

TREATMENT ORDERS: * HQI INDICATOR ▲ PQRI INDICATOR By: Time: Time: **CLINICAL RESPONSE / RE-EVALUATION**

Time:	Continuous Cardiac Monitoring with Vital Signs CONGESTIVE HEART FAILURE MEDICATIONS Lasix® _____ mg PO IV Bumex® _____ mg PO IV Natrecor® 2 mcg / kg IV Bolus; then 0.01 mcg / kg / min IV Infusion ACUTE CORONARY SYNDROME MEDICATIONS ▲* ASA 162 / 325 mg PO N/A: ASA 24 hrs GI Disease Allergy Morphine _____ mg IV q _____ min x _____ prn pain NTG SubL 0.4 mg x _____ NTG Paste _____ Inches to Chest Nitroglycerin 5 / _____ mcg / min IV Drip Titrate by 5 mcg/min to pain relief (Hold if SBP ↓90 mm Hg) Heparin _____ units IV Bolus _____ units/hr IV Drip Heparin _____ units SubQ Lovenox® _____ mg SubQ / _____ mg PO ACUTE MYOCARDIAL INFARCTION MEDICATIONS * Metoprolol 25 / _____ mg po _____ 5 mg IV x _____ PRN / _____ Pulse _____ GCS _____ N/A: Pulse ↓60 SBP ↓100 mm Hg AV Block Asthma Cocaine LV Dysfunction Clopidogrel Bisulfate 75 or 300 mg PO Integridin® _____ mcg / kg IV Bolus; then 2 mcg / kg / min IV Infusion ReoPro® 250 mcg / kg IV * Thrombolytics * Notify Cath Lab			Pain Scale: _____ (0-10) None Mild Mod Severe Pain Scale: _____ (0-10) None Mild Mod Severe EKG / Symptoms: Improved / Unchanged
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	VASOACTIVE MEDICATIONS Dopamine 5 / _____ mcg / kg / min IV Drip Titrate by 5 mcg / kg / min to SBP _____ mm Hg			VSS except: Adequate / Inadequate

ENDOTRACHEAL INTUBATION Size: _____ mm Attempts x _____ Orotracheal / Nasotracheal / LMA / _____	Pediatric ETT Size = $\frac{\text{Age (years)} + 16}{4}$ (mm) Always Use Cuffed Tube	Procedure Successful / _____ Tube Placement Confirmed by: CO2 Detector / Equal Breath Sounds / CXR / _____ No Complications / _____
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CENTRAL LINES: Type: Introducer / Single Lumen / Triple Lumen / Intraosseous / _____ Location: Right / Left Internal / External Jugular / Subclavian / Femoral / _____ Sterile Technique / _____ Method: Seldinger / US-Guided / _____	Procedure Successful / _____ Breath Sounds Equal / _____ Good Blood Return / _____ Post CXR: Line Placement Adequate / _____ No Complications / _____
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RE-EVALUATION: Unchanged Improved Worse Time: _____ a.m. / p.m. _____	VSS except: _____ Pain: _____ (0-10) Appearance: NAD / _____ Lungs: Clear / _____ Skin: Warm & Dry / _____ Neuro: A & O x 3 / _____
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Physician Reviewed: Medical Records Labs Imaging EKG Other: _____
 Management: Case Discussed With: Family PCP Consultants Other: _____
Critical Care Provided for: 30-74 min / 75-104 min / _____ min

SIGNATURE: All Procedures Performed/Supervised by Signatory

Time of Initial Orders:					
		MD / DO			
		PA / NP / Resident			
		RN / Init			
		RN / Init			

