Critical Care Nursing Initiated Orders  [30400002]

Height_____________________
Weight_____________________
Allergies____________________

General

Respiratory Emergency Intervention
For signs/symptoms suggestive of respiratory compromise.

[ ] Respiratory Emergency Intervention Panel

[ ] Oxygen therapy
- Priority: STAT ______________________
- Frequency: Continuous ______________________
- For: ___________________ # of Days ______________________
- Starting: today _____________ at _________
- O2 Delivery Method: nasal cannula ________________
- Titrate to saturation of: 90%
- Indications for O2: Hypoxemia ________________
- Indicate LPM/FiO2: __________________ [1 LMP, 2 LMP, 35%, 45%, 100%]
- Route per RT if applicable.
- Comments: _______________________

[ ] Blood gas, arterial
- Once __________________________
- Starting today _______________ at ____________
- CC Provider? _________________
- Stat as needed for patient with deteriorating SaO2 or SaO2 less than 90%.

[ ] X-ray chest AP portable
- STAT ______________________
- 1 time imaging ________________
- Starting today _______________ at ____________
- Is the patient pregnant? Unknown ______________
- Reason for Exam (USE SIGNS AND SYMPTOMS): Shortness of Breath ______________

[ ] Other

SAH, SCH, SFH, SJMC & Harrison Chest Pain Emergency Intervention
For signs/symptoms suggestive of chest pain.

[ ] Chest Pain Emergency Intervention Panel

[ ] ECG 12 lead
- STAT ______________________
- Once _______________________
- Starting today ______________ at ______________
- Reason for Exam (Signs & Symptoms): Chest Pain ___________________
- Comment: __________________________

Date/Time____________________ Provider Initials:______________________
### Critical Care Nursing Initiated Orders

<table>
<thead>
<tr>
<th>Order</th>
<th>STAT</th>
<th>Starting today</th>
<th>at</th>
<th>For 1 Occurrences</th>
<th>CC Provider?</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>CK total and CKMB</td>
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<tr>
<td>Troponin I</td>
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<td>Other</td>
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**Highline Chest Pain Emergency Intervention**

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<tr>
<td>ECG 12 lead</td>
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**Metabolic Disorder Emergency Intervention**

For signs/symptoms suggestive of metabolic disorders.

<table>
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<th>at</th>
<th>For 1 Occurrences</th>
<th>CC Provider?</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Basic metabolic panel</td>
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Critical Care Nursing Initiated Orders [30400002]

POCT glucose
- STAT _____________________________
- Once _____________________________
- Starting today ___________________ at _________________
- Comments: ________________________________________

Dextrose 50% IV syringe 25gm/50ml
- Dose: 25 mL
- Route: IntraVenous _____________________________
- Frequency: As needed _____________________________
- PRN reasons: low blood sugar, ______________________
- PRN comment: (Required) __________________________
- For: __________ # of Doses __________________________
- Starting today __________________ at ______________
- If blood glucose less than 70mg/dL. Routine ________

Other

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Critical Care Nursing Initiated Orders [30400002]