IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 604-875-4077 IMMEDIATELY

Vancouver CoastalHealth

VA: VGH / UBCH / GFS				
VC: BP / Purdy / GPC				
ORDERS COMPLETE OR RE	 EVIEW ALLERGY STATI		DDRESSOGRAPH	
			TING ORDERS	
	ICU ADMISSION (ns with check boxes must be sel			(Page 1 of 6)
Date: Time:		· · · · · · · · · · · · · · · · · · ·	0	Time Processed RN/LPN Initials
Admission Diagnosis:				Comments
Admitting Physician:				
Unit Coordinator to Notify Family Physician of I	ICU Admission Date No	otified:		
CODE STATUS:				
INTRAVENOUS:				1
IV Solution	Rate:		mL/h	
IV Solution				1
MECHANICAL VENTILATION:				
Mode				
Ideal body weight (IBW)k	g			
Tidal volume (mL/kg IBW) >	kOR ★ pressure limit at	(cm H ₂ 0) as applical	ole	
PEEP cm H_20 Target pH or PaCO ₂				
Adjust FiO ₂ to maintain SaO ₂ at or a	bove%			
PATIENT POSITIONING AND PRECAUTIONS	ç,			
☐ No spinal precautions necessary		300		
Cervical spine precautions, main		50		
Apply VISTA collar				
Thoracic spine precautions, main				
☐ Lumbar spine precautions, maint☐ Seizure precautions	ain bed in 30° Reverse Trende	lenberg		
ACTIVITY: (Reassess Daily)	2 of Mobility Dothway) Indicati	an.		1
☐ Bed rest (Limit mobility to Stage 2 of Mobility Pathway). Indication: ☐ Activity As Tolerated (Early Progressive Mobility Stage 3-6)				
Specify if restrictions required				
INFECTIOUS PRECAUTIONS:				
None				
Contact (MRSA / VRE / C. diff)				
Airborne (reason:)			
GASTROINTESTINAL ACCESS:				
☐ Insert nasal #18 French Salem S	sump. (NOTE: contraindication	s to nasal insertion incl	ude facial trauma or	
head trauma.) Order X-ray via PCIS post-placen	ant to confirm position			
OR	ient to commit position.			
☐ Insert oral #18 French Salem Sui				
Order X-ray via PCIS post- place	•			
☐ Upper gastrointestinal surgery (e	.g. esophagectomy) patient, do	not change or adjust N	IG/OG tube position.	
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Prescriber's Signature ICU	Printed Name VCH.VA.PPO.564 Rev.JAN		lege ID	