

## (31189) Hypothermia Initiation Phase One

Please note bolded orders are those pre-selected in EXCELLIAN.

Hypothermia Initiation Phase One	
<i>Diagnosis</i>	
<i>Allergies</i>	
<b><i>For hypothermia tracking purposes only. Please do not uncheck.- Required</i></b>	
<input type="checkbox"/> <b>Cardiac Emergency Tracking</b>	For hypothermia tracking purposes only.
<i>Consults</i>	
<input type="checkbox"/> <b>Consult to Intensivist</b>	Reason for Consult [_____]. Indicate the physician group [_____]. Staff to call consult(s), add to the treatment team, and update the order with date and time of the call placed.
<input type="checkbox"/> <b>Consult to Cardiology</b>	Reason for Consult [_____]. Indicate the physician group [_____]. Staff to call consult(s), add to the treatment team, and update the order with date and time of the call placed.
<i>Vital Signs</i>	
<input type="checkbox"/> <b>Vital Signs Hypothermia Induction</b>	1. Obtain vital signs including core temp, pulse, respiratory rate, BP, O2 saturation and document prior to initiation of cooling procedure. 2. Obtain vital signs every 15 minutes during the cooling process until target temperature is reached, then every 15 minutes x 4 and then hourly per maintenance phase. 3. More frequent vital signs as needed per unit policy or per patient condition.
<i>Procedures</i>	
<input type="checkbox"/> <b>Intubate</b>	
<input type="checkbox"/> Oral gastric tube	Continuous to low intermittent suction. Care and maintenance per site specific policy.
<input type="checkbox"/> Indwelling Urinary Catheter with Bladder Temperature Probe	Continuous temperature monitoring with catheter to drainage bag. If patient arrives with an Indwelling Urinary Catheter without a temperature probe, do not remove catheter. Instead, place esophageal temperature probe for continuous temperature monitoring.
<input type="checkbox"/> Esophageal Temperature Probe	Continuous temperature monitoring. Insert if patient has an Indwelling Urinary Catheter without temperature probe.

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<b>Respiratory – Mechanical Ventilator Settings – A Separate Order Set is Optional</b>	
<input type="checkbox"/> <b>CMV / AC Mechanical Ventilator Settings</b>	CMV/AC (Controlled Mandatory Ventilation) Rate: [ _____ ], Vt: [ _____ ] mL, FIO2: <input type="checkbox"/> [ ____ ]%. <input type="checkbox"/> Titrate O2 sats to > [ ____ ] %. <input type="checkbox"/> Other [ _____ ]. PEEP +: [ _____ ] cmH2O, Flow: <input type="checkbox"/> Auto Flow <input type="checkbox"/> Rate [ ____ ] Lpm.
<input type="checkbox"/> <b>PCV Mechanical Ventilator Settings</b>	PCV (Pressure Control Ventilation) Rate: [ _____ ], FIO2: <input type="checkbox"/> [ ____ ]%. <input type="checkbox"/> Titrate O2 sats to > [ ____ ] %. <input type="checkbox"/> Other [ _____ ]. Inspiratory Pressure [ _____ ] cmH2O, PEEP +: [ _____ ] cmH2O, I:E ratio: [ _____ ] : [ _____ ].
<b>Cooling Process</b>	
<input type="checkbox"/> <b>Initiate cooling by applying Cooling Device/Unit</b>	Arctic Sun per facility Hypothermia policy for cooling process. 1. Determine appropriate cooling pad size and order pads. 2. Apply cooling pads and connect/slave core temperature to cooling device. 3. Begin cooling process and document the time and method. 4. Set for 33 degrees Celsius and push the automatic mode button. 5. May place defibrillation pads under cooling pads if necessary.
<input type="checkbox"/> <b>Apply ice packs to axilla/groin areas (If cooling device is not available or incremental cooling is desirable)</b>	Initiate cooling process. 1. Initiate cooling with ice packs on patient’s axilla, groin, neck and torso until cooling device blankets started. 2. Continue as needed once cooling device blankets applied.
<input type="checkbox"/> <b>Cooling blankets (If cooling device is not available or incremental cooling is desirable)</b>	Initiate cooling process. 1. Place one cooling blanket under the patient and one over the patient with sheets placed between the patient and the cooling blankets. Set for 5 ° Celsius. 2. Goal temperature is 33° Celsius. Temperature will fall a bit lower after cessation of active cooling.

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<b>Medications – Paralytic Bolus (Single Select Section)</b>	
<input type="checkbox"/> atracurium (TRACRIUM) IV – bolus	EACH TIME PRN, Intravenous, Dose: 0.4 mg/kg bolus. *GIVE A BOLUS DOSE prior to starting paralytic infusion.* May repeat bolus dose once, 30 minutes after initial bolus to abolish shivering. Patient MUST be intubated, sedated and mechanically ventilated prior to and during paralytic treatment. <b>**NEUROMUSCULAR BLOCKER</b>
<input type="checkbox"/> vecuronium (NORCURON) IV – bolus (ED ONLY)	EACH TIME PRN, Intravenous, Dose 0.1 mg/kg. *GIVE A BOLUS DOSE prior to starting paralytic infusion.* May repeat bolus dose once, 30 minutes after initial bolus to abolish shivering. *FOR USE IN ED ONLY.* Patient MUST be intubated, sedated and mechanically ventilated prior to and during paralytic treatment. <b>**NEUROMUSCULAR BLOCKER</b>
<b>Medications – Paralytic Infusion</b>	
<input type="checkbox"/> atracurium (TRACRIUM) IV – infusion	CONTINUOUS, Intravenous, Dose: 4 mcg/kg/min. (Usual dosage is 4-12 mcg/kg/min.) Begin after paralytic bolus dose. Patient MUST be intubated, sedated and mechanically ventilated prior to and during paralytic treatment. Train of Four Monitoring (TOF) Via Peripheral Nerve Stimulation: 1) Get baseline TOF before paralytic bolus and initiation of infusion. Document level of current and response. 2) Titrate infusion by 1mcg/kg/min to obtain 2 out of 4 TOF. 3) Measure TOF hourly. Notify physician if no response. 4) Call physician if shivering is observed.  <i>Comment: usual dosage is 4-12 mcg/kg/min</i>
<b>Laboratory ED ONLY – POC / ISTAT TESTS</b>	
<input type="checkbox"/> ISTAT 8	STAT, ONE TIME.
<input type="checkbox"/> I STAT Creatinine	STAT, ONE TIME.
<input type="checkbox"/> ISTAT ABG	STAT, ONE TIME.
<input type="checkbox"/> Troponin T, Qualitative, POC	STAT, ONE TIME.

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<b>Laboratory – Stat</b>	
<input type="checkbox"/> Basic Metabolic Panel – STAT	STAT, ONE TIME.
<input type="checkbox"/> Arterial Blood Gas	STAT, ONE TIME.
<input type="checkbox"/> CBC with Platelets	STAT, ONE TIME.
<input type="checkbox"/> INR	STAT, ONE TIME.
<input type="checkbox"/> Lactate	STAT, ONE TIME.
<input type="checkbox"/> CK-MB Index Panel	STAT, ONE TIME.
<input type="checkbox"/> Troponin T Quant	STAT, ONE TIME.
<input type="checkbox"/> Magnesium	STAT, ONE TIME.
<input type="checkbox"/> Hepatic Function Panel	STAT, ONE TIME.
<input type="checkbox"/> Brain Natriuretic Peptide	STAT, ONE TIME.
<input type="checkbox"/> Pregnancy, Serum	STAT, ONE TIME. For all women less than 50 years of age.
<b>EKG</b>	
<input type="checkbox"/> <b>12 Lead EKG – STAT</b>	STAT. ONE TIME, Post arrest.
<input type="checkbox"/> 12 Lead EKG – STAT	STAT. ONE TIME, Repeat in one hour after admission.
<b>Medical Imaging</b>	
<input type="checkbox"/> XR Chest Portable 1 View Post Arrest	RAD ONE TIME, STAT, for evaluation of ETT placement and to confirm esophageal probe placement if appropriate.
<input type="checkbox"/> CT Head without Contrast	RAD ONE TIME, STAT. Reason for exam: [ _____ ].
<b>Hypothermia Initiation Phase II – Admission – A separate order set is available</b>	
Additional Orders	

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

□

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## (31190) Hypothermia Initiation Phase Two - Admission

Please note bolded orders are pre-selected in EXCELLIAN.

Hypothermia Initiation Phase Two - Admission	
<i>Diagnosis</i>	
<i>Allergies</i>	
<i>Admission/ Transfer – if Applicable</i>	
<input type="checkbox"/> <b>Admit to Inpatient Intensive Care Unit</b>	
<input type="checkbox"/> Transfer to	ICU.
<i>For hypothermia tracking purposes only. Please do not uncheck.- Required</i>	
<input type="checkbox"/> <b>Cardiac tracking consult</b>	For hypothermia tracking purposes only.
<i>Consults</i>	
<input type="checkbox"/> <b>Consult to Intensivist – If Not Already Completed</b>	Reason for Consult [_____]. Indicate the physician group [_____]. Staff to call consult(s), add to the treatment team, and update the order with date and time of the call placed.
<input type="checkbox"/> <b>Consult to Cardiology – If Not Already Completed</b>	Reason for Consult [_____]. Indicate the physician group [_____]. Staff to call consult(s), add to the treatment team, and update the order with date and time of the call placed.
<input type="checkbox"/> <b>Consult to Neurology – Day 2 of Admission</b>	Reason for Consult [_____]. Indicate the physician group [_____]. Staff to call consult(s), add to the treatment team, and update the order with date and time of the call placed.
<input type="checkbox"/> Consult to Electrophysiology – Day 2 of Admission	Reason for Consult [_____]. Indicate the physician group [_____]. Staff to call consult(s), add to the treatment team, and update the order with date and time of the call placed.
<i>Code Status</i>	
<input type="checkbox"/> <b>Full Code</b>	
<i>Healthcare Directive - if New Admission</i>	
<input type="checkbox"/> <b>Healthcare Directive</b>	Obtain and scan into medical record if available.

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<i><b>Vital Signs</b></i>	
<input type="checkbox"/> <b>Vital Signs Hypothermia Maintenance</b>	CONTINUOUS. <ol style="list-style-type: none"> <li>1. Continuous vital sign monitoring during cooling/maintenance phase.</li> <li>2. Continuous temperature monitoring.</li> <li>3. Document temperature every hour.</li> <li>4. More frequent vital signs as needed per patient condition or per unit routine.</li> </ol>
<input type="checkbox"/> <b>Vital Signs Hypothermia Rewarming</b>	<ol style="list-style-type: none"> <li>1. Document vital signs every 30 minutes during rewarming phase until 37 degrees Celsius is reached.</li> <li>2. More frequent vital signs as needed per patient condition or per unit routine.</li> <li>3. May leave cooling device on to maintain temperature 37 degrees Celsius / 98.6 degrees Fahrenheit for up to 8 hours.</li> </ol>
<input type="checkbox"/> <b>Continuous Temperature Monitoring</b>	Continuous.
<input type="checkbox"/> <b>Call Physician</b>	<ol style="list-style-type: none"> <li>1. Systolic Blood Pressure less than 90 mmHg.</li> <li>2. Mean Arterial Pressure less than 60 mmHg.</li> <li>3. Core temperature less than 32 degrees Celsius / 89 degrees Fahrenheit during cooling and maintenance phase and if greater than 38.5 degrees Celsius during rewarming phase.</li> <li>4. Inability to reach target temperature within 4 hours.</li> <li>5. If urine output is less than 0.5 mL/kg/hour.</li> <li>6. If ST elevation or depression noted.</li> <li>7. If shivering present.</li> </ol>
<i><b>Activity</b></i>	
<input type="checkbox"/> <b>Bedrest</b>	Head of bed elevated 30 degrees as tolerated.
<i><b>Nursing</b></i>	
<input type="checkbox"/> <b>Cardiac Monitor</b>	Continuous. Per unit policy. Notify physician of rhythm changes and EKG changes including lengthening of the QT interval, and ST elevation or depression. Document QTc interval every 8 hours.
<input type="checkbox"/> <b>Intake &amp; Output</b>	Per unit policy.
<input type="checkbox"/> <b>Cardiac Output</b>	If Pulmonary Artery Catheter placed, check cardiac output every 4 hours using Thermodilution method. Increase to every 2 hours if patient unstable.
<input type="checkbox"/> <b>Cardiac Output Continuous – Station 20 only</b>	Continuous.
<input type="checkbox"/> <b>Skin assessment at sites covered by gel pads</b>	Every 2 hours to avoid cold related injuries. Notify physician if extremities are mottled or do not blanch.

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<input type="checkbox"/> <b>No Intramuscular or Subcutaneous injections or finger stick glucoses until rewarming completed and temperature stable.</b>	
<input type="checkbox"/> <b>Pneumatic Compression Circulation</b>	Remove 20 minutes every 24 hours for hygiene. Sleeve, Knee high.
<input type="checkbox"/> <b>Pneumatic Compression Unit / Equipment</b>	
<b>Procedures</b>	
<input type="checkbox"/> <b>Central Venous Catheter</b>	Care and maintenance per site specific policy.
<input type="checkbox"/> <b>CVP Monitoring</b>	Transduce central venous catheter per site specific policy.
<input type="checkbox"/> Pulmonary Artery Catheter	Care and maintenance per site specific policy.
<input type="checkbox"/> Arterial Line	Care and maintenance per site specific policy.
<input type="checkbox"/> <b>Oral gastric tube</b>	To low intermittent suction. Care and maintenance per site specific policy.
<input type="checkbox"/> Indwelling Urinary Catheter with Bladder Temp Probe	Continuous temperature monitoring with catheter to drainage bag. If patient arrives with an Indwelling Urinary Catheter without a temperature probe, do not remove catheter. Instead, place esophageal temperature probe for continuous temperature monitoring.
<input type="checkbox"/> Esophageal Temperature Probe	Insert if patient has Indwelling Urinary catheter without temperature probe and confirm placement with CXR.
<b>Respiratory – Mechanical Ventilator Settings – A Separate Order Set is Optional</b>	
<input type="checkbox"/> CMV / AC Mechanical Ventilator Settings - Invasive	CMV/AC (Controlled Mandatory Ventilation) Rate: [_____] , Vt: [_____] mL, FIO2: <input type="checkbox"/> [_____] %. <input type="checkbox"/> Titrate O2 sats to > [_____] %. <input type="checkbox"/> Other [_____] . PEEP +: [_____] cmH2O, Flow: <input type="checkbox"/> Auto Flow <input type="checkbox"/> Rate [_____] Lpm.
<input type="checkbox"/> PCV Mechanical Ventilator Settings - Invasive	PCV (Pressure Control Ventilation) Rate: [_____] , FIO2: <input type="checkbox"/> [_____] %. <input type="checkbox"/> Titrate O2 sats to > [_____] %. <input type="checkbox"/> Other [_____] . Inspiratory Pressure [_____] cmH2O, PEEP +: [_____] cmH2O, I:E ratio: [_____] : [_____] .

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Please note bolded orders are pre-selected in EXCELLIAN.

<b>Diet</b>	
<input type="checkbox"/> <b>NPO</b>	Strict.
<b>Cooling Process</b>	
<input type="checkbox"/> <b>Hypothermia Maintenance Phase</b>	Goal is target temperature of 33 degrees Celsius. Maintain target temperature for 24 hours. Cooling device will maintain a given temperature based on patient temperature feedback. Monitor the water temperature of the cooling device and document every hour.
<b>Rewarming process</b>	
<input type="checkbox"/> <b>Hypothermia Rewarming Phase</b>	<ol style="list-style-type: none"> <li>1. Initiate re-warming 24 hours after reaching desired temperature of 32 – 33 degrees Celsius.</li> <li>2. If desired temperature is not reached, initiate rewarming 24 hours after initiation of cooling.</li> <li>3. Start IV fluids for rewarming phase per protocol.</li> <li>4. Ensure potassium protocol has been discontinued 8 hours prior to re-warming.</li> <li>5. If using Arctic Sun device, set warming rate to 0.5 degrees Celsius per hour. Warm to core body temperature of 37 degrees Celsius.</li> <li>6. If using cooling blankets/ice packs, remove them. Remove/adjust cooling blankets to allow for warming no faster than 1° C/hour. Closely monitor core temperature. Use cooling blankets and ice packs to slow the re-warming if necessary.</li> <li>7. Continue sedation and analgesic, until discontinued by physician.</li> </ol>
<b>Medications – IV Fluids</b>	
<input type="checkbox"/> select an IV fluid	CONTINUOUS, Intravenous, IV Fluid: [_____]. With added potassium chloride [_____] mEq per liter, With added [_____][_____] mEq per liter, Rate: [_____] mL/hr.
<input type="checkbox"/> <b>NaCl 0.9% IV infusion 1000 mL – for use prior to rewarming</b>	CONTINUOUS, Intravenous, Rate: 100 mL/hr. <ol style="list-style-type: none"> <li>1. To begin 6-8 hours prior to rewarming. Infuse fluid to target CVP 8-12 or PCWP 16-18.</li> <li>2. If CVP or PCWP are not in range at onset of re-warming, call MD.</li> <li>3. When goal CVP or PCWP obtained decrease rate to 25ml/hr.</li> </ol>

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<i><b>*If patient was on propofol in the ED, change to LORazepam (ATIVAN) upon admission to ICU*</b></i>	
<b>Medications – Sedation (Select ALL)</b>	
<input type="checkbox"/> <b>LORazepam (ATIVAN) IV – bolus</b>	ONE TIME, Intravenous, Dose: 2 mg. Give prior to starting sedation infusion therapy.
<input type="checkbox"/> <b>LORazepam (ATIVAN) IV – PRN</b>	Q30MIN PRN, Intravenous, Dose: 1 - 2 mg. PRN for sedation AND *Give LORazepam (ATIVAN) IV bolus dose PRIOR TO EACH LORazepam infusion rate increase.*
<input type="checkbox"/> <b>LORazepam (ATIVAN) IV - infusion</b>	CONTINUOUS, Intravenous, Dose: 1 -5 mg/hr. Begin infusion at 1 mg/hr (usual infusion range: 0.5-7 mg/hr). Titrate by 1 mg every 30 minutes as needed for sedation. Notify physician if dose exceeds 5 mg/hr. **Give LORazepam IV bolus dose PRIOR TO EACH infusion rate increase**.  <i>Comment: Usual infusion range: 0.5-7 mg/hr.</i>
<b>Medications – Analgesia (Select ALL, if not already ordered)</b>	
<input type="checkbox"/> fentanyl (SUBLIMAZE) IV - bolus	ONE TIME, Intravenous, Dose: 50 mcg. Give prior to starting fentanyl infusion.
<input type="checkbox"/> fentanyl (SUBLIMAZE) IV – PRN	Q30MIN PRN, Intravenous, Dose: 50 mcg. Give for pain or shivering.
<input type="checkbox"/> fentanyl (SUBLIMAZE) IV - Infusion	CONTINUOUS, Intravenous, Dose: 50 mcg/hr. Begin infusion at 50 mcg/hr (usual dose range: 50-200 mcg/hr). Titrate by 25 mcg every 30 minutes as needed for pain or shivering. Notify physician if rate exceeds 300 mcg/hr.  <i>Comment: usual dose range: 50-200 mcg/hr</i>
<b>Medications – Paralytic Bolus</b>	
<input type="checkbox"/> atracurium (TRACRIUM) IV – bolus	EACH TIME PRN, Intravenous, Dose: 0.4 mg/kg bolus. *GIVE A BOLUS DOSE prior to starting paralytic infusion.* May repeat bolus dose once, 30 minutes after initial bolus to abolish shivering. Patient MUST be intubated, sedated and mechanically ventilated prior to AND during paralytic treatment.  **NEUROMUSCULAR BLOCKER

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<b>Medications – Paralytic Infusion</b>	
<input type="checkbox"/> atracurium (TRACRIUM) IV – infusion	CONTINUOUS, Intravenous, Dose: 4 mcg/kg/min. (usual dosage is 4-12 mcg/kg/min) Begin after paralytic bolus dose. Patient <b>MUST</b> be intubated, sedated and mechanically ventilated prior to AND during paralytic treatment.  Train of Four Monitoring (TOF) Via Peripheral Nerve Stimulation: 1. Obtain TOF baseline prior to bolus and start of paralytic infusion. Document level of current and response. 2. Titrate infusion by 1mcg/kg/min to obtain 2 out of 4 TOF. 3. Measure TOF every 2 hours. Notify physician if no response. 4. Call physician if shivering is observed and MD to consider a re-bolus of paralytic agent. 5. Discontinue infusion when core temperature of 37 degrees Celsius is achieved.  <i>Comment: usual dosage is 4-12 mcg/kg/min</i>
<b>Medications – Electrolyte Replacement</b>	
<input type="checkbox"/> <b>Potassium replacement protocol</b>	Discontinue potassium replacement 8 hours prior to rewarming. Call physician if potassium level is less than 3. Refer to facility specific protocol for dosing and may return to protocol when the re-warmed goal temp of 37 degrees Celsius is achieved.
<input type="checkbox"/> <b>Magnesium replacement protocol</b>	Refer to facility specific protocol for dosing.
<b>Medications – Heparin – Pharmacy Managed Protocol (Select only ONE protocol)</b>	
<input type="checkbox"/> heparin <b>*PHARMACY MANAGED IV PROPHYLACTIC PROTOCOL*</b>	Pharmacy to dose per <b>*HYPOTHERMIA*</b> IV prophylactic heparin protocol.
<input type="checkbox"/> heparin <b>*PHARMACY MANAGED IV THERAPEUTIC PROTOCOL*</b> - Use with caution in patients that received thrombolytics or antiplatelet therapy.	Pharmacy to dose per <b>*HYPOTHERMIA*</b> IV therapeutic heparin protocol. Use with caution in patients that received thrombolytics or antiplatelet therapy.
<input type="checkbox"/> <b>NOTE TO NURSING – Pharmacy to Manage IV Heparin Protocol.</b>	See MAR for order details.
<b>Medications - Insulin</b>	
<input type="checkbox"/> <b>insulin intensive continuous infusion protocol- for ICU use only</b>	See facility specific protocol for dosing. For ICU use only.

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<b>Medications - GI</b>	
<input type="checkbox"/> famotidine (PEPCID) IV	Q12H, Intravenous, Dose: 20 mg.
<b>Medications - Other</b>	
<input type="checkbox"/> artificial tear ointment (REFRESH, LACRILUBE), ophthalmic	Q6H, Ophthalmic, both eyes. Dose: Apply thin strip to both eyes while on paralytic agent.
<b>Laboratory - Now</b>	
<input type="checkbox"/> Urinalysis With Reflex Microscopic if Positive	PRN, STAT. If not already completed. Nurse to release order.
<b>Laboratory - Timed or PRN</b>	
<input type="checkbox"/> Protime, INR	Q6H, ASAP, during cooling and re-warming process. 8 Occurrences.
<input type="checkbox"/> Basic Metabolic Panel	Q6H, ASAP, during cooling and re-warming process. 8 Occurrences.
<input type="checkbox"/> Calcium	Q6H, ASAP, during cooling and re-warming process. 8 Occurrences.
<input type="checkbox"/> Metered Glucose POC	Q6H, ASAP, if patient not on ICU insulin protocol.
<input type="checkbox"/> Arterial Blood Gas	Q6H, STAT, during cooling and re-warming process. 8 occurrences.
<input type="checkbox"/> Arterial Blood Gas	PRN STAT, for change in respiratory status. Nurse to release order at appropriate time.
<input type="checkbox"/> Lactate	PRN, STAT, 12 Hours after initiation of cooling. Nurse to release order at appropriate time.
<input type="checkbox"/> CBC with Platelets no Differential	PRN, STAT, 12 Hours after initiation of cooling. Nurse to release order at appropriate time.
<input type="checkbox"/> Magnesium	PRN, STAT, 12 Hours after initiation of cooling. Nurse to release order at appropriate time.
<input type="checkbox"/> Amylase	PRN, STAT, 12 Hours after initiation of cooling. Nurse to release order at appropriate time.
<input type="checkbox"/> Lipase	PRN, STAT, 12 Hours after initiation of cooling. Nurse to release order at appropriate time.
<input type="checkbox"/> Hepatic Function Panel	EARLY AM, TOMORROW AM. For 2 occurrences.
<input type="checkbox"/> Brain Natriuretic Peptide	EARLY AM, TOMORROW AM. For 2 occurrences.
<input type="checkbox"/> Phosphorus	EARLY AM, TOMORROW AM. For 2 occurrences.
<input type="checkbox"/> CK-MB Panel	EARLY AM, TOMORROW AM. For 2 occurrences.
<input type="checkbox"/> Troponin	EARLY AM, TOMORROW AM. For 2 occurrences.

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<input type="checkbox"/> <b>Blood Cultures</b>	EVERY 30 MINUTES, STAT x 2.
<input type="checkbox"/> Serum HCG	For all females less than 50 years of age.
<b><i>EKG</i></b>	
<input type="checkbox"/> <b>12 Lead EKG – PRN</b>	PRN, STAT, For ST elevation. Nurse to release order.
<b><i>Medical Imaging</i></b>	
<input type="checkbox"/> <b>XR Chest Portable 1 View Daily</b>	RAD DAILY, Routine
<input type="checkbox"/> <b>XR Abdominal Portable 1 View</b>	RAD ONE TIME, ASAP. Reason for Exam: Confirm OG tube placement.
<input type="checkbox"/> CT Head without Contrast	RAD ONE TIME, Routine. Reason for Exam: [ _____ ].
<b><i>Echo – Single Select Section</i></b>	
<input type="checkbox"/> <b>Echocardiogram Complete</b>	RAD ONE TIME, Routine. Reason for Exam: [ _____ ].
<b><i>Interdisciplinary Consults</i></b>	
<input type="checkbox"/> <b>Consult to Social Work Services</b>	Reason for Consult: <input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Chemically Dependent <input type="checkbox"/> Clinically Complex <input type="checkbox"/> Concerns re: Living Issues <input type="checkbox"/> Current Mental Health Issue <input type="checkbox"/> Financial Issues <input type="checkbox"/> Impaired Functional Status <input type="checkbox"/> Inadequate Social Support <input type="checkbox"/> Needs Post D/C Services <input type="checkbox"/> Needs Probable Home Care <input type="checkbox"/> Needs Probable SNF Placement <input type="checkbox"/> Other (Specify in Comments) <input type="checkbox"/> Pt's from NH or Treatment Facility <input type="checkbox"/> Requests Help with a HCD
<input type="checkbox"/> Physical Therapy Eval and Treat	Treat and eval post therapeutic hypothermia/cardiac arrest.
<input type="checkbox"/> Consult to Occupational Therapy Eval and Treat	Treat and eval post therapeutic hypothermia/cardiac arrest.
<input type="checkbox"/> Cardiac Rehab Eval and Treat	Teach family CPR prior to discharge.

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Medical Record # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Surgery/Admission \_\_\_\_\_

**PROVIDER'S ORDERS**

03/16/2010

# (31190) Hypothermia Initiation Phase Two - Admission

Please note bolded orders are pre-selected in EXCELLIAN.

Additional Orders

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Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**Provider Initials**

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Patient Name \_\_\_\_\_

Medical Record # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Surgery/Admission \_\_\_\_\_

**PROVIDER'S ORDERS**

03/16/2010

## (31271) Hypothermia Post Therapeutic Phase 3 - Transfer

Please note bolded orders are pre-selected in EXCELLIAN.

Hypothermia Post Therapeutic Phase 3 - Transfer	
<i>Diagnosis</i>	
<i>Allergies</i>	
<i>Admission/ Transfer – if Applicable</i>	
<input type="checkbox"/> <b>Transfer to Telemetry Unit</b>	
<i>Intent to Discharge</i>	
<input type="checkbox"/> Intent to Discharge	Date: Time:
<i>Consults</i>	
<input type="checkbox"/> <b>Consult to Hospitalist</b>	Cool It/Hypothermia Patient. Indicate the physician group: [_____]. Staff to call consultant(s), add to the treatment team, and update the order with date and time of the call placed.
<input type="checkbox"/> <b>Consult to Neuropsychology</b>	Cool It/Hypothermia Patient Indicate the physician group: [_____]. Staff to call consultant(s), add to the treatment team, and update the order with date and time of the call placed.
<input type="checkbox"/> <b>Consult to Physical Medicine and Rehab</b>	Cool It/Hypothermia Patient Indicate the physician group: [_____]. Staff to call consultant(s), add to the treatment team, and update the order with date and time of the call placed.
<input type="checkbox"/> Consult to Palliative Care	Cool It/Hypothermia Patient Indicate the physician group: [_____]. Staff to call consultant(s), add to the treatment team, and update the order with date and time of the call placed.
<input type="checkbox"/> Consult to Physician (Specify)	Cool It/Hypothermia Patient Indicate the physician group: [_____]. Staff to call consultant(s), add to the treatment team, and update the order with date and time of the call placed.
<i>Vital Signs</i>	
<input type="checkbox"/> <b>Vital Signs</b>	CONTINUOUS. Per unit policy. Include continuous oximetry and/or spot check.
<i>Activity</i>	
<input type="checkbox"/> <b>Up as Tolerated</b>	

**Provider Initials**

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Patient Name \_\_\_\_\_

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**PROVIDER'S ORDERS**

05/04/2010

## (31271) Hypothermia Post Therapeutic Phase 3 - Transfer

Please note bolded orders are pre-selected in EXCELLIAN.

<b><i>Nursing</i></b>	
<input type="checkbox"/> <b>Weight</b>	On admission and daily.
<input type="checkbox"/> <b>Cardiac Monitor</b>	
<input type="checkbox"/> May Transport without Monitor	
<input type="checkbox"/> May Shower off Monitor	
<input type="checkbox"/> <b>Patient to have IV Access in Place while on Monitor.</b>	Care and maintenance per site specific policy.
<input type="checkbox"/> Continue indwelling urinary catheter	
<input type="checkbox"/> Intake and Output	
<input type="checkbox"/> Metered Glucose	QID AC and HS, PRN if symptomatic.
<input type="checkbox"/> Pneumatic Compression Devices	Remove 20 minutes every 24 hours for hygiene. Sleeve, Knee high.
<b><i>Respiratory</i></b>	
<input type="checkbox"/> Oxygen	Continuous, PRN to keep SaO2 greater than 90%.
<input type="checkbox"/> Oximetry – Continuous	
<input type="checkbox"/> Consult to Respiratory Care (RCAT)	
<b><i>Diet</i></b>	
<input type="checkbox"/> Cardiac Diet	Low Saturated Fat, Low Cholesterol, 3 Gram Sodium (No Added Salt).
<input type="checkbox"/> Cardiac Diet with Modifiers	Select modifiers:
<input type="checkbox"/> Feeding Tube	
<input type="checkbox"/> NPO	Sips with medications.
<b><i>Medications – Electrolyte Protocols</i></b>	
<input type="checkbox"/> <b>potassium replacement protocol</b>	See Facility Specific Protocol for Dosing.
<input type="checkbox"/> <b>magnesium replacement protocol</b>	See Facility Specific Protocol for Dosing.

**Provider Initials**

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Patient Name \_\_\_\_\_

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**PROVIDER'S ORDERS**

05/04/2010

## (31271) Hypothermia Post Therapeutic Phase 3 - Transfer

Please note bolded orders are pre-selected in EXCELLIAN.

<i><b>Laboratory</b></i>	
<input type="checkbox"/> <b>Basic Metabolic Panel – Hypothermia Phase 3</b>	Early AM, Tomorrow AM.
<input type="checkbox"/> <b>Magnesium – Hypothermia Phase 3</b>	Early AM, Tomorrow AM.
<input type="checkbox"/> <b>CBC with Platelets no Differential – Hypothermia Phase 3</b>	Early AM, Tomorrow AM..
<input type="checkbox"/> <b>Brain Natriuretic Peptide – Hypothermia Phase 3</b>	Early AM, Tomorrow AM.
<i><b>Interdisciplinary Consults</b></i>	
<input type="checkbox"/> <b>Physical Therapy Eval and Treat</b>	Cool It/Hypothermia Patient.
<input type="checkbox"/> <b>Occupational Therapy Eval and Treat</b>	Cool It/Hypothermia Patient.
<input type="checkbox"/> <b>Speech and Language Pathology</b>	Cool It/Hypothermia Patient.
<input type="checkbox"/> <b>Cardiac Rehab Eval and Treat</b>	Cool It/Hypothermia Patient. Arrange for OP Cardiac Rehab. Teach family CPR prior to discharge.
<input type="checkbox"/> <b>Consult to Tobacco Cessation Counseling</b>	Cool It/Hypothermia Patient. Nurse to release order if patient has used Tobacco in the past 12 months.
<input type="checkbox"/> <b>Consult to Spiritual Care</b>	Cool It/Hypothermia Patient.
<input type="checkbox"/> Consult to Social Work Services	Cool It/Hypothermia Patient.
<input type="checkbox"/> Consult to Dietician	Cool It/Hypothermia Patient.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**Provider Initials**

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Patient Name \_\_\_\_\_

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**PROVIDER'S ORDERS**

05/04/2010

## (31272) Hypothermia Post Therapeutic Phase 4 – Prep for DC

Please note bolded orders are pre-selected in EXCELLIAN.

Hypothermia Post Therapeutic Phase 4 – Prep for DC	
<i>Diagnosis</i>	
<i>Nursing Discharge</i>	
<input type="checkbox"/> <b>Provide DC Instructions per Post Hypothermia Booklet</b>	
<i>After Discharge Orders</i>	
<i>Post Discharge Follow Up and Appointments</i>	
<input type="checkbox"/> <b>AMB Occupational Therapy Eval and Treat</b>	Post “Cool It/Hypothermia” patient.
<input type="checkbox"/> <b>Follow Up with Neuropsychology (Specify)</b>	Schedule follow-up appointment in [     ] day (s) with (Specify) [     ]. Date: [     ]. Time: [     ].
<input type="checkbox"/> <b>MR Cardiac with/without Contrast - for patients WITHOUT ICD</b>	Schedule MRI appointment in 4-6 weeks. Reason for Exam: Post “Cool It/Hypothermia” patient.
<input type="checkbox"/> <b>Echocardiogram Complete without Contrast – For Patients WITH ICD</b>	Schedule Echo appointment in 4-6 weeks. Reason for Exam: Post “Cool It/Hypothermia” patient.
<input type="checkbox"/> <b>Follow Up With Cardiologist with MRI/Echo completed prior to appointment</b>	Schedule follow-up appointment in 4-6 weeks with Cardiologist. Post “Cool It/Hypothermia” patient.
<b>Additional Orders</b>	

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Provider Signature

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Date

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**Provider Initials**

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Patient Name \_\_\_\_\_

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**PROVIDER'S ORDERS**

05/04/2010