

TARGETED TEMPERATURE MANAGEMENT  
- Phase: Cooling Phase

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

**Patient Care**

\*\*\*Recommended Start time of Re-Warming Phase is 24 hours after initialization of Cooling Phase.\*\*\*  
Utilize cooling phase orders to achieve a goal CBT of 33 C (Range of 32.5 - 34 C) within 4-6 hours of ROSC.

**Hypothermic Cooling Device**

Device: Arctic Sun  Device: Manual Cooling

**Vital Signs**

Per Unit Standards, q15min until goal temperature then q1h afterward.

**Patient Activity**

Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees

**Apply Ice**

To: Neck, Groin, and Axillae., If Central Venous Catheter and/or Alsium CoolGard Are not available at ICU Admission.

**IV Solutions**

If using manual cooling method use NS chilled to 4 degrees C.

**NS (Normal Saline)**

IV, 75 mL/hr  IV, 100 mL/hr  
 IV, 125 mL/hr  IV, 150 mL/hr  
 IV, 200 mL/hr

**NS (Cold Saline)**

30 mL/kg, IVPB, ONE TIME, Infuse over 30 min

**Laboratory**

**CBC with Differential**

Routine, T;N, q6h 24 hr

**Prothrombin Time with INR**

Routine, T;N, q6h 24 hr

**PTT**

Routine, T;N, q6h 24 hr

**Basic Metabolic Panel**

Routine, T;N, q4h 24 hr

**Calcium Level**

Routine, T;N, q6h 24 hr

**Magnesium Level**

Routine, T;N, q6h 24 hr

**Phosphorus Level**

Routine, T;N, q6h 24 hr

**CK**

Routine, T;N, q6h 24 hr

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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
	<b>Troponin T High Sensitivity</b> <input type="checkbox"/> Routine, T;N, q6h for 24 hr
	<b>Culture Blood (Blood Culture)</b> <input type="checkbox"/> Blood, Timed, T;N+720
	<b>Lactic Acid Level</b> <input type="checkbox"/> Timed, T;N+720
	<b>Culture Blood (Blood Culture)</b> <input type="checkbox"/> Blood, Timed, T;N+735
	<b>Lactic Acid Level</b> <input type="checkbox"/> Timed, T;N+735
	<b>Culture Urine</b> <input type="checkbox"/> Urine, T;N+720
	<b>Culture Sputum with Gram Stain</b> <input type="checkbox"/> Sputum, Timed, T;N+720

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TARGETED TEMPERATURE MANAGEMENT  
- Phase: Initial Orders

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
<b>Patient Care</b>	
	<b>Therapeutic Hypothermia Guidelines</b> <input type="checkbox"/> ***Required to continue with ordering Plan.***
	<b>Strict Intake and Output</b> <input type="checkbox"/> q1h, throughout cooling and re-warming.
	<b>Set Up for Arterial Line Placement</b> <input type="checkbox"/> Supplies at Bedside: Insertion Tray
	<b>Set Up for Central Line Placement</b> <input type="checkbox"/> Other, Arctic Sun Pads, Supplies at Bedside: Insertion Tray
	<b>Insert Gastric Tube</b> <input type="checkbox"/> Nasogastric - NG, To: Low Intermittent Suction <input type="checkbox"/> Orogastric - OG, To: Low Intermittent Suction
	If patient has existing NG/OG tube: <b>Maintain Gastric Tube</b> <input type="checkbox"/> Maintain Nasogastric - NG, Low Intermittent Suction <input type="checkbox"/> Maintain Orogastric - OG, Low Intermittent Suction
	<b>Insert Urinary Catheter</b> <input type="checkbox"/> Foley, with CBT Monitor <input type="checkbox"/> Criticare, for CBT Monitoring.
<b>Monitoring</b>	
	<b>Core Body Temperature Monitoring</b> <input type="checkbox"/> Utilize Bladder and Trans-Esophageal Thermometers for CBT. Devices should display a difference of less than 2 degrees C. <input type="checkbox"/> Utilize 2 devices for CBT monitoring (bladder, trans-esophageal, rectal and/or PA catheter) Devices should display a difference of less than 2 degrees C.
	<b>End Tidal CO2 Monitoring (ETCO2 Monitoring)</b>
<b>Communication</b>	
	<b>Notify Provider (Misc)</b> <input type="checkbox"/> Reason: Urine output less than 0.5 mL/kg/hr, recurrent cardiac arrhythmias, seizures, abnormal lab values, pupil changes, hemodynamic instability, bleeding and/or posturing.
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	<b>Medication Management</b> <input type="checkbox"/> Start date T;N ***DO NOT use electrolyte replacement meds.*** ***D/C all potassium replacements at least 1 hour prior to re-warming.***
<b>Laboratory</b>	
	*** Baseline Labs MUST be performed if not previously done*** <b>CBC</b> <input type="checkbox"/> STAT
	<b>Platelet Function Analysis Epinephrine</b> <input type="checkbox"/> STAT
	<b>Basic Metabolic Panel</b> <input type="checkbox"/> STAT

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TARGETED TEMPERATURE MANAGEMENT  
- Phase: Initial Orders

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
	Magnesium Level <input type="checkbox"/> STAT
	Phosphorus Level <input type="checkbox"/> STAT
	Arterial Blood Gas <input type="checkbox"/> STAT
	Prothrombin Time with INR <input type="checkbox"/> STAT
	PTT <input type="checkbox"/> STAT
	D Dimer HS 500 (D-Dimer HS 500) <input type="checkbox"/> STAT
	Fibrinogen Level <input type="checkbox"/> STAT

Consults/Referrals

Consult MD

- Service: Other Critical Care, Reason: Arterial Line Placement and/or central line placement
- Service: Other Critical Care, Reason: Alsius CoolGard Catheter Placement

...Additional Orders

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TARGETED TEMPERATURE MANAGEMENT  
- Phase: Re-Warming Phase

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
<b>Patient Care</b>	
	Target Re-Warming CBT is 37 C, to be obtained 12-16 hours after initiation of re-warming protocol (0.25 C per hour). <b>Vital Signs</b> <input type="checkbox"/> Per Unit Standards, q30 min during re-warming, then q1h for 12 hour following re-warming, then q12h.
<b>Communication</b>	
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> Remove ice packs from patients body and dc additional cooling methods. Place 1-2 warm blankets on patient. Stop replacing blankets once 36.1 C is reached.
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> Monitor closely for rebound hyperthermia.
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> Keep warming pads in place for 48 hours after re-warming.
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	<b>acetaminophen</b> <input type="checkbox"/> 650 mg, per tube, liq, q4h, PRN pain-mild (scale 1-3), ORAL LIQUID ***Do not exceed 4,000 mg of acetaminophen per day from all sources.*** <input type="checkbox"/> 650 mg, PO, tab, q4h, PRN pain-mild (scale 1-3), ORAL TABLET ***Do not exceed 4,000 mg of acetaminophen per day from all sources.***
	<b>acetaminophen</b> <input type="checkbox"/> 650 mg, per tube, liq, q6h, PRN fever, ORAL LIQUID ***Do not exceed 4,000 mg of acetaminophen per day from all sources.*** <input type="checkbox"/> 650 mg, PO, tab, q6h, PRN fever, ORAL TABLET ***Do not exceed 4,000 mg of acetaminophen per day from all sources.***
	<b>meperidine</b> <input type="checkbox"/> 12.5 mg, IVPush, inj, q5min, PRN shivering, x 2 dose Use of meperidine approved for shivering in hypothermia care.

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TARGETED TEMPERATURE MANAGEMENT  
- Phase: Shivering Maintenance Phase

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
<b>Communication</b>	
<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> T;N, For BSAS 0-1, provide counter surface warming measures utilizing bear hugger	
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
<b>busPIRone</b> <input type="checkbox"/> 5 mg, PO, tab, BID	
<b>meperidine</b> <input type="checkbox"/> 12.5 mg, IVPush, inj, q6h, PRN shivering	
<b>Continuous Infusion</b>	
<b>Magnesium Sulfate Continuous 8 g/500 mL (Magnesium Sulfate Continuous 8 g/500 mL NS)</b> <input type="checkbox"/> IV Goal Magnesium Level: 3-4 mg/dL <input type="checkbox"/> Start at rate: _____ g/hr Goal Magnesium Level: 3-4 mg/dL	
<b>fentaNYL 1,000 mcg/100 mL NS - BSAS Titr (fentaNYL 1,000 mcg/100 mL NS - BSAS Titratable)</b> <input type="checkbox"/> IV, mcg/hr, Max titration: 25 mcg/hr 10 minutes, Max dose: 200 mcg/hr, 0 - No Shivering <input type="checkbox"/> Start at rate: _____ mcg/hr	
<b>dexmedetomidine 400 mcg/100 mL - BSAS Ti (dexmedetomidine 400 mcg/100 mL - BSAS Titratable)</b> <input type="checkbox"/> IV, Max titration: 0.2 mcg/kg/hr every 30 minutes, Max dose: 1.5 mcg/kg/hr, 0 - No Shivering <input type="checkbox"/> Start at rate: _____ mcg/kg/hr	
<b>propofol 1,000 mg/100 mL (Brand) - Titra (propofol 1,000 mg/100 mL (Brand) - Titratable)</b> <input type="checkbox"/> IV, Max titration: 5 mcg/kg/min every 5 min, Max dose: 50 mcg/kg/min, Primary titration goal: BSAS = 0 No Shivering <input type="checkbox"/> Start at rate: _____ mcg/kg/min	
<b>Laboratory</b>	
<b>Magnesium Level</b> <input type="checkbox"/> Routine, T;N, q12h	
Empty space for additional orders	

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TARGETED TEMPERATURE MANAGEMENT  
- Phase: ICU SEDATION AND PAIN MED PLAN

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
<b>Patient Care</b>	
	<b>Utilize the Richmond Agitation Sedation (Utilize the Richmond Agitation Sedation Scale)</b> <input type="checkbox"/> ***See Reference Text***
	<b>Perform Awakening Trial</b> <input type="checkbox"/> Daily ***See Reference Text***
	<b>ICU Pain/Agitation/Delirium Reference</b> <input type="checkbox"/> ***See Reference Text***
	<b>Brain Function Monitoring</b> <input type="checkbox"/> 2 to 4 Channel EEG.
<b>Communication</b>	
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <input type="checkbox"/> Assess patient's sedation and pain level every 4 hours.
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
***SEDATIVE MEDICATIONS SHOULD ONLY BE GIVEN AFTER PAIN IS ADEQUATELY CONTROLLED***  If delirium noted give:  <b>haloperidol</b> <input type="checkbox"/> 5 mg, IVPush, inj, q2h, PRN agitation Notify physician if more than 100 mg is administered over 48 hours.	
<b>Initial Dose</b>	
	Pain Meds  <b>morphine</b> <input type="checkbox"/> 2 mg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	<b>fentaNYL</b> <input type="checkbox"/> 50 mcg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	<b>HYDROmorphine</b> <input type="checkbox"/> 0.25 mg, IVPush, inj, q5min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	Sedation Meds  <b>propofol</b> <input type="checkbox"/> 25 mg, IVPush, inj, ONE TIME
	<b>midazolam</b> <input type="checkbox"/> 2 mg, IVPush, inj, q20min, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***
	<b>LORazepam</b> <input type="checkbox"/> 2 mg, IVPush, inj, q20min, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***

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TARGETED TEMPERATURE MANAGEMENT  
- Phase: ICU SEDATION AND PAIN MED PLAN

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
	<p><b>ketamine</b></p> <p><input type="checkbox"/> 4 mg/kg, IVPush, inj, ONE TIME Infuse slowly with inotropes amiodarone or milrinone or patients that are hypertensive with a blood pressure GREATER than 180/90.</p> <p><input type="checkbox"/> 5 mg/kg, IVPush, inj, ONE TIME Infuse slowly with inotropes amiodarone or milrinone or patients that are hypertensive with a blood pressure GREATER than 180/90.</p> <p><input type="checkbox"/> 6 mg/kg, IVPush, inj, ONE TIME Infuse slowly with inotropes amiodarone or milrinone or patients that are hypertensive with a blood pressure GREATER than 180/90.</p>
<b>Intermittent Dose</b>	
	<p>Pain Meds</p> <p><b>morphine</b></p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) To maintain pain level less than 4/10. May increase 1 mg every 2 hours to a maximum of 4 mg.</p> <p><input type="checkbox"/> 4 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) To maintain pain level less than 4/10.</p>
	<p><b>fentaNYL</b></p> <p><input type="checkbox"/> 50 mcg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) Administer to maintain pain level less than 4/10.</p>
	<p><b>HYDROmorphine</b></p> <p><input type="checkbox"/> 1 mg, IVPush, inj, q4h, PRN pain-with sedation (scale 4-10) To maintain pain level less than 4/10.</p>
	<p>Sedation Meds</p> <p><b>midazolam</b></p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***</p>
	<p><b>LORazepam</b></p> <p><input type="checkbox"/> 2 mg, IVPush, inj, q2h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***</p>
<b>Continuous Infusion</b>	
	<p>Pain Meds</p> <p><b>morphine 100 mg/100 mL NS - Titratable</b></p> <p><input type="checkbox"/> Start at rate: _____ mg/hr</p> <p><input type="checkbox"/> IV, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL. ***Do NOT initiate infusion unless intermittent dosing has failed***</p> <p>Continued on next page....</p>

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TARGETED TEMPERATURE MANAGEMENT  
- Phase: ICU SEDATION AND PAIN MED PLAN

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
	<p><b>fentaNYL 1000 mcg/100 mL NS - Titratable</b></p> <p><input type="checkbox"/> Start at rate: _____ mcg/hr</p> <p><input type="checkbox"/> IV, Max titration: 25 mcg/hr every 10 minutes, Max dose: 250 mcg/hr Final concentration = 10 mcg/mL. ***Do NOT initiate infusion unless intermittent dosing has failed***</p>
	<p><b>HYDRomorphine 20 mg/100 mL NS - Titratab (HYDRomorphine 20 mg/100 mL NS - Titratable)</b></p> <p><input type="checkbox"/> Start at rate: _____ mg/hr</p> <p><input type="checkbox"/> IV, Max titration: 0.2 mg/hr every 30 minutes, Max dose: 3 mg/hr Final concentration = 0.2 mg/mL (200 mcg/mL). ***Do NOT initiate infusion unless intermittent dosing has failed***</p>
	<p>Sedation Meds</p> <p><b>propofol 1,000 mg/100 mL - Titratable</b></p> <p><input type="checkbox"/> IV, Max titration: 5 mcg/kg/min every 5 min, Max dose: 50 mcg/kg/min, Bolus Dose: 25 mg, Bolus Freq: q2h, Bolus 4-hour Limit: 100 mg, Bolus Indication: for sedation Final concentration= 10 mg/mL (10,000 mcg/mL). ***Sedative medications should only be given after pain is adequately controlled***</p> <p><input type="checkbox"/> Start at rate: _____ mcg/kg/min</p>
	<p>***Midazolam should NOT be used in patients with creatinine greater than 2 and/or for more than 72 hours***</p> <p><b>midazolam 100 mg/100 mL NS - Titratable</b></p> <p><input type="checkbox"/> Start at rate: _____ mg/hr</p> <p><input type="checkbox"/> IV, Max titration: 1 mg/hr every 5 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL (1,000 mcg/mL). ***Do NOT initiate infusion unless intermittent dosing has failed*** ***Sedative medications should only be given after pain is adequately controlled***</p>
	<p><b>LORazepam 40 mg/250 mL D5W - Titratable</b></p> <p><input type="checkbox"/> Start at rate: _____ mg/hr</p> <p><input type="checkbox"/> IV, Max titration: 1 mg/hr every 10 minutes, Max dose: 8 mg/hr Final concentration = 0.16 mg/mL (160 mcg/mL). ***Do NOT initiate infusion unless intermittent dosing has failed*** ***Sedative medications should only be given after pain is adequately controlled***</p>
	<p><b>dexmedetomidine 400 mcg/100 mL - Titrata (dexmedetomidine 400 mcg/100 mL - Titratable)</b></p> <p><input type="checkbox"/> IV, Max titration: 0.1 mcg/kg/hr every 30 minutes, Max dose: 1.5 mcg/kg/hr Final concentration = 4 mcg/mL. ***Sedative medications should only be given after pain is adequately controlled***</p> <p>Continued on next page...</p>

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TARGETED TEMPERATURE MANAGEMENT  
- Phase: ICU SEDATION AND PAIN MED PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<input type="checkbox"/> Start at rate: _____ mcg/kg/hr
	<b>ketamine 500 mg/100 mL NS - Titratable</b> <input type="checkbox"/> Start at rate: _____ mcg/kg/min <input type="checkbox"/> IV, Max titration: 2 mcg/kg/min every every 10 minutes, Max dose: 20 mcg/kg/min Infuse slowly with inotropes amiodarone or milrinone or in patients that are hypertensive.
<b>Laboratory</b>	
	***If patient remains on a propofol infusion after 48 hours monitor Triglycerides now and every 3 days until propofol discontinued.***  <b>Triglycerides</b>
	<b>Notify Provider (Misc) (Notify Provider of Results)</b> <input type="checkbox"/> Reason: Triglyceride Level greater than 400 mg/dL

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UMC Health System

Patient Label Here

TARGETED TEMPERATURE MANAGEMENT  
- Phase: ICU PARALYTIC PLAN

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
<input type="checkbox"/>	Start at rate: _____ mcg/kg/min

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TARGETED TEMPERATURE MANAGEMENT  
- Phase: INSULIN DRIP PLAN NON DKA

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
<b>Patient Care</b>	
	<b>Insulin Drip Protocol</b> <input type="checkbox"/> ***See Reference Text***
	<b>LOW Target Blood Glucose</b> <input type="checkbox"/> 120 mg/dL <span style="margin-left: 200px;"><input type="checkbox"/> 140 mg/dL</span>
	<b>HIGH Target Blood Glucose</b> <input type="checkbox"/> 140 mg/dL <span style="margin-left: 200px;"><input type="checkbox"/> 160 mg/dL</span> <input type="checkbox"/> 180 mg/dL
	<b>POC Blood Sugar Check</b> <input type="checkbox"/> q1h, by fingerstick, CVL, or arterial line. DO NOT alternate sites without Physician approval.
<b>Communication</b>	
	<b>Notify Provider (Misc) (Notify Provider of Results)</b> <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.
	<b>Notify Provider (Misc)</b> <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.
	<b>Notify Provider (Misc)</b> <input type="checkbox"/> T;N, Reason: If multiplier remains stable for 8 consecutive hours, consider transition to long acting insulin
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b> <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
<b>Medications</b>	
<b>Medication sentences are per dose. You will need to calculate a total daily dose if needed.</b>	
	<b>insulin R 100 units/100 mL NS</b> <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
	<b>glucose (D50)</b> <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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TARGETED TEMPERATURE MANAGEMENT  
- Phase: INSULIN DRIP PLAN NON DKA

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
	<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><b>insulin glargine</b></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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