WRITE ON ONE SIDE ONLY - PRESS FIRMLY - USE BALL POINT PEN

PHYSICIAN'S ORDERS - MUST BE SIGNED BY PHYSICIAN EMERGENCY ORDERS FOR PATIENTS REQUIRING CARDIAC MONITORING DATE TIME Notify physician of initiation of any emergency measures. Establish patent IV line. Obtain O, Saturation for respiratory distress. If O, saturation less than 92% obtain ABG's and start O, at 2L/min per N.C. Nitroglycerin (NTG) 0.4 mg SL every 5 minutes x 3 PRN chest pain. If CP not relieved after 3 doses in 15 minutes, obtain STAT EKG. K* level - obtain for persistent PVC'S. CXR - obtain for sudden absent breath sounds or after placement of central invasive lines or tubes. In presence of hypotension with suspected or active bleeding. a. Start IV of normal saline at rate of 100 ml/hr. Check rate with physician. b. STAT Hgb and Hct Type and crossmatch for 2 units of packed RBCS. d. STAT BMP Comatose Diabetic Patient (Coma of unknown etiology): a. STAT blood glucose level follow hypoglycemia protocol Symptomatic bradycardia (chest pain, dyspnea, systolic BP less than 90 9. a. Atropine 1 mg IVP every 3-5 minutes to max of 0.04 mg/kg (3 mg total). 10. Ventricular tachycardia with pulse: a. Amiodarone (Cordarone®) 150 mg IV mixed in 100 ml D5W over 10 minutes (15mg/min) 11. Ventricular fibrillation or pulseless ventricular tachycardia with loss of consciousness: a. Call CODE BLUE. (Do not call if patient is DNR status) b. Defibrillate at 200 joules. c. If ineffective, defibrillate at 300 joules. d. If ineffective, defibrillate at 360 joules. Follow current ACLS algorithms. PHARMACY: ENTER "EMERGENCY ORDERS" ON MAR (9913) Physician Signature: **ADDRESSOGRAPH**

EMERGENCY ORDERS FOR PATIENTS REQUIRING CARDIAC MONITORING

University

Hospital

UC4198 (Was Q254)

Rev. 05/23/05

White - Chart Yellow - Pharmacy Pink - Nursing