

## **ROUTINE TASKS / ORDERS**

**Admission: Be at the bedside and get a handoff from the transferring service on ALL patients.**

- Review and adjust all orders on admission to the ICU
- Find out patient's home medicines and add if appropriate
- Select appropriate IVF and rate
- Select appropriate labs
- Review ordered X-rays/scans and communicate with bedside nurse if patient is appropriate for travel outside unit
- Order analgesia and sedation
- Order appropriate bed module
  - If - unstable spine, high ICPs, unclipped aneurysm, Grade III or greater liver or spleen - first 24hr, hemodynamically unstable then CLRT!!! (*Continuous Lateral Rotation Therapy*)
  - If - none of the above **PERCUSS & VIBRATE** Q2° and CLRT
- PT/OT orders on admission

### **Subsequent Days**

- Review medications each day (they can magically disappear)
- **Pulmonary toilet**
  - Extubated: Incentive spirometer or PEP!!!!!!!
  - **Intubated: Bed Modules: Percuss, Vibrate, Rotate**
- **PT/OT:** order on all patients (exceptions: elevated ICP, unclipped aneurysms, hypotensive on pressors)
- **Notify speech of all fresh tracheostomies**
- HOB up at least **45 degrees**
  - If spine precautions – reverse Trendelenburg
- Review and adjust IVF types and rates
- Review and adjust lab draw frequency
- **When extubating a patient, D/C all continuous sedatives and analgesia – provide appropriate prn meds/PCA**
- Consider nutrition
- GI/DVT prophylaxis
- Update the Problem List