**UMC Health System**

# MICU DIRECT ADMIT 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 |
|---|---|
| | MICU Standard Admit (Non -Intubated Patient) |
| | MICU Standard Admit (Intubated Patient) |
| | ***Please add the additional orders if patient is admitted with the following diagnoses.*** |
| | Diagnosis of Sepsis and/or Pneumonia: |
| | Diagnosis of GI Bleed |
| | **Patient Care** |
| | **Insert Gastric Tube** |
| | **Communication** |
| | **Obtain Consent**<br>☐ T;N, ICU Consent Paperwork |
| | **Obtain Consent** |
| | **Confirm Gastric Tube Placement - Cleared (Confirm Gastric Tube Placement - Cleared for Use)**<br>☐ T;N, Confirm with KUB; if transferred from outside facility confirm with KUB for placement |
| | **Laboratory** |
| | **Comprehensive Metabolic Panel (CMP)** |
| | **CBC** |
| | **Prothrombin Time with INR (PT with INR)** |
| | **PTT** |
| | **CBC** |
| | **Comprehensive Metabolic Panel (CMP)** |
| | **Prothrombin Time with INR (PT with INR)** |
| | **PTT** |
| | **Culture Blood (Blood Culture)** |
| | **Lactic Acid Level** |
| | **Culture Blood (Blood Culture)** |
| | **Lactic Acid Level** |
| | **Lactic Acid Level** |
| | **Urinalysis with Positive Culture Reflex (UA with Positive Culture Reflex)** |
| | **Culture Respiratory with Gram Stain** |
| | **BB Blood Type (ABO/Rh)** |
| | **BB Antibody Screen** |
| | **Diagnostic Tests** |
| | |

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

Order Taken by Signature: _____ Date _____ Time _____

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

**UMC Health System**

# MICU DIRECT ADMIT 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 |
|---|---|
| | **DX Chest Portable**<br>☐ T;N, SOB and/or Chest Pain |
| | **EKG-12 Lead** |
| | **DX Chest Portable** |
| | **EKG-12 Lead** |
| | **DX Abdomen AP (KUB)** |
| | **Respiratory** |
| | **Arterial Blood Gas (ABG)** |

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

Order Taken by Signature: _____ Date _____ Time _____

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