITY WEIGHT BEARING:
UPPER RIGHT EXTREMITY WEIGHT BEARING:
LOWER LEFT EXTREMITY WEIGHT BEARING:
LOWER RIGHT EXTREMITY WEIGHT BEARING:

Equal to (degrees): 30
Greater than (degrees):
Less than (degrees):
Other options:
Routine, CONTINUOUS, Starting today

Nutrition [7690]

EFFECTIVE NOW, Starting today, Routine

General Diet:
Diabetic Diet:
NPO (If patient receiving tube feeding see question 25):
STRICT NPO
Liquids & Modified Consistency (If Dysphagia Protocol see questions 21-24):
Fiber:
Renal & Dialysis Multi-Nutrient Restriction:
Lactose Restricted:
Protein:
Fat:
Sodium:
Potassium:
Phosphorus:
Other Minerals:
Calories:
Fluid Restriction: Total mls/24 hours (IV & PO):
Research:
Metabolic:
Other Modifiers:
Infant Nutrition (Select product and calories per ounce):
Infant Formula (Calories per Ounce):
Dysphagia Protocol:
Dysphagia Protocol-Modified Consistency (Also select Dysphagia Protocol Liquid Consistency and Dysphagia Protocol-Supervision):
Dysphagia Protocol-Liquid Consistency:
Dysphagia Protocol-Supervision:
Tube Feeding (Use Tube Feeding Order Set to indicate order detail):
Tube Feeding Management:
Room Service Class:

OG Tube Placement - Adult [120995]

CONTINUOUS, Starting today, Routine
Options: Low, Continuous Suction
Flush with:
Flush Frequency:
Check Residual:
Does this need to be inserted/placed?
Device Status:
Refer to Policy 2.20AP Care & Maintenance of Enteral Tubes (Adult & Pediatric)

X-RAY ABDOMEN AP VIEW (KUB) [R74000]

CONDITIONAL For 3 Days, Routine
Radiology Specialty Area: GENERAL IMAGING
Current signs and symptoms? Orogastric tube placement
What specific question(s) would you like answered by this
exam? Evaluate orogastric tube placement
Relevant recent/past history? Cardiac Surgery
Is patient pregnant?
If being performed remotely, where?
Last patient weight?
Transport Method: Floor Determined/Entered
If Conditional, What Condition? Evaluate orogastric tube placement. The location of orogastric tube should be confirmed prior to the instillation of fluids, medications, or feedings. Refer to Policy 2.20 Enteral Tubes Used for Instillation of Fluids, Medications, or Feeding

Respiratory [7692]

- Mechanical Ventilation - Adult [117146]
- Provide Manual Resuscitator at Bedside [RT0039]
- Mechanical Ventilation [RT0028]
  - Chlorhexidine (PERIDEX) 0.12% soln MULTIDOSE [792004]

- Chlorhexidine (PERIDEX) 0.12% soln MULTIDOSE [792004]

- Pulse Oximetry [NURMON0009]

Intake and Output [7693]

- Measure Intake And Output [NURMON0005]

Non-Categorized Patient Care Orders [7694]

- Insert and Maintain Urinary Catheter [NURELM0013]

- Insert Rectal Temperature Probe [NURCOM0022]
- Insert Esophageal Temperature Probe [NURCOM0022]
- Glucose, POC [IPGLUCOSE]

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Draw from arterial line.

<table>
<thead>
<tr>
<th>Contingency Parameters [7695]</th>
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<tbody>
<tr>
<td>Notify Provider [NURCOM0001]</td>
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<tr>
<td>Provider to Notify: Provider</td>
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<tr>
<td>If systolic blood pressure &gt; (mmHg): ***</td>
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<tr>
<td>If systolic blood pressure &lt; (mmHg): ***</td>
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<tr>
<td>If diastolic blood pressure &gt; (mmHg): ***</td>
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<tr>
<td>If diastolic blood pressure &lt; (mmHg): ***</td>
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<tr>
<td>If temperature &gt; (°C):</td>
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<tr>
<td>If temperature &lt; (°C): 32</td>
</tr>
<tr>
<td>If heart rate &gt; (bpm): ***</td>
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<tr>
<td>If heart rate &lt; (bpm): ***</td>
</tr>
<tr>
<td>If respiratory rate &gt;: ***</td>
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<tr>
<td>If respiratory rate &lt;: ***</td>
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<tr>
<td>If blood glucose &gt; (mg/dL): 180</td>
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<tr>
<td>If blood glucose &lt; (mg/dL): 144</td>
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<tr>
<td>If pain score &gt;:</td>
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<tr>
<td>Pulse Oximetry &lt; (%): ***</td>
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<tr>
<td>If urine output &lt; (mL):</td>
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<tr>
<td>Other: Core temperature of *** degrees Celsius is not achieved after 12 hours of rewarming.</td>
</tr>
</tbody>
</table>

**Targeted Temperature Management**

**UWHC Targeted Temperature Management Cooling Products**

**URL:** [http://www.uwhealth.wisc.edu/uconnect/cckm/PostCardiacArrest.pdf#page=18](http://www.uwhealth.wisc.edu/uconnect/cckm/PostCardiacArrest.pdf#page=18)

**UWHC Post Cardiac Arrest Algorithm-Adult**

**URL:** [http://www.uwhealth.wisc.edu/uconnect/cckm/PostCardiacArrest.pdf#page=19](http://www.uwhealth.wisc.edu/uconnect/cckm/PostCardiacArrest.pdf#page=19)

<table>
<thead>
<tr>
<th>Targeted Temperature Management [149824]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply Cooling Blankets Above and Below Patient [NURCOM0022]</td>
</tr>
<tr>
<td>SEE COMMENTS, Place above and below patient, until cooling catheter is placed.</td>
</tr>
<tr>
<td>Apply Ice Pack to Affected Area [NURTTRT0008]</td>
</tr>
<tr>
<td>SEE COMMENTS, Routine Site: Other (Comment)</td>
</tr>
<tr>
<td>Cooling and Rewarming Process [NURCOM0022]</td>
</tr>
<tr>
<td>CONTINUOUS, Starting today, Use surface cooling or intravascular temperature management catheter to achieve core temperature of (UWIP COOLING TEMP:3500032) degrees Celsius within 3 hours of initial patient presentation. Once target temperature is achieved, maintain target temperature for 24 hours. After target temperature has been maintained for 24 hours, initiate rewarming using surface cooling or intravascular temperature management catheter. Rewarm no faster than 0.5 degrees Celsius per hour. Achieve a goal temperature equal to 37 degrees Celsius within 12 hours. Maintain normothermia (37 degrees Celsius) for 48 hours after rewarming.</td>
</tr>
<tr>
<td>Contact provider team 6 hours before rewarming and during rewarming if K &lt; 3.5 and Mg &lt; 1.8 [NURCOM0022]</td>
</tr>
<tr>
<td>SEE COMMENTS, Contact provider team 6 hours before rewarming and during rewarming if K &lt; 3.5 and Mg &lt; 1.8.</td>
</tr>
</tbody>
</table>

**Intravenous Therapy**

**Premedications for Needle Insertion [106310]**

Use lidocaine topical dressing kit for stable patient, no lidocaine allergies, have at least 30 minutes time prior to needing to use IV

- Sodium chloride (bacteriostatic) 0.9% intradermal: Useful for patients requiring urgent IV access; onset is within 1 minute. Choice of medication should be based on patient’s previous experience/preference, history of lidocaine allergy and ease of access.

- **lidocaine (LMX) 4% topical dressing kit [66882]**
  - Topical, EVERY 1 HOUR PRN, peripheral line insertion - see Admin Instructions
  - Do NOT apply to area greater than 200 square centimeters (maximum 2.5 g/site; maximum 4 sites per hour, 6 times per day). Do NOT leave on longer than 2 hours. Use for stable...
lidocaine (XYLOCAINE) 1% injection [39034]

0.1-0.4 mL, Intradermal, PRN, peripheral line insertion - see Admin Instructions
Use an insulin or TB syringe with a 25-30 gauge needle to inject solution and create a wheal. Wait 30 seconds to 1 minute then insert IV catheter into center of wheal. Use if IV is needed within 30 minutes. Choice of medication should be based on patient’s previous experience/preference, history of lidocaine allergy and ease of access

sodium chloride (bacteriostatic) 0.9 % injection [50585]

0.05-0.1 mL, Intradermal, PRN, peripheral line insertion - see Admin Instructions
Use an insulin or TB syringe with a 25-30 gauge needle to inject solution and create a wheal. Wait 30 seconds to 1 minute then insert IV catheter into center of wheal. Use if IV is needed within 30 minutes. Choice of medication should be based on patient’s previous experience/preference, history of lidocaine allergy and ease of access

IV Therapy [150761]

- Insert and Maintain Peripheral IV [NURVAD0013] CONTINUOUS, Routine
  - Peripheral IV Device:
  - Peripheral IV Location:
  - Peripheral IV Size:
  - Peripheral IV Status:
  - Does this need to be inserted/placed?
  - Post-Op/Phase II

- Maintain Non-Tunneled Central Venous Catheter [NURVAD0017] CONTINUOUS, Starting today, Routine
  - Device Status:
  - Site:

IV Fluids - NOTE: Discontinue all maintenance fluids containing dextrose (Single Response) [12614]

- sodium chloride 0.9 % infusion [64367] Intravenous, CONTINUOUS
- lactated ringers infusion [38890] Intravenous, CONTINUOUS

Medications - General

Platelet Inhibitors (Single Response) [109847]

- Aspirin [150762]
  - aspirin tab [34787]
    - 325 mg, Nasogastric Tube, ONCE For 1 Doses
    - Administer first dose now
  - aspirin chew tab [720164]
    - 81 mg, Nasogastric Tube, 1 X DAILY Starting tomorrow
    - For 7 Days
- Aspirin Reason Not Ordered [COR0003] ONCE, Starting today For 1 Occurrences, Routine Reason Not Ordered: Already on Aspirin/Ordered Through Med Reconciliation

Analgesics [149827]

- acetaMINOPHEN alcohol free (TYLENOL) oral suspension [800005] 650 mg, Nasogastric Tube, EVERY 6 HOURS For 24 Hours
- acetaMINOPHEN (TYLENOL) suppository [43994] 650 mg, Rectal, EVERY 6 HOURS For 24 Hours

Anesthetic/Sedation [145862]

- FENTanyl (SUBLIMAZE) injection - NOTE: Suggested dose 12.5-50 mcg [800187] Intravenous, ONCE For 1 Doses
  - NOTE: Suggested dose 12.5-50 mcg
  - *** mcg/hr Titrate by ** mcg/hr every *** minutes to maintain pain relief
  - NOTE: Suggested dose 12.5-50 mcg/hr to maintain pain relief and sedation score of 3-4
- FENTanyl (50 mcg/mL) 1250 mcg in 25 mL infusion syringe [785178] Intravenous
- midazolam (VERSED) injection [800197] 0.05 mg/kg, Intravenous, ONCE For 1 Doses
  - IV Push rate 1 mg/minute Do NOT administer if patient has running midazolam infusion.
- midazolam (VERSED) 100 mg in dextrose 5 % 100 mL 1-10 mcg/hr, Intravenous
infusion - NOTE: Suggested sedation goal 3-4 [700236]
Initiate at 0.1 mg/kg/hr (Maximum initial dose 10 mg/hour or current rate). Titrate rate by 20% of current rate every 4 hours to maintain sedation score of 2. Bolus by dose equal to current hourly infusion rate every 2 hours if patient exhibits signs or symptoms of discomfort. Contact MD with any questions.

Neuromuscular Blocking Agents [149828]

- vecuronium (NORCURON) vial [46843]
  0.1 mg/kg, Intravenous, EVERY 1 HOUR PRN, shivering Must be sedated with midazolam for at least 5 minutes prior to administration

- atracurium (TRACRIUM) vial [156562]
  0.4 mg/kg, Intravenous, ONCE For 1 Doses Prior to initiation of infusion and with each rate increase of continuous infusion

- atracurium (TRACRIUM) 200 mg in dextrose 5 % 100 mL infusion [700150]
  4-12 mcg/kg/min, Intravenous For patients with renal or hepatic dysfunction, or patients receiving corticosteroids. Initiate at 4 mcg/kg, titrate to Train of Four of 2 out of 4 every 15 minutes by 1 mcg/kg.

Gastric [149829]

- ranitidine (ZANTAC) injection [800075]
  50 mg, Intravenous, EVERY 8 HOURS

Non-Categorized [149830]

- tears artificial PF (LACRILUBE) ophthalmic ointment [42654]
  Eyes (Each), EVERY 8 HOURS Apply a thin later to inside of lower lid.

- meperidine (DEMEROL) injection RANGE [750055]
  25-50 mg, Intravenous, EVERY 4 HOURS PRN, rigors, for 4 Minutes

Supplemental Orders

Refer to "IP - ElectrolyteSupplementation - Adult - ICU/IMC - Supplemental" Order Set for electrolyte orders. Refer to "IP - Insulin Infusion - Adult - Supplemental" Order Set for insulin orders. Do not use if two consecutive blood glucose values > 150 mg/dL.

Laboratory

Obtain if Not Completed in Emergency Department [7696]

- ELECTROLYTES [LYTE]
  STAT - RN COLLECT, Starting today For 1 Occurrences, Routine
  If add on test, what should lab do if unable to add test to previous specimen?
  If Conditional, What Condition?

- PTT [PTT]
  STAT - RN COLLECT, Starting today For 1 Occurrences, Routine
  If add on test, what should lab do if unable to add test to previous specimen?
  If Conditional, What Condition?

- CBC WITHOUT DIFFERENTIAL [HEMO]
  STAT - RN COLLECT, Starting today For 1 Occurrences, Routine
  If add on test, what should lab do if unable to add test to previous specimen?
  If Conditional, What Condition?

- CK, TOTAL [CPK]
  STAT - RN COLLECT, Starting today For 1 Occurrences, Routine
  If add on test, what should lab do if unable to add test to previous specimen?
  If Conditional, What Condition?

- PROTHROMBIN TIME/INR [PT]
  STAT - RN COLLECT, Starting today For 1 Occurrences, Routine
  If add on test, what should lab do if unable to add test to previous specimen?
  If Conditional, What Condition?

- BLOOD GASES AND O2 SATURATION [HCBGASOS]
  STAT - RN COLLECT, Starting today For 1 Occurrences,
<table>
<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
<th>Start Date</th>
<th>Occurrences</th>
<th>Order Notes</th>
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<td>BLOOD GASES [HCBGAS]</td>
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<tr>
<td>CALCIUM [CA]</td>
<td>EVERY 6 HOURS,</td>
<td>3</td>
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<td>STAT FIO2:</td>
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<td>Starting today For 3</td>
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<tr>
<td>LACTATE [GM2255]</td>
<td>EVERY 6 HOURS,</td>
<td>3</td>
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<td>STAT FIO2:</td>
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<td>Starting today For 3</td>
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<tr>
<td>TROPOIN [GM2447]</td>
<td>EVERY 6 HOURS,</td>
<td>3</td>
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<td>Routine</td>
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<td>Starting today For 3</td>
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<td>Occurrences,</td>
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<td></td>
<td>Days, Routine</td>
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<tr>
<td>Conditional Labs [149826]</td>
<td>GLUCOSE [GLU]</td>
<td>7</td>
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<td>Routine</td>
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<tr>
<td></td>
<td>CONDITIONAL - RN</td>
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<td></td>
<td>COLLECT, Starting</td>
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<td>today For 7 Days</td>
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</table>
If Conditional, What Condition? Condition: Draw if blood glucose less than 40 or greater than 400 mg/dL
Draw if blood glucose less than 40 or greater than 400 mg/dL.

**Condition: Draw if blood glucose less than 40 or greater than 400 mg/dL.**

**Diagnostic Tests - if not already done in the Emergency Department**

<table>
<thead>
<tr>
<th>Cardiology [7697]</th>
<th></th>
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<tbody>
<tr>
<td>If Conditional, What Condition? Condition: Vent changes</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>BLOOD GASES AND O2 SATURATION [HCBGASOS]</strong></th>
<th>If Conditional, What Condition? Condition: Draw if blood glucose less than 40 or greater than 400 mg/dL Draw if blood glucose less than 40 or greater than 400 mg/dL.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONDITIONAL - RN COLLECT, STAT</strong></td>
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<tr>
<td><strong>Indicate FIO2:</strong></td>
<td></td>
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<tr>
<td>If add on test, what should lab do if unable to add test to previous specimen?</td>
<td></td>
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<tr>
<td>If Conditional, What Condition? Vent changes</td>
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</tbody>
</table>

| **Indicate FIO2:** |  |

| **If Conditional, What Condition? Vent changes** |  |

| **Diagnostic Tests - if not already done in the Emergency Department** |  |

<table>
<thead>
<tr>
<th><strong>Cardiology [7697]</strong></th>
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<tbody>
<tr>
<td><strong>ECG - 12 Lead [EKG0008]</strong></td>
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<tr>
<td><strong>ONCE, Starting today For 1 Occurrences, STAT</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Reason for exam:</strong> CHEST PAIN</td>
<td></td>
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<tr>
<td><strong>Rule out ischemia:</strong></td>
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<tr>
<td><strong>ECG - 12 Lead [EKG0008]</strong></td>
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<tr>
<td><strong>ONCE, Starting tomorrow For 1 Occurrences, Routine</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Reason for exam:</strong></td>
<td></td>
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<tr>
<td><strong>Translhoracic Resting Echocardiogram [ECH0003]</strong></td>
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<tr>
<td><strong>ONCE, Starting today For 1 Occurrences, Routine</strong></td>
<td></td>
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<tr>
<td><strong>Reason for exam:</strong></td>
<td></td>
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<tr>
<td><strong>Do you want Agitated Bubble Study?</strong></td>
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<tr>
<td><strong>Is patient mechanically ventilated?</strong></td>
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<tr>
<td><strong>Is patient ICU status?</strong></td>
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<tr>
<td><strong>Does patient need continuous monitoring?</strong></td>
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<tr>
<th><strong>Neurology [149834]</strong></th>
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<tbody>
<tr>
<td><strong>Bedside EEG [EEG0002]</strong></td>
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<tr>
<td><strong>ONCE, Starting today For 1 Occurrences, Routine</strong></td>
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<tr>
<td><strong>Reason for Monitoring:</strong> Cardiac/Pulmonary Arrest</td>
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</table>

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<tr>
<th><strong>Radiology [18266]</strong></th>
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<tbody>
<tr>
<td><strong>X-RAY CHEST AP VIEW [R71010]</strong></td>
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<tr>
<td><strong>ONCE-RAD NEXT AVAILABLE, Starting today For 1 Occurrences, Routine</strong></td>
<td></td>
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<tr>
<td><strong>Current signs and symptoms?</strong></td>
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<tr>
<td><strong>What specific question(s) would you like answered by this exam? Endotracheal tube placement and assessment of possible aspiration.</strong></td>
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<tr>
<td><strong>Relevant recent/past history?</strong></td>
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<tr>
<td><strong>Is patient pregnant?</strong></td>
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<tr>
<td><strong>If being performed remotely, where? Bedside</strong></td>
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<tr>
<td><strong>Transport Method:</strong> Floor Determined/Entered</td>
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<tr>
<th><strong>CT HEAD W/ O IV CONTRAST [R70450]</strong></th>
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<tbody>
<tr>
<td><strong>ONCE-RAD NEXT AVAILABLE, Starting today For 1 Occurrences, STAT</strong></td>
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<tr>
<td><strong>Current signs and symptoms?</strong></td>
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<tr>
<td><strong>Relevant recent/past history?</strong></td>
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<tr>
<td><strong>Is patient pregnant?</strong></td>
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<tr>
<td><strong>Allergies to IV contrast or iodine?</strong></td>
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<tr>
<td><strong>Last creatinine value? (will auto pull in date and value in comment):</strong></td>
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<tr>
<td><strong>For scheduling purposes, does the patient require general anesthesia, sedation or anxiolytics? Note: ordering provider is responsible for prescribing oral anxiolytics or arranging peds anesthesia / sedation services. See reference link above.</strong></td>
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<tr>
<td><strong>Last patient weight? (will auto pull in value and date in comment):</strong></td>
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<tr>
<td><strong>Transport Method:</strong></td>
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<tr>
<th><strong>Consults [149836]</strong></th>
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<tbody>
<tr>
<td><strong>Consult Neurology (Inpatient) [CON0040]</strong></td>
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<tr>
<td><strong>ONCE</strong></td>
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<tr>
<td><strong>Intent:</strong></td>
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<tr>
<td><strong>Concern or Specific Question or Task to be Addressed</strong></td>
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</tbody>
</table>
| | Consult Diabetes Management Service (DMS) (Inpatient) [CON0022] | (Symptom, Sign, or Diagnosis): **ONCE**
New diagnosis of diabetes (any type): **Intent:**
Concern or Specific Question or Task to be Addressed | (Symptom, Sign, or Diagnosis): **ONCE**, Routine
Reason For Consult: |
| | Consult Palliative Care - Adult (Inpatient) [CON0055] | |