

UMC Health System LIFEGIFT BRAIN DEATH PLAN	Patient Label Here
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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

Admit/Discharge/Transfer

THIS PLAN IS TO BE ORDERED ONLY ON THE LIFEGIFT ENCOUNTER, WITH DR LIFEGIFT AS THE ATTENDING
 Before this Code Status order can be placed, the previous Code Status order must be cancelled.
Code Status
 Code Status: Full Code

Patient Care

Vital Signs
 q1h

Core Body Temperature Monitoring
 Maintain body temp 96-99 degrees Fahrenheit. Utilize Hyper/Hypothermia blanket prn

Set Up for Arterial Line Placement

Arterial Pressure Monitoring
 q1h

Set Up for Central Line Placement

Central Venous Pressure Monitoring
 q1h

Strict Intake and Output
 q1h

Insert Gastric Tube
 Nasogastric - NG Orogastric - OG
 Sump Other

Gastric Tube to Suction
 Method: Low Intermittent Suction

Insert Urinary Catheter
 Foley, To: Dependent Drainage Bag

Urinary Catheter Care
 Foley to dependent drainage bag. Daily Foley care.

Record Urinary Catheter Output
 q1h

Set Up for Bronchoscopy
 BAL with Gram Stain

Set Up for Bronchoscopy
 q24 hrs w/o gram stain

Communication

Notify Provider of VS Parameters
 SBP Greater Than 180, SBP Less Than 90

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ORDER	ORDER DETAILS
	<input type="checkbox"/> 38.5 mEq, Every Bag <input type="checkbox"/> 40 mEq, Every Bag
	D5W for Serum Sodium GREATER than 165 mMol/L D5W <input type="checkbox"/> IV, 75 mL/hr ***D5W can be used when serum Sodium GREATER than 165 mMol/L*** <input type="checkbox"/> IV, 125 mL/hr ***D5W can be used when serum Sodium GREATER than 165 mMol/L*** <input type="checkbox"/> IV, 150 mL/hr ***D5W can be used when serum Sodium GREATER than 165 mMol/L*** <input type="checkbox"/> IV, 200 mL/hr ***D5W can be used when serum Sodium GREATER than 165 mMol/L***

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

	ocular lubricant <input type="checkbox"/> 1 app, both eyes, ophth oint, q12h, PRN dry eyes
	albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution) <input type="checkbox"/> 2.5 mg, inhalation, soln, q4h
	conjugated estrogens (conjugated estrogens 25 mg injection) <input type="checkbox"/> 50 mg, IVPush, inj, q8h, x 3 dose
	rosuvastatin <input type="checkbox"/> 20 mg, PO, tab, q12h, x 3 dose
	Medications for the OR heparin <input type="checkbox"/> 30,000 units, IVPush, inj, OCTOR, NOT TO BE GIVEN IN THE ICU NOT TO BE GIVEN IN THE ICU. Medications will be taken to the OR by Lifegift Staff.
	mannitol <input type="checkbox"/> 25 g, IVPush, iv soln, OCTOR, NOT TO BE GIVEN IN THE ICU NOT TO BE GIVEN IN THE ICU. Medications will be taken to the OR by Lifegift Staff.
	furosemide <input type="checkbox"/> 100 mg, IVPush, inj, OCTOR, NOT TO BE GIVEN IN THE ICU NOT TO BE GIVEN IN THE ICU. Medications will be taken to the OR by Lifegift Staff.
	DVT Prophylaxis heparin <input type="checkbox"/> 5,000 units, subcut, inj, q12h, for CrCl less than 30 mL/min
	enoxaparin <input type="checkbox"/> 0.5 mg/kg, subcut, syringe, q12h, for CrCl greater than or equal to 30 mL/min

Continuous Infusion

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ORDER	ORDER DETAILS
	norepinephrine 4 mg/250 mL NS - Titratab (norepinephrine 4 mg/250 mL NS - Titratable) <input type="checkbox"/> IV, Max dose: 40 mcg/min Final concentration = 0.016 mg/mL (16 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/min
	phenylephrine 10 mg/250 mL NS - Titratab (phenylephrine 10 mg/250 mL NS - Titratable) <input type="checkbox"/> IV, Max dose: 180 mcg/min Final concentration = 0.04 mg/mL (40 mcg/mL). <input type="checkbox"/> Start at rate: _____ mcg/min
Antimicrobials	
	piperacillin-tazobactam <input type="checkbox"/> 3.375 g, IVPB, ivpb, q8h, Infuse over 4 hr, Pre-OP/Post-Op Prophylaxis
	vancomycin <input type="checkbox"/> 1,000 mg, IVPB, ivpb, q12h, Infuse over 90 min, Pre-OP/Post-Op Prophylaxis
	meropenem <input type="checkbox"/> 1 g, IVPB, ivpb, q8h, Infuse over 3 hr, Pre-OP/Post-Op Prophylaxis
	levoFLOxacin <input type="checkbox"/> 500 mg, IVPB, ivpb, q24h, Infuse over 60 min, Pre-OP/Post-Op Prophylaxis
	fluconazole <input type="checkbox"/> 400 mg, IVPB, ivpb, q24h, Infuse over 2 hr, Pre-OP/Post-Op Prophylaxis
	micafungin <input type="checkbox"/> 100 mg, IVPB, ivpb, q24h, Infuse over 1 hr, Pre-OP/Post-Op Prophylaxis
Hormonal Therapy Protocol - Initiation	
	Select both hydrocortisone orders below hydrocortisone <input type="checkbox"/> 300 mg, IVPush, inj, ONE TIME
	hydrocortisone <input type="checkbox"/> 100 mg, IVPush, inj, q8h Start 8 hours after the initial hydrocortisone bolus.
Hormonal Therapy Protocol-Levothyroxine	
	levothyroxine (levothyroxine injection) <input type="checkbox"/> 20 mcg, IVPush, inj, ONE TIME, Organ Donation
	levothyroxine 100 mcg/250 mL 1/2 NS <input type="checkbox"/> IV, Do NOT Titrate <input type="checkbox"/> Start at rate: _____ mcg/hr
Hormonal Therapy Protocol - Vasopressin	
	vasopressin <input type="checkbox"/> 1 units, IVPush, inj, ONE TIME Give prior to starting vasopressin continuous infusion.
	vasopressin 20 units/50 mL NS - Titratab (vasopressin 20 units/50 mL NS - Titratable) <input type="checkbox"/> Alternative goal: Target urine output 0.5-3 mL/kg/hr

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ORDER	ORDER DETAILS
Hormonal Therapy Protocol - Insulin	
	Medication Management <input type="checkbox"/> Start date T;N Discontinue all insulin containing products and oral hypoglycemic agents prior to initiating insulin infusion.
	Hemoglobin A1C <input type="checkbox"/> STAT, T;N, Comment: Draw before starting Continuous Insulin Infusion
	POC Blood Sugar Check <input type="checkbox"/> q1h 4 times, then q2h. Start when continuous insulin infusion is initiated.
Laboratory	
	BB Blood Type (ABO/Rh) <input type="checkbox"/> STAT, T;N, Comment: LifeGift blood typing
	BB Antibody Screen <input type="checkbox"/> STAT, T;N
	BB Clot to Hold <input type="checkbox"/> STAT, T;N
	BB PRBC for pts 25 kg or GREATER <input type="checkbox"/> Quantity: 2, units to transfuse
	BB Plasma for pts 25 kg or GREATER <input type="checkbox"/> Quantity: 2, units to transfuse
	Comprehensive Metabolic Panel <input type="checkbox"/> STAT, T;N
	Comprehensive Metabolic Panel <input type="checkbox"/> Routine, T;N+480, q8h for 72 hr
	CBC with Differential <input type="checkbox"/> STAT, T;N
	CBC with Differential <input type="checkbox"/> Routine, T;N+480, q8h for 72 hr
	Culture Sputum with Gram Stain <input type="checkbox"/> STAT, T;N, Comment: If unable to obtain, notify LifeGift Coordinator
	Urinalysis <input type="checkbox"/> Urine, STAT, T;N
	CK (Creatine Kinase) <input type="checkbox"/> STAT, T;N
	CK (Creatine Kinase) <input type="checkbox"/> Routine, T;N+480, q8h for 72 hr
	Hemoglobin A1C <input type="checkbox"/> STAT, T;N
	Beta HCG Serum Qualitative <input type="checkbox"/> STAT, T;N

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	Culture Quantitative Bronchial with Gram (Culture Quantitative Bronchial with Gram Stain) <input type="checkbox"/> Bron Alveolar Lavage, STAT, T;N
	Misc Sendout Test <input type="checkbox"/> Specimen Type: Blood, STAT, T;N, Label Comment CK Isoenzymes
	Misc Sendout Test <input type="checkbox"/> Specimen Type: Blood, Routine, T;N, Label Comment repeat q8hrs - CK Isoenzymes
	Magnesium Level <input type="checkbox"/> STAT, T;N
	Magnesium Level <input type="checkbox"/> Routine, T;N+480, q8h for 72 hr
	Phosphorus Level <input type="checkbox"/> STAT, T;N
	Phosphorus Level <input type="checkbox"/> Routine, T;N+480, q8h for 72 hr
	Bilirubin Direct <input type="checkbox"/> STAT, T;N
	Bilirubin Direct <input type="checkbox"/> Routine, T;N+480, q8h for 72 hr
	LDH <input type="checkbox"/> STAT, T;N
	GGT <input type="checkbox"/> STAT, T;N
	GGT <input type="checkbox"/> Routine, T;N+480, q8h for 72 hr
	Amylase Level <input type="checkbox"/> STAT, T;N
	Lipase Level <input type="checkbox"/> STAT, T;N
	Prothrombin Time with INR (PT with INR) <input type="checkbox"/> STAT
	Prothrombin Time with INR (PT with INR) <input type="checkbox"/> Routine, T;N+480, q8h for 72 hr
	PTT <input type="checkbox"/> STAT
	PTT <input type="checkbox"/> Routine, T;N+480, q8h for 72 hr
Diagnostic Tests	
	DX Chest Portable <input type="checkbox"/> T;N, STAT

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ORDER	ORDER DETAILS
	DX Chest Portable <input type="checkbox"/> T;N+240, Routine, q4h, for 72, hr
	EKG-12 Lead <input type="checkbox"/> STAT, with STAT read.
	Echo Transthoracic (TTE) with contrast i (Echo Transthoracic (TTE) with contrast if needed) <input type="checkbox"/> STAT
	CT Chest w/o <input type="checkbox"/> STAT
	CT Abd w/o Contrast <input type="checkbox"/> STAT
Respiratory	
	Suction Patient <input type="checkbox"/> PRN
	Notify RT <input type="checkbox"/> Oxygen Challenge: Increase FiO2 to 100%, PEEP to 5. Wait 15 min, draw ABG. Then decrease FiO2 to 40%. Wait 30 min, draw ABG.
	<p style="text-align: center;">***Ventilator Settings Must Be Entered Below***</p> Ventilator Settings
	Arterial Blood Gas <input type="checkbox"/> STAT, Additional Tests: Electrolytes
	Arterial Blood Gas <input type="checkbox"/> Routine, Additional Tests: Electrolytes, q4h
	Notify RT <input type="checkbox"/> Arterial Blood Gas 30 minutes after any ventilator change.
	Notify RT <input type="checkbox"/> IPV q2-4 hours

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UMC Health System INSULIN DRIP PLAN NON DKA	Patient Label Here
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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
Patient Care	
	Insulin Drip Protocol <input type="checkbox"/> ***See Reference Text***
	LOW Target Blood Glucose <input type="checkbox"/> 120 mg/dL <input type="checkbox"/> 140 mg/dL
	HIGH Target Blood Glucose <input type="checkbox"/> 140 mg/dL <input type="checkbox"/> 160 mg/dL <input type="checkbox"/> 180 mg/dL
	POC Blood Sugar Check <input type="checkbox"/> q1h, by fingerstick, CVL, or arterial line. DO NOT alternate sites without Physician approval.
Communication	
	Notify Provider (Misc) (Notify Provider of Results) <input type="checkbox"/> Reason: Blood Glucose less than 60 mg/dL or greater than 200 mg/dL, also notify if two consecutive BG's less than 70 mg/dL.
	Notify Provider (Misc) <input type="checkbox"/> Reason: If other physicians order insulin subQ, IV, or in TPN, feedings are started, stopped, or changed, or if other physicians turn off drip for any reason.
	Notify Provider (Misc) <input type="checkbox"/> T;N, Reason: If multiplier remains stable for 8 consecutive hours, consider transition to long acting insulin
	Notify Nurse (DO NOT USE FOR MEDS) <input type="checkbox"/> Obtain Serum Blood Glucose if Accucheck is less than 40 mg/dL or greater than 450 mg/dL. However, do not wait for lab results to treat glucose level according to the orders for hypoglycemia
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	insulin R 100 units/100 mL NS <input type="checkbox"/> IV Insulin Drip Formula: $(BG - 60) \times 0.03 = \text{number of UNITS insulin/hour}$ BG = Current Blood Glucose 0.03 = "multiplier" <input type="checkbox"/> Start at rate: _____ units/hr
	glucose (D50) <input type="checkbox"/> 25 g, IVPush, syringe, as needed, PRN low blood sugar If blood glucose is less than 60 mg/dL, administer 25 g D50W. Recheck level in 15 minutes. Repeat dose if still less than 60 mg/dL and contact provider. Continued on next page....

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<p>To determine the insulin glargine (Lantus) dose, average the last 8 hours of the insulin drip to units per hour. Multiply this times 20.</p> <p>***If insulin glargine (Lantus) dose is greater than 60 units, the dose should be split in half and given BID. One injection should not be more than 60 units.***</p> <p>insulin glargine</p> <p><input type="checkbox"/> units, subcut, inj, Daily Administer the initial dose of Lantus 2 hours PRIOR to discontinuing the insulin drip. Dose to be reassessed by physician every 24 hours.</p> <p><input type="checkbox"/> units, subcut, inj, BID Administer the initial dose of Lantus 2 hours PRIOR to discontinuing the insulin drip. Dose to be reassessed by physician every 24 hours.</p>

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