Unique Plan Description: Outside Transfer to Critical Care Adult Protocol
Plan Selection Display: Outside Transfer to Critical Care Adult Protocol
PlanType: Medical
Version: 16
Begin Effective Date:
End Effective Date: Current
Available at: ***EMMC***
Plan Comment:

Legend		
Green Highlight	=	Addition
Red Highlight	=	Deletion

Outside Transfer to Critical Care Adult Protocol Duration: 36 Hours

Admit/Dischg/Transfer

For patient transferred from an outside facility and going directly to Critical Care. Orders within this PowerPlan will be active for ONLY 120 minutes(NOTE)*
Provider: Initiate plan when accepting transfer patient(NOTE)*
RN: Upon patient arrival to Critical Care Unit, select and order medications patient has infusing.(NOTE)*
Notify provider if no admission orders done within two hours or if patient arrives on medications not within this PowerPlan.(NOTE)*

☑ Provider Communication
RN Upon patient arrival to Critical Care Unit, select and order medications patient has infusing from the Outside Transfer to Critical Care Adult Protocol PowerPlan., 36 hr

Patient Care

RN: Upon patient arrival to Critical Care Unit, select and order Bedside Glucose Monitoring if patient has Insulin infusing(NOTE)*

☐ Bedside Glucose Monitoring
ONCE, upon arrival to Critical Care Unit and PRN signs and symptoms of hypoglycemia (shakiness, sweating, dizziness, irritability, confusion, headache, or slurred/slow speech)
Comments: Notify provider if bedside glucose less than 140 mg/dL

Medications

Hyperglycemia

☐ Insulin Regular 100 units/100mL NS
Tot Vol: 100 mL, Titrate, Soln, IV, Continuous for: 120 Minutes
Comments: If infusion already running, continue current infusion rate. Resume insulin titration when an insulin infusion protocol is ordered. Notify provider if bedside glucose less than 140 mg/dl

Sedation/Pain

☐ Propofol 1000 mg/100 mL Infusion
Tot Vol: 100 mL, Titrate, Emulsion, IV, Continuous for: 120 Minutes
Comments: If infusion already running, continue current dose and titrate accordingly: Titrate by 5 - 10 mcg/kg/min every 3 - 5 min until RASS -1 or 0 Usual Dose Range = 5-70 mcg/kg/min Max Dose = 70 mcg/kg/min Concentration = 10 mg/mL

☐ Midazolam 100 mg/100 mL NS
Tot Vol: 100 mL, Titrate, Soln, IV, Continuous for: 120 Minutes
Comments: If infusion already running, continue current dose and titrate accordingly: Titrate by 1 mg/hr every 15 minutes for RASS greater than 0. Decrease by 25 percent every hour for RASS less than -1 Usual Dose Range = 1-10 mg/hr Max Dose = 10 mg/hr Concentration = 1 mg/mL

☐ fentaNYL 2500 mcg / 50 mL undiluted
Tot Vol: 50 mL, Titrate, Soln, IV, Continuous for: 120 Minutes
Comments: If infusion already running, continue current dose and titrate accordingly: Titrate by 12.5 - 50 mcg/hr every 10 - 15 minutes to achieve pain goal of CPOT score 2 or less, Wong Baker score 3 or less, or Numeric scale score 3 or less. Usual Dose Range = 25-200 mcg/hr Max Dose = 200 mcg/hr Concentration = 50 mcg/mL

☐ dexmedeTOMIDine(GENERIC - Precedex) 400 mcg/100 mL NS
Tot Vol: 100 mL, Titrate, Soln, IV, Continuous for: 120 Minutes
Comments: If infusion already running, continue current dose and titrate accordingly: Titrate by 0.1 -0.5 mcg/kg/hr every 5-15 minutes to achieve RASS goal = -1 or 0 Usual Dose Range = 0.1-1.5 mcg/kg/hr Max Dose = 1.5 mcg/kg/hr Concentration = 4 mcg/mL

Vasopressors

☐ norepinephrine 8 mg/250 mL NS (premix)
Tot Vol: 250 mL, Titrate, Soln, IV, Continuous for: 120 Minutes

Comments: If infusion already running, continue current dose and titrate accordingly: Titrate by 0.01 - 0.05 mcg/kg/min every 1-5 minutes to maintain MAP of 65 mmHg Notify provider if dose exceeds 0.2 mcg/kg/min Usual Dose Range = 0.01 - 0.5 mcg/kg/min Max Dose = 1 mcg/kg/min Concentration = 32 mcg/mL For peripheral or central use

☐ norepinephrine 32 mg/500 mL NS (pre-made)
Tot Vol: 500 mL, Titrate, Soln, IV, Continuous for: 120 Minutes
Comments: If infusion already running, continue current dose and titrate accordingly: Titrate by 0.01 - 0.05 mcg/kg/min every 1-5 minutes to maintain MAP of 65 mmHg Notify provider if dose exceeds 0.2 mcg/kg/min Usual Dose Range = 0.01 - 0.5 mcg/kg/min Max Dose = 1 mcg/kg/min Concentration = 64 mcg/mL For central use

☐ EPINEPHrine 2 mg/100 mL NS Pre-made
Tot Vol: 100 mL, Titrate, Soln, IV, Continuous for: 120 Minutes
Comments: Upon patient arrival to Critical Care Unit, continue infusion at current dose. Titrate by 0.01 - 0.05 mcg/kg/min every 1-5 minutes to maintain MAP of 65 mmHg Notify provider if dose exceeds 0.15 mcg/kg/min Usual Dose Range = 0.01 - 0.5 mcg/kg/min Max Dose = 0.5 mcg/kg/min Concentration = 20 mcg/mL For peripheral or central use

☐ phenylephrine 20 mg/250 mL NS (premade)
Tot Vol: 250 mL, Titrate, Soln, IV, Continuous for: 120 Minutes
Comments: If infusion already running, continue current dose and titrate accordingly: Titrate by 0.1 - 0.5 mcg/kg/min every 1-5 minutes to maintain MAP of 65 mmHg. Notify provider if dose exceeds 3 mcg/kg/min Usual Dose Range = 0.2 - 6 mcg/kg/min Max Dose = 8 mcg/kg/min Concentration = 80 mcg/mL For peripheral or central use

☐ Vasopressin 20 Units/ 100 mL NS (IVS)*
Sodium Chloride 0.9%
Tot Vol: 100 mL, 0.04 Units/min, Soln, IV, Continuous for: 120 Minutes
Comments: Upon patient arrival to Critical Care Unit, continue infusion at current dose Concentration = 0.2 units/mL
vasopressin
20 Units

☐ DOPamine 400 mg/250 mL D5W (Peripheral)
Tot Vol: 250 mL, Titrate, Soln, IV, Continuous for: 120 Minutes
Comments: If infusion already running, continue current dose and titrate accordingly: Titrate by 2.5-5 mcg/min every 3-5 minutes to maintain MAP of 65 mmHg or HR greater than 60 BPM. Usual Dose Range = 2-20 mcg/kg/min Max Dose = 20mcg/kg/min. Concentration = 1600 mcg/mL For Peripheral or Central Use

Cardiovascular

☐ amiodarone 360 mg/ 200 mL D4.2W
Tot Vol: 200 mL, Current Dose, Soln, IV, Continuous for: 120 Minutes
Comments: Upon patient arrival to Critical Care Unit, continue infusion at current dose. Usual Dose Range = 0.5-1 mg/min. Max Dose = 1 mg/min. Use in-line 0.2 micron filter for infusing amiodarone. Administration via central line is preferred.

☐ niCARdipine 25 mg in 250 mL NS (Peripheral) Cardene (IVS)*
Sodium Chloride 0.9%
Tot Vol: 250 mL, Titrate, Soln, IV, Continuous for: 120 Minutes
Comments: If infusion already running, continue current dose and titrate accordingly: Titrate by 2.5-5 mg/hr every 5-15 minutes to achieve SBP less than 170 mmHg. Usual Dose Range = 2.5-15 mg/hr Max Dose = 15 mg/hr Concentration = 0.1 mg/mL
niCARdipine
25 mg = 10 mL

☐ Nitroglycerin 100 mg/250 mL D5W
Tot Vol: 250 mL, Titrate, Soln, IV, Continuous for: 120 Minutes
Comments: If infusion already running, continue current dose and titrate accordingly: Titrate by 10-20 mcg/min every 3-5 minutes to control chest pain and maintain SBP at or above 100 mmHg Usual Dose Range = 10-300 mcg/min Max Dose = 300 mcg/min Concentration = 400 mcg/mL Peripheral or Central Use

☐ dilTIAZem 100mg / 100mL 0.72% NaCL Pre-Mix
Tot Vol: 100 mL, Titrate, Soln, IV, Continuous for: 120 Minutes
Comments: If infusion already running, continue current dose and titrate accordingly: After initial loading bolus (0.25 mg/kg, Max Dose = 20 mg), start infusion at 5 mg/hr. Goal pulse

60 – 100 bpm. If heart rate remains greater than 100 bpm after 15 minutes of continuous infusion, administer second bolus dose (0.35 mg/kg, Max Dose: 25 mg). Wait 30 minutes and if heart rate remains greater than 100 bpm after administration of the second bolus dose, increase infusion by 5 mg/hr every 30 minutes until HR is less than 100 bpm or until max rate of 15 mg/hr. Once pulse goal of 60-100 bpm achieved, may titrate infusion up or down by 2.5 mg/hr every 2 hours to maintain pulse goal. Notify provider if pulse greater than 100 after 2 hours at max of 15 mg/hr. Stop infusion and notify provider if heart rate is below 40 bpm or systolic BP is below 100 mmHg. Loading/Bolus doses may be administered from the smart pump and documented in infusion order. Usual range 2.5 -15 mg/hr Max rate = 15 mg/hr Concentration = 1 mg/mL

Anticoagulation

☐ Heparin 25,000 units/500 mL D5W (Premix)

Tot Vol: 500 mL, Current dose in units/kg/hr, Soln, IV, Continuous for: 120 Minutes

Comments: Obtain current weight. Contact pharmacy for help converting to units/kg/hr if differences in heparin concentration or weight Provider will place appropriate Heparin PowerPlan when doing admission orders Concentration = 50 units/mL

Laboratory

If it has been greater than 6 hours since the last Heparin rate change and an Anti-Xa or PTT has not been complete, obtain STAT Anti-Xa or PTT depending on below criteria. If Anti-Xa or PTT results prior to Heparin PowerPlan being ordered, contact admitting provider to order appropriate Heparin PowerPlan and titrate accordingly.(NOTE)*

If NO use of apixaban (Eliquis), rivaroxaban (Xarelto), or edoxaban (Savaysa) within previous 48 hours, RN order Anti-Xa Heparin Assay(NOTE)*

☐ Anti-Xa Heparin Assay

BLOOD, Stat

If USE of apixaban (Eliquis), rivaroxaban (Xarelto), or edoxaban (Savaysa) within previous 48 hours, RN order PTT(NOTE)*

☐ PTT

BLOOD, Stat

Non Categorized

Providers must exercise independent clinical judgment when using order sets.(NOTE)*

***Report Legend:**

DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase