17A. Acute Care Services Tools

Contents

Draft Critical Care Pandemic Triage Protocol

Any patient being assessed for possible admission/transfer to critical care will undergo the following steps in assessment:

Step 1: Assess to see if patient meets inclusion criteria

- If patient meets inclusion criteria proceed to Step 2.
- If patient does NOT meet inclusion criteria reassess patient in future if there is deterioration in clinical status.

Step 2: Assess for exclusion criteria

- If no exclusion criteria proceed to Step 3.
- If exclusion criteria PRESENT 'Blue tag' patient, do not transfer to critical care. Continue current level of care or palliate as indicated (see palliative care guidelines).

Step 3: Proceed to triage tool, Initial Assessment

*Note: This triage protocol applies to **ALL** patients undergoing assessment for possible admission/transfer to critical care.*

Inclusion Criteria

The patient must have **1** of criteria A or B

A. Requirement for invasive ventilatory support:

- Refractory Hypoxemia (SpO2 < 90% on non-rebreather mask/ FiO2 > 0.85).
- Respiratory Acidosis with pH < 7.2.
- Clinical evidence of impending respiratory failure.
- Inability to protect or maintain airway.

B. Hypotension:

- Hypotension (SBP < 90 or relative hypotension) with clinical evidence of shock (altered level of consciousness, decreased urine output, or other end organ failure) refractory to volume resuscitation requiring vasopressor/inotrope support that cannot be managed on the ward.

Exclusion Criteria

The patient is excluded from admission/transfer to Critical Care if **ANY** of the following are present:

- Severe trauma (needs to define further).
- Severe burns:
  - A patient with any two of the following:
    i. Age > 60 years old.
    ii. TBSA > 40%.
    iii. Inhalation injury.
- Cardiac Arrest:
  - Unwitnessed cardiac arrest.
  - Witness cardiac arrest not responsive to electrical therapy (defibrillation, cardioversion, or pacing).
  - Recurrent cardiac arrest.
- Severe cognitive impairment.
- Advanced untreatable neuromuscular disease.
- Metastatic Malignancy.
- Advanced & irreversible immunocompromise.
- Severe and irreversible neurologic event/condition.
- Endstage organ failure meeting following criteria:
  - Cardiac.

i. NYHA class III or IV heart failure.

- Lung:

i. COPD with FEV1 < 25% predicted, baseline PaO2 < 55 mmHg, or secondary pulmonary hypertension.
ii. CF with postbrochodilator FEV1 < 30% or baseline PaO2 < 55 mmHg.
iii. Pulmonary fibrosis with VC or TLC < 60% predicted, baseline PaO2 < 55, or secondary pulmonary hypertension.
iv. Primary pulmonary hypertension with NYHA class III – IV heart failure, or right atrial pressure > 10 mmHg, or mean pulmonary arterial pressure of > 50 mmHg.

- Liver:

i. Child Pugh Score ≥ 7.

- Age > 85 years old.
- Requirement for transfusion of > 6 units PRBC within 24 hour period.
- Elective palliative surgery.

Appeals/Exemptions

In rare circumstances where the triage officer and/or the attending intensivist feels that, at the initial assessment, a patient may be triaged as 'Blue' due to an anomaly of the protocol and in all likelihood has a significantly lower risk of mortality, the central triage committee should be consulted. In some circumstances, the committee may authorize a 48 hour trial of care after which the patient will be re-triaged according to protocol.

SOFA Scale

Variable	0	1	2	3	4
PaO2/FiO2 mmHg	>400	≤ 400	≤ 300	≤ 200	≤ 100
Platelets, x 10^3/μL (x 10^6/L)	> 150 (> 150)	≤ 150 (≤ 150)	≤ 100 (≤ 100)	≤ 50 (≤ 50)	≤ 20 (≤ 20)
Bilirubin, mg/dL (μmol/L)	<1.2 (< 20)	1.2-1.9 (20 – 32)	2.0-5.9 (33 – 100)	6.0-11.9 (101 – 203)	>12 (> 203)
Hypotension	None	MABP < 70 mmHg	Dop ≤ 5	Dop > 5, Epi ≤ 0.1, Norepi ≤ 0.1	Dop > 15, Epi > 0.1 Norepi > 0.1
Glasgow Coma Score	15	13 – 14	10 – 12	6 – 9	< 6
Creatinine, mg/dL (μmol/L)	<1.2 (< 106)	1.2-1.9 (106 – 168)	2.0-3.4 (169 – 300)	3.5-4.9 (301 – 433)	>5 (> 434)

Dopamine [Dop], epinephrine [Epi], norepinephrine [Norepi] doses in ug/kg/min

SI units in brackets

Adapted from: Ferreira FL, Bota DP, Bross A, Melot C, Vincent JL.
Serial evaluation of the SOFA score to predict outcome in critically ill patients. JAMA 2001; 286(14):1754-1758.

Critical Care Triage Tool (Initial Assessment)		
Colour Code	**Criteria**	**Priority/Action**
Blue	**Exclusion Criteria* or SOFA > 11***	**Medical Mgmt +/- Palliate & d/c from CC**
Red	**SOFA ≤ 7 or Single Organ Failure**	**Highest**
Yellow	**SOFA 8 – 11**	**Intermediate**
Green	**No significant organ failure**	**Defer or d/c, reassess as needed**

* If exclusion criteria or SOFA > 11 occurs at anytime from initial assessment to 48 hours change triage code to Blue and palliate.

CC = critical care

d/c = discharge

Critical Care Triage Tool (48 Hour Assessment)		
Colour Code	**Criteria**	**Priority/Action**
Blue	**Exclusion Criteria or SOFA > 11 or SOFA 8 – 11 no Δ**	**Palliate & d/c from CC**
Red	**SOFA score < 11 and decreasing**	**Highest**
Yellow	**SOFA < 8 no Δ**	**Intermediate**
Green	**No longer ventilator dependant**	**d/c from CC**

Δ = change

CC = critical care

d/c = discharge

Critical Care Triage Tool (120 Hour Assessment)		
Colour Code	**Criteria**	**Priority/Action**
Blue	**Exclusion Criteria*** **or** **SOFA > 11*** **or** **SOFA < 8 no Δ**	**Palliate & d/c from CC**
Red	**SOFA score < 11 and decreasing progressively**	**Highest**
Yellow	**SOFA < 8 minimal decrease** **(< 3 point decrease in past 72h)**	**Intermediate**
Green	**No longer ventilator dependant**	**d/c from CC**

* If exclusion criteria or SOFA > 11 occurs at anytime from 48 – 120 hours change triage code to Blue and palliate.

CC = critical care

d/c = discharge

Name of patient:	
Address:	
Date of birth: / /	Age:
MRN:	
Telephone: Home: ( ) -	Business: ( ) -

This patient may have influenza!
Use droplet precaution
(hand hygiene, gloves, eye protection, mask, and gown if close contact).

Clinical Case Definition:

When influenza is circulating in the community, the presence of fever and cough of acute onset are good predictors of influenza. The positive predictive value increases when fever is higher than 38^0C and when the onset of clinical illness is acute (less 48 hours after the prodromes). Other symptoms, such as sore throat, rhinorrhea, malaise, rigors or chills, myalgia and headache may also be present. Any case definitions developed prior to the pandemic may need to be modified once the pandemic occurs. A history of contact with another patient with influenza-like illness or with an influenza case confirmed by the laboratory should be sought. If present, it is of diagnostic value.

Secondary Assessment for Hospital - Adult

Assessor's name (*first name, last name)*	Qualifications	Date (*dd/mm/yy)* / /	Time (*hh : mm)* :

Section 1 - Assessment

1a. If patient meets any of the following criteria, apply oxygen and notify MD immediately - *(check all that apply)*

- ☐ $SpO_2 \leq 90\%$
- ☐ Inability to protect airway
- ☐ RR > 30/min
- ☐ Clinical evidence of severe respiratory distress or impending respiratory failure
- ☐ Systolic BP < 90mmHg
- ☐ HR < 40/min or >120/min

1b. If none of the above criteria are present - complete the following Orders	Completed Date *(dd/mm/yyyy)*	Time *(hh : mm)*	Initials
1. CBC, K+, Na+, Cl-, HC03, Cr, Ur, glucose, AST, ALT, ALP, Tbili, CK	/ /	:	
2. EKG & troponin if history of chest pain or cardiac disease	/ /	:	
3. CXR (PA & lat) if SOB or cough or SpO_2 < 95% or crackles on chest auscultation	/ /	:	
4. Proceed with secondary assessment once above results available	/ /	:	

Name of patient:	
Address:	
Date of birth: / /	Age:
MRN:	
Telephone: Home: ( ) -	Business: ( ) -

Section 1 - Assessment *continued ….*

1c. If none of the boxes in section "1a." are checked, complete the following - *(check all of the following that apply)*

Column A	Column B	Column C
☐ Acute confusion	☐ Evidence of pneumonia	☐ Age > 65 years
☐ Hgb < 80g/L	☐ New cough producing sputum, or change in sputum quality	☐ pregnancy
☐ WBC < 2.5 or > 12	☐ Crackles or evidence or consolidation on chest examination.	☐ chronic lung disease
☐ > 15% bands cells or `left shift' on CBC	☐ Infiltrates on chest xray	☐ congestive heart failure
☐ Plt < 50 000/L		☐ chronic renal failure
☐ Na+ < 125mEq or > 148mEq		☐ immunosuppression
☐ K+ < 3mEq or > 5.5mEq		☐ haematological abnormalities
☐ Ur > 10.7mmol/L		☐ diabetes
☐ Cr > 150mmol/L		☐ hepatic disease
☐ glucose < 3.8 or > 13.9mmol/L		
☐ CK > 1000		
☐ Requires supplemental oxygen Sp02 < 90% on room air		
☐ Requires Intravenous fluids/medications		
☐ Acute cardiac/hemodynamic deterioration		
☐ EKG evidence of ischemia		
☐ Positive Troponin (cardiac enzymes)		
☐ unable to self-care/lack of home supports		

If one or more boxes in **Column A** are checked, this patient requires admission.
- Notify admission team

If only **Column B** is checked, this patient can be discharged with appropriate outpatient treatment.
- go to section 2

If both **Columns B and C** have boxes checked this patient requires admission.
- Notify admission team

If only **Column C** is checked, this patient can be discharged with appropriate outpatient treatment.
- go to section 2

Name of patient:	
Address:	
Date of birth: / /	Age:
MRN:	
Telephone: Home: ( ) -	Business: ( ) -

Section 2 - Discharge with Out-Patient Management

Calculation of Creatine clearance

$$\left(\frac{[\ 140 - \underline{\quad} \text{ (age in years) }] \times \underline{\quad} \text{ (wt in kg)}}{\text{(Cr in µmol/L)}} \right) \text{ X 1.2 = } \underline{\quad}.\text{x [0.85 if female] = } \underline{\quad} \text{ ml/min}$$

If CrCl > 50ml/min*	☐ Levofloxacin 500 mg PO od x 10 days **or** ☐ Cefuroxime 500 mg PO q12h x 10 days **and** Azithromycin 500 mg PO x 1, then 250 mg PO od x 4 days	Number of pills provided upon discharge
If CrCl 25 - 49	☐ Levofloxacin 500 mg PO x 1 then 250 mg PO od x 10 days **or** ☐ Cefuroxime 500 mg PO q12h x 10 days **and** Azithromycin 500 mg PO x 1, then 250mg PO od x 4 days	☐ First dose given Time *(hh:mm)* ___ : ___ | Assessor's initials
If CrCl 10 - 24	☐ Levofloxacin 500g PO x 1 then 250 mg PO q48h x 10 days **or** ☐ Cefuroxime 500 mg PO q12h x 10 days **and** Azithromycin 500mg PO x 1, then 250 mg PO od x 4 days	
If CrCl < 10	☐ Levofloxacin 250g PO q48h x 10 days **or** ☐ Cefuroxime 500 mg PO q24h x 10 days **and** Azithromycin 500mg PO x 1, then 250 mg PO od x 4 days	

Did this patient's influenza symptoms start within the last 48 hours?

☐ No, complete section 3 Discharge with Follow-up

☐ yes ☐ oseltamivir 75mg PO bid* x 5 days

(oseltamivir is recommended as first line treatment for all patients unless CrCl is < 10ml/min, or on dialysis)

change dose to once daily if CrCl 10-30ml/min.

Number of pills provided

First dose given of oseltamivir

Time *(hh:mm)* ___ : ___ | Assessor's initials

OR

☐ zanamivir 10 mg (2 inhalations) bid x 5 days *(recommended if CrCl < 10ml/min, on dialysis or if pregnant or breastfeeding).*

Warning:
zanamivir is not recommended for patients with asthma or COPD

First dose given of zanamivir

Time *(hh:mm)* ___ : ___ | Assessor's initials

Physician name *(first name, last name)*	Physician signature	CPSO number	Date *(dd/mm/yyyy)*
			/ /

****Original Prescription (this page): Patient** **Copy/duplicate : Patient chart**

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Name of patient:	
Address:	
Date of birth: / /	Age
MRN	
Telephone:: Home: ( ) -	Business: ( ) -

Section 3 - Discharge with Follow-up

Follow-up planned: *(in preferred order (ie. Patient does not have access to a telephone, clinical factors etc.)).*

- ☐ Check if antivirals received
- ☐ Primary care *(copy assessment form for patient to bring to re-assessment)*
- ☐ Assessment centre *(copy assessment form for patient to bring to re-assessment)*
- ☐ Check if antibiotics received

☐ Self care instruction sheet provided and reviewed	Discharge date *(dd/mm/yyyy)* / /	Discharge time *(hh : mm)* :
☐ Discharge instruction sheet provided and reviewed	Discharge date *(dd/mm/yyyy)* / /	Discharge time *(hh : mm)* :
Assessor's *(first name, last name)*	Assessor's signature	

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Name of patient:	
Address:	
Date of birth: / /	Age:
MRN:	
Telephone: Home: ( ) -	Business: ( ) -

This patient may have influenza!
Use droplet precaution
(hand hygiene, gloves, eye protection, mask, and gown if close contact).

Influenza Admission (Adult – Hospital)

Date (*dd/mm/yyyy*)	Time (*hh : mm*)
/ /	:

Section 1 - History of Presenting Illness

☐ See Primary Assessment Sheet attached

Additional history:

Section 2 - Past Medical History

☐ Diabetes (type 1)
☐ Diabetes (type 2)
☐ Hypothyroid
☐ Atrial Fibrillation
☐ CHF
☐ COPD
☐ Hyperthyroid
☐ Chronic renal failure
☐ Coronary Artery Disease
☐ Asthma
☐ Hypertension
☐ Peripheral vascular disease
☐ Stroke
☐ Epilepsy
☐ Hyperlipidemia
☐ GERD

☐ Other, specify:

Section 3 - Past Surgical History

☐ CABG
☐ Cholecystectomy
☐ Angioplasty
☐ Appendectomy
☐ Joint replacement: _____
☐ Hysterectomy
☐ Cataract
☐ Hernia repair

☐ Other, specify: _____

Physician name *(first name, last name)*	Physician signature
MD.	MD.

Ontario Ministry of Health and Long-Term Care

Name of patient:	
Address:	
Date of birth: / /	Age:
MRN:	
Telephone: Home: ( ) -	Business: ( ) -

Section 4 - Allergies

1.	reaction:
2.	reaction:
3.	reaction:

Section 5 - Medication *(drug taken at home)*
If further space is required, complete and attach Medication List Appendix

Drug - medication name, dose, route, frequency	**To be ordered in hospital**	**Carried** *(hh : mm)*	**Initials**
	☐ yes ☐ no	:	
	☐ yes ☐ no	:	
	☐ yes ☐ no	:	
	☐ yes ☐ no	:	
	☐ yes ☐ no	:	
	☐ yes ☐ no	:	
	☐ yes ☐ no	:	
	☐ yes ☐ no	:	
	☐ yes ☐ no	:	
	☐ yes ☐ no	:	
	☐ yes ☐ no	:	
	☐ yes ☐ no	:	

Section 6 - Substance History

☐ Smoking - number of packyears _____

(consider nicotine patch)

☐ Alcohol – number of drinks/week _____

(if more than 14/wk or daily consumption consider alcohol withdrawal prophylaxis)

Section 7 - Social Supports

☐ Live alone / no support *(notify social work and flag for discharge planning)*

☐ Lives with others/support available ☐ Supportive Care ☐ Long-term Care

Physician name *(first name, last name)*	Physician signature
MD.	MD.

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Name of patient:	
Address:	
Date of birth: / /	Age:
MRN:	
Telephone: Home: ( ) -	Business: ( ) -

Section 8 - Nursing Assessment

		HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM	HH:MM
Pulse	140								
	120								
	110								
	100								
	80								
	60								
	40								
	20								
Resp.	30								
	25								
	20								
	15								
	10								
	5								
Blood Pressure*	160								
	140								
	120								
	110								
	100								
	80								
	60								
	40								
	20								
SpO2	98								
	96								
	94								
	92								
	92								
	90								
	88								
Temp	°C								

= notify MD if value in this range, *refers to systolic BP

	Findings	Shift D	Shift E	Shift N	Concerns or Issues for MD			
CNS	Normal	☐	☐	☐				
	Abnormal	☐	☐	☐				
	N/E	☐	☐	☐				
CVS	Normal	☐	☐	☐				
	Abnormal	☐	☐	☐				
	N/E	☐	☐	☐				
Resp	Normal	☐	☐	☐				
	Abnormal	☐	☐	☐				
	N/E	☐	☐	☐				
Elimi	Normal	☐	☐	☐				
	Abnormal	☐	☐	☐				
	N/E	☐	☐	☐				
Nutri	Normal	☐	☐	☐				
	Abnormal	☐	☐	☐				
	N/E	☐	☐	☐				
Mobil	Normal	☐	☐	☐				
	Abnormal	☐	☐	☐				
	N/E	☐	☐	☐				

Section 9 - MD Physical Exam

1. Head and Neck

Mucous membranes	☐ moist	☐ dry
Neck	☐ supple	☐ stiff/rigid
Conjunctiva	☐ pink	☐ pale

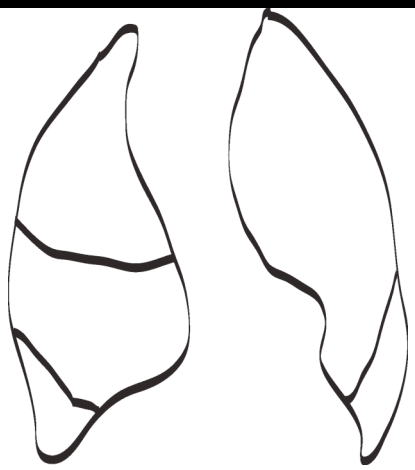
Other findings to note: _____

2. Chest

Respiratory effort	☐ normal	☐ distressed
Expansion	☐ sym	☐ asym
Percussion	☐ normal	☐ dull *(location):*

_____

Auscultation	☐ clear	☐ complete the lung chart



Z = wheeze ▨ = crackles ■ = breath sounds

Physician name *(first name, last name)*	Physician signature
MD.	MD.

Name of patient:	
Address:	
Date of birth: / /	Age:
MRN:	
Telephone: Home: ( ) -	Business: ( ) -

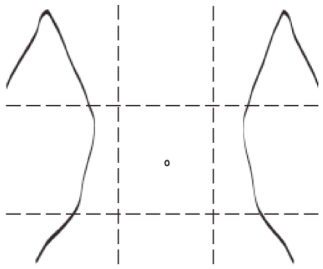
Section 9 - MD Physical Exam *continued* …

3. CVS:

JVP		cm above sternal angle	
Carotid pulse	☐ normal	☐ decreased	☐ bounding
Apex	☐ normal	☐	
S1	☐ normal	☐	
S2	☐ normal	☐	
S3	☐ absent	☐ present	
S4	☐ absent	☐ present	
Rub	☐ absent	☐ present	
Murmur	☐ absent	☐ present *complete the following chart*	

vi. Abdomen:

Bowel sounds	☐ normal	☐
Palpation	☐ soft	☐ guarding
	☐ non-tender	☐ tender
Percussion	☐ normal	☐



4. Extremities:

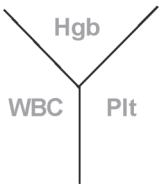
Cyanosis	☐ absent	☐ present	Peripheral pulses	☐ present	☐ absent
Clubbing	☐ absent	☐ present	Peripheral edema	☐ present	☐ absent

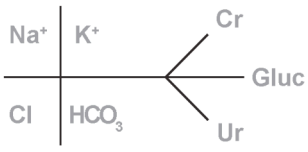
5. CNS:

Level of consciousness	☐ alert	☐ drowsy	☐ unresponsive
Orientation	☐ person	☐ place	☐ time
Cranial nerves	☐ normal	☐ abnormal =	
Reflexes	☐ normal	☐ abnormal =	
Motor	☐ normal	☐ abnormal =	
Sensation	☐ normal	☐ abnormal =	

Section 10 - Laboratory Review

☐ normal ☐ abnormal *note abnormalities below*





AST		LDH	
ALT		CK	
ALP		amylase	
Tbili		Troponin	
INR		PTT	

Misc

Physician name *(first name, last name)* MD.	Physician signature MD.

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Name of patient:	
Address:	
Date of birth: / /	Age:
MRN:	
Telephone: Home: ( ) -	Business: ( ) -

Section 11 - Orders

	Orders		Completed Time (*hh : mm*)	Initials
1.	Admit to – *name of facility*	Team	:	
2.	Diagnosis - ***suspected influenza***		:	
3.	Diet	☐ DAT ☐ healthy heart ☐ diabetic diet _____ ☐ other ☐ renal ☐ NPO *kJ/d*	:	
4.	Activity	☐ AAT ☐ bed rest ☐ other	:	
5.	Vitals	☐ q4h ☐ q6h ☐ other	:	
6.	IV	☐ saline lock with flush as per protocol ☐ IV* _____ at _____ Cc/h with _____ MEq KCl/L** ***IV rate must be re-assessed every 24h** ****electrolytes & Cr q 24h if IV contains KCl**	:	
7.	Oxygen	☐ nalsal prongs at _____ lpm ☐ simple face mask at _____ lpm* ☐ venturi mask at Fi02 *use if COPD* ***to keep Sp02 > 90%, notify MD if > 50% Fi02 or non-rebreather required, Discontinued 02 if Sp02 > 92% on room air**	:	
8.	Antivirals – *if symptoms onset* ***< 48 hours***	☐ oseltamivir 75mg PO bid x 5 days (*olsetamivir is recommended as first line treatment* ***unless CrCl<10ml/min, on dialysis, or if pregnant/breastfeeding)*** ☐ zanavamir 10 mg (2 inhalations) bid x 5 days (recommended if CrCl<10ml/min, on dialysis or if pregnant or breastfeeding. ***WARNING: zanamivir is not recommended for patients with asthma or COPD)***	:	
9.	Oral Antibiotics ***(IF PATIENT HAS EVIDENCE OF PNEUMONIA)***			
	If CrCl > 50ml/min	☐ Levofloxacin 500 mg PO od x 10 days **or** ☐ Cefuroxime 500 mg PO q12h x 10 days **and** Azithromycin 500 mg PO x 1, then 250 mg PO od x 4 days	:	
	If CrCl 25 - 49	☐ Levofloxacin 500 mg PO x 1 then 250 mg PO od x 10 days **or** ☐ Cefuroxime 500 mg PO q12h x 10 days **and** Azithromycin 500 mg PO x 1, then 250 mg PO od x 4 days	:	
	If CrCl 10 - 24	☐ Levofloxacin 500 mg PO x 1 then 250 mg PO q48h x 10 days **or** ☐ Cefuroxime 500 mg PO q12h x 10 days **and** Azithromycin 500 mg PO x 1, then 250 mg PO od x 4 days	:	
	If CrCl < 10	☐ Levofloxacin 250 mg PO q48h x 10 days **or** ☐ Cefuroxime 500 mg PO q24h x 10 days **and** Azithromycin 500 mg PO x 1, then 250 mg PO od x 4 days	:	

Physician name *(first name, last name)* MD.	Physician signature MD.

Name of patient:	
Address:	
Date of birth: / /	Age:
MRN:	
Telephone: Home: ( ) -	Business: ( ) -

Section 11 - Orders *continued…*

	Orders	Completed Time (*hh : mm*)	Initials
10.	**IV Antibiotics** ***(IF PATIENT HAS EVIDENCE OF PNEUMONIA AND CANNOT TAKE ORAL ANTIBIOTICS)***		
	If CrCl > 50ml/min ☐ Levofloxacin 500 mg IV q 24h x 10 days **or** ☐ Cefuroxime 750 mg PO q 8h x 10 days ***and*** Azithromycin 500 mg IV x 5 days	:	
	If CrCl 25 - 49 ☐ Levofloxacin 500 mg IV x 1 then 250 mg IV q 24h x 10 days **or** ☐ Cefuroxime 750 mg IV q 8h x 10 days ***and*** Azithromycin IV x 5 days	:	
	If CrCl 10 - 24 ☐ Levofloxacin 500 mg IV x 1 then 250 mg IV q 48h x 10 days **or** ☐ Cefuroxime 750 mg IV q 12h x 10 days ***and*** Azithromycin 500mg IV x 5 days	:	
	If CrCl < 10 ☐ Levofloxacin 250 mg IV q 48h x 10 days **or** ☐ Cefuroxime 750 mg IV q 24h x 10 days ***and*** Azithromycin 500mg IV x 5 days	:	
11.	**Bronchodilators** ☐ ventolin 2 puffs 24h and ventolin 2 puffs q1h prn and atrovent 4 puffs q4h **or** ☐ combivent 2 puffs q4h and ventolin 2 puffs q1h prn	:	
12.	**Antiemetics** ■ Dimenhydrinate 50mg PO/IV/IM q4h prn for nausea	:	
13.	**Antipyretic/analgesic** ■ acetaminophen 650 mg PO/PR q6h prn	:	
14.	**Investigations** ***(no routine bloodwork required)*** ☐ CBC, lytes, Cr, glucose q _____ h x 3 then R/A ☐ AST, ALT, ALP, T bili, CK, LDH q _____ h x 3 then R/A ☐ INR, PTT q _____ H x 3 then R/A ☐ Troponin q8h x 3 ☐ EKG daily x Days and prn with chest pain ***Order if baseline labs are abnormal or if history indicates***	:	
15.	**DVT Prophylaxis** ■ compression stockings until patient ambulating ■ heparin 5000u SC bid until patient ambulating* ***hold and notify MD if history of heparin induced thrombocytopenia or other contraindications (i.e./patient on alternative blood thinner)**	:	

Physician name *(first name, last name)*	Physician signature
MD.	MD.

Name of patient:	
Address:	
Date of birth: / /	Age:
MRN:	
Telephone: Home: ( ) -	Business: ( ) -

Section 11 - Orders *continued…*

	Orders	Completed Time (*hh : mm*)	Initials
16.		:	
17.		:	
18.		:	
19.		:	
20.		:	
21.		:	
22.		:	
23.		:	
24.		:	
25.		:	
26.		:	
27.		:	
28.		:	
29.		:	
30.		:	
31.		:	

Physician name *(first name, last name)*	Physician signature
MD.	MD.