UMC Health System ICU LAB PLAN	Patient Label Here

PHYSICIAN ORDERS	
Diagnosis _____	
Weight _____ **Allergies** _____	
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.	

ORDER	ORDER DETAILS
	Laboratory
	Hematology
	CBC ☐ Routine, T;N
	CBC ☐ Next Day in AM, Every AM
	CBC with Differential ☐ Next Day in AM
	Coagulation
	Anti Xa Level ☐ Timed, T;1300, Every M and Th
	Anti Xa Level ☐ Timed, T;1300, Every T and F
	Prothrombin Time with INR ☐ Routine, T;N
	Prothrombin Time with INR ☐ Next Day in AM, Every AM
	PTT ☐ Routine, T;N
	PTT ☐ Next Day in AM, Every AM
	Chemistry
	Renal Function Panel ☐ Routine, T;N
	Renal Function Panel ☐ Next Day in AM, Every AM
	Basic Metabolic Panel ☐ Routine, T;N
	Comprehensive Metabolic Panel ☐ Routine, T;N
	Magnesium Level ☐ Routine, T;N
	Magnesium Level ☐ Next Day in AM, Every AM
	Phosphorus Level ☐ Routine, T;N
	Phosphorus Level ☐ Next Day in AM, Every AM

☐ **TO**   ☐ **Read Back**   ☐ **Scanned Powerchart**   ☐ **Scanned PharmScan**

Order Taken by Signature: _____   Date _____ Time _____

Physician Signature: _____   **Date** _____ **Time** _____

ICU Lab Plan   Version: 4   Effective on: 12/05/23

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ICU LAB PLAN

Patient Label Here

PHYSICIAN ORDERS	

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	CK ☐ Routine, T;N, q8h 48 hr
	Myoglobin ☐ Routine, T;N, q8h 48 hr
	Nutrition Labs
	Prealbumin ☐ Routine, T;N
	Prealbumin ☐ Next Day in AM, Every M and Th
	C Reactive protein (CRP) ☐ Routine, T;N
	C Reactive protein (CRP) ☐ Next Day in AM, Every M and Th
	Urine 24hr Urea Nitrogen ☐ Next Day in AM, Every Monday
	Respiratory
	Arterial Blood Gas (ABG with Lactate) ☐ STAT, Additional Tests: Lactate, PRN:
	Arterial Blood Gas (ABG with Lactate) ☐ Routine, Additional Tests: Lactate, Every AM, PRN, Continue while patient is on ventlator. D/C once patient is no longer on vent, bipab, or hiflow oxygen.

☐ **TO**   ☐ **Read Back**   ☐ **Scanned Powerchart**   ☐ **Scanned PharmScan**

Order Taken by Signature: _____   Date _____   Time _____

Physician Signature: _____   **Date** _____   **Time** _____

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