

Print Order Set

Report ID.	Report Name	Print
304774602	PRL SmartSet Preview	Print

TTM After Cardiac Arrest [3041000669]

Induction I & II

Induction I

- Induction Phase
 - Initiate hypothermia protocol STAT, Once For 1 Occurrences
 - Continuous temperature STAT, Until discontinued, Starting today
 - Maintain MAP 70-110 mmHG Monitor with:
Only use rectal probe if esophageal or foley not available
 - Daily weights Routine, Per unit routine
 - Notify neurocritical care provider Routine, Daily

- Insert and/or Maintain IUC (Foley) Routine, Until discontinued, Starting today, Notify Neurocritical Care Provider:
SBP > 180 mmHg or SBP < 100mmHg
MAP < 65 mmHg
Change in heart rhythm
BSAS greater than or equal to 1

- Replace and/or Maintain IUC (Foley) Routine, Until discontinued, Starting today For Until specified
Indication: Urine output monitoring for critically ill patients
Removal: RN Removal Protocol
Post-Removal Care: Bladder scan and call MD if pt has not voided 6 hours post-removal
Temporary temperature probe foley
Routine, Until discontinued, Starting today For Until specified
Indication:
Post-Removal Care: Bladder scan and call MD if pt has not voided 6 hours post-removal

- Temperature Goal in centigrade Routine, Until discontinued, Starting today
- Cooling Device TTM Goal:
Routine, Until discontinued, Starting today
Device?
- Initiate shivering assessment Routine, Until discontinued, Starting today
- Remove humidifier from ventilator Routine, Continuous For 72 Hours
- Decrease ventilator circuit temperature Routine, Continuous For 72 Hours
- Titrate FIO2 to keep SPO2 to Routine, Continuous For 72 Hours
Oxygen Flow or %: 92%
- EEG continuous video Routine, Continuous For 72 Hours
Page physician service when study is initiated?
Hypothermia after cardiac arrest
- Inpatient consult to Neurocritical care Routine, Once For 1 Occurrences
Indication/Reason for Consult? Post Cardiac Arrest
Requesting Clinician Name/Team:
Reliable contact number to reach Provider: 513-820-0074

<input checked="" type="checkbox"/> Neuron Specific Enolase	STAT, Once For 1 Occurrences
<input checked="" type="checkbox"/> Neuron Specific Enolase	Routine, Once, Starting H+24 Hours For 1 Occurrences
<input checked="" type="checkbox"/> Neuron Specific Enolase	Routine, Once, Starting H+48 Hours For 1 Occurrences
<input checked="" type="checkbox"/> Induction Phase Medications	
<input checked="" type="checkbox"/> COOLED (4 degrees C) saline IV infusion	30 mL/kg, Intravenous, Once, For 1 Doses Cool to 4 degrees Celsius prior to administration. Administer at a rate of 100ml/min using a pressure bag. Do not administer medications with a label of "Do Not Refrigerate". Do not administer Mannitol. Intravenous, Use as directed, Other, Per Protocol
<input checked="" type="checkbox"/> All IV Medications in Normal Saline 0.9%	
<input checked="" type="checkbox"/> Induction II	
<input checked="" type="checkbox"/> If patient temp less than 32 C	Routine, Once For 1 Occurrences Allow to passively warm to goal prior to initiating TTM.
<input checked="" type="checkbox"/> Turn off thermostat in room	Routine, Once For 1 Occurrences
<input checked="" type="checkbox"/> Expose Patient	Routine, Until discontinued, Starting today
<input type="checkbox"/> Cooling Fan	Routine, Until discontinued, Starting today
<input type="checkbox"/> Apply ice to affected area	Routine, Once For 1 Occurrences To neck, axilla, torso and groin. Remove once temp at 34 C
<input checked="" type="checkbox"/> HCG Urine, Qualitative	Timed, Once For 1 Occurrences If female less than 56 years of age
<input checked="" type="checkbox"/> TTM ABG PANEL	
<input checked="" type="checkbox"/> Arterial Blood Gas at Temperature	Timed, Every 6 hours For 4 Occurrences Write body temperature on label
<input checked="" type="checkbox"/> Calcium Ionized, Whole Blood	Timed, Every 6 hours For 4 Occurrences
<input checked="" type="checkbox"/> Glucose, Blood Gas	Timed, Every 6 hours For 4 Occurrences
<input checked="" type="checkbox"/> Hematocrit, Blood Gas	Timed, Every 6 hours For 4 Occurrences
<input checked="" type="checkbox"/> Hemoglobin, Blood Gas	Timed, Every 6 hours For 4 Occurrences
<input checked="" type="checkbox"/> Lactic acid, ABG	Timed, Every 6 hours For 4 Occurrences
<input checked="" type="checkbox"/> Potassium, Blood Gas	Timed, Every 6 hours For 4 Occurrences
<input checked="" type="checkbox"/> Sodium, Blood Gas	Timed, Every 6 hours For 4 Occurrences
<input checked="" type="checkbox"/> Notify neurocritical care on call	Routine, Until discontinued, Starting today, If them less than 32 C for 30 mins Temp greater than goal four hours after initiation of induction
<input checked="" type="checkbox"/> D/C Induction II orders when appropriate and release Maintenance phase orders	Routine, Once For 1 Occurrences

Maintenance Phase

Maintenance Phase

<input checked="" type="checkbox"/> Maintenance Phase	
<input checked="" type="checkbox"/> Maintain temperature	Routine, Until discontinued, Starting today At goal, Generic Sign and Hold
<input checked="" type="checkbox"/> Notify neurocritical care on call	Routine, Until discontinued, Starting today, If temp less than 32 C for 30 mins. Temp greater than goal for 30 min during maintenance phase, Generic Sign and Hold
<input checked="" type="checkbox"/> Magnesium	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold

<input checked="" type="checkbox"/> Renal Function Panel w/EGFR	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> D/C Maintenance phase orders when appropriate and release Rewarming phase	Routine, Once For 1 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> TTM ABG PANEL	
<input checked="" type="checkbox"/> Arterial Blood Gas at Temperature	Timed, Every 6 hours For 4 Occurrences Write body temperature on label, Generic Sign and Hold
<input checked="" type="checkbox"/> Calcium Ionized, Whole Blood	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> Glucose, Blood Gas	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> Hematocrit, Blood Gas	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> Hemoglobin, Blood Gas	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> Lactic acid, ABG	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> Potassium, Blood Gas	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> Sodium, Blood Gas	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold

Rewarming Phase

Rewarming Phase

<input checked="" type="checkbox"/> Rewarming Phase	
<input checked="" type="checkbox"/> Thermogard or Artic Sun set for goal temp of 37C	Routine, Until discontinued, Starting today, Generic Sign and Hold
<input checked="" type="checkbox"/> Thermogard or Artic Sun set warming rate to 0.25 degrees per hour	Routine, Until discontinued, Starting today Set on fever mode at 37.5 C for 24 hrs., Generic Sign and Hold
<input checked="" type="checkbox"/> Notify Neurocritical care provider	Routine, Until discontinued, Starting today, Temp increases by greater than 0.3 C/hr during rewarming phase Temp increases by less than 0.2 C/hr during rewarming phase., Generic Sign and Hold
<input checked="" type="checkbox"/> Glucose, random	Timed, Every 6 hours For 24 Hours, Generic Sign and Hold
<input checked="" type="checkbox"/> Renal Function Panel w/EGFR	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> Magnesium	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> D/C Rewarming phase orders and release Normothermia phase when appropriate	Routine, Once For 1 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> TTM ABG PANEL	
<input checked="" type="checkbox"/> Arterial Blood Gas at Temperature	Timed, Every 6 hours For 4 Occurrences Write body temperature on label, Generic Sign and Hold
<input checked="" type="checkbox"/> Calcium Ionized, Whole Blood	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> Glucose, Blood Gas	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> Hematocrit, Blood Gas	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold

<input checked="" type="checkbox"/> Hemoglobin, Blood Gas	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> Lactic acid, ABG	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> Potassium, Blood Gas	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> Sodium, Blood Gas	Timed, Every 6 hours For 4 Occurrences, Generic Sign and Hold

Normothermia Phase

Normothermia Phase

<input checked="" type="checkbox"/> Normothermia Phase	
<input checked="" type="checkbox"/> Notify neurocritical care provider	Routine, Until discontinued, Starting today, Temp greater than 37.5 C at any time within the first 72 hours post arrest, Generic Sign and Hold
<input checked="" type="checkbox"/> Cooling Device	Routine, Until discontinued, Starting today Device? Generic Sign and Hold
<input checked="" type="checkbox"/> Discontinue Hypothermia Protocol once temp at 37 C for 44 hours	Routine, Once For 1 Occurrences, Generic Sign and Hold
<input checked="" type="checkbox"/> Discontinue Cooling Device 44 hrs after temp reaches 37 C (or 72 hr post -arrest)	Routine, Once For 1 Occurrences, Generic Sign and Hold

Shivering Bundle

Initiate Shivering Medications

<input checked="" type="checkbox"/> Initiate shivering assessment	Routine, Every 1 hour, 0 = No shivering on palpations of masseter, neck, chest wall 1 = Mild: shivering on neck and thorax only 2 = Marked: Shivering on trunk and any or all extremities P = Paralysis applied
<input checked="" type="checkbox"/> apply bair hugger bilateral upper extremities for shivering	Routine, As needed Temperature Setting: medium Shivering scale equal to or greater than 1
<input checked="" type="checkbox"/> magnesium sulfate in 0.9 %NaCl 1 gram/50 mL IVPB	1 g, Intravenous, at 50 mL/hr, Every 1 hour PRN, for shivering scale greater than or equal to 1., Starting today
<input checked="" type="checkbox"/> Acetaminophen 650MG Q6H x 24 HOURS (Single Response)	
<input checked="" type="checkbox"/> acetaminophen oral solution (per feeding tube)	650 mg, FEEDING TUBE, Every 6 hours, For 24 Hours
<input checked="" type="checkbox"/> acetaminophen (TYLENOL) suppository	650 mg, Rectal, Every 6 hours, For 24 Hours
<input checked="" type="checkbox"/> busPIRone (BUSPAR) tablet	30 mg, Per NG tube, Every 8 hours PRN, for Shivering Scale Greater than or Equal to 1., Starting today, For 3 Doses
<input checked="" type="checkbox"/> meperidine (DEMEROL) injection	50 mg, Intravenous, Every 2 hour PRN, for shivering scale greater than or equal to 1 **refractory to magnesium sulfate and buspirone** for shivering scale greater than or equal to 1 **refractory to magnesium sulfate and buspirone**

fentanyl infusion

50 mcg/hr, Intravenous, Continuous PRN, for shivering scale greater than or equal to 1
 refractory to magnesium sulfate, buspirone and meperidine

for shivering scale greater than or equal to 1
 refractory to magnesium sulfate, buspirone and meperidine

Goal OPAS:

25 mcg/kg/min, Intravenous, Continuous PRN, for shivering scale greater than or equal to 1
 refractory to magnesium sulfate, buspirone, and fentanyl infusion

for shivering scale greater than or equal to 1
 refractory to magnesium sulfate, buspirone, and fentanyl infusion

propofol infusion

****HIGH ALERT MEDICATION****

Is this patient's airway secure and mechanically ventilated?

Goal RASS:

cisatracurim (NIMBEX) Bolus and Infusion + eye lubricant

cisatracurim (NIMBEX) Bolus and Infusion

cisatracurium (NIMBEX) BOLUS 0.15 mg/kg

"Followed by" Linked Panel

0.15 mg/kg, Intravenous, Once, For 1 Doses PARALYTIC. Give 0.15 mg/kg IV bolus, then start continuous infusion at 1 mcg/kg/min.

For Shivering Scale Greater than or Equal to 1
 refractory to Magnesium Sulfate, busPIRone, fentanyl infusion, and propofol infusion

1-3 mcg/kg/min, Intravenous, Continuous PARALYTIC.

For Shivering Scale Greater than or Equal to 1
 refractory to Magnesium Sulfate, busPIRone, fentanyl infusion, and propofol infusion

Both Eyes, Every 2 hour PRN, Apply every 2 hours while the patient is paralyzed

cisatracurium (NIMBEX) in sodium chloride 0.9 % 250 mL infusion

eye lubricant (DURATEARS) 83-15 % Oint

Sign: _____