

TEST,TEST F 51 NKDA Feedback

[View CMR Medications](#)

Medication Order Entry

[BIDMC Paging Directory](#)

Medication: **Ciprofloxacin**

Indication:

- Choose One -
- Choose One -
- Community Acquired Respiratory Infection**
- Gastrointestinal Tract Infection
- Gram-Negative Bacteremia
- Hospital-Acquired Respiratory Infection
- Skin and Skin Soft Tissue Infection combined with Vancomycin
- Skin and Soft Tissue Skin Infection without Vancomycin
- Urinary Tract Infection
- Other

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Back Forward Stop Home Search Favorites Refresh Print Mail

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Heparin Dependent Antibodies

Accurate interpretation of the PF4-Heparin dependent antibody test REQUIRES an assessment of the PRE-TEST probability of Heparin Induced Thrombocytopenia.

Steps:

1. Calculate the pretest probability using the 4T Score.
2. Then, follow the diagnostic algorithm for suspected HIT.
[4T score calculator and HIT algorithm](#)

- If 4T score ≤ 3 , hematology consultation is required to order PF4-antibody test.
- Administration of Lepirudin and Argatroban requires Hematology approval after 24 hours.

This test is indicated based on the patient's 4T score.

Hydration Protocol to Minimize Risk of Iodinated Contrast Nephropathy

Done

MDRD GFR (ml/min/1.73m²): 82 Based on SCR= 0.9, Age= 74
Weight: 149.69 kgs. Type of contrast administration: Arterial (e.g., cardiac catheterization, peripheral arteriography, mesenteric arteriography, neurointerventional, carotid stenting)

Risk Categories and Prophylaxis Guidelines

- High Risk:** Prior contrast nephropathy, multiple myeloma, dysglobulinemia; OR
IV contrast study, GFR <30 ml/min/1.73 m², OR
Arterial contrast study, GFR <45 ml/min/1.73 m²
- Prophylaxis:**
1) Normal Saline at 75 ml/hr overnight then
2) NaHCO₃ 150 mEq/L D5W at 3.5 ml/kg/hr beginning 1 hour before the imaging study, then
3) NaHCO₃ 150 mEq/L D5W at 1.2 ml/kg/hr during the imaging study and for 6 hours after the study
- Intermediate Risk:** IV contrast volume >100 cc, 30<=GFR<45 ml/min/1.73 m²
Arterial contrast, 45<=GFR<60 ml/min/1.73 m²
- Prophylaxis:**
1) If patient is NPO, D5 1/2NS at 75 ml/hr beginning at 8 am the morning of the procedure
2) NaHCO₃ 150 mEq/L D5W at 3.5 ml/kg/hr beginning 1 hour before the imaging study, then
3) NaHCO₃ 150 mEq/L D5W at 1.2 ml/kg/hr during the imaging study and for 6 hours after the study
- Usual Risk:** All Others
- Prophylaxis:** D5 1/2NS at 75 ml/hr beginning at 8 am the morning of the procedure

This patient falls into the Usual Risk category

The recommended orders are:

click to [Order](#) 1000 ml D5 1/2NS
Continuous at 75 ml/hr Start: In am
Begin at 0800 on day of planned imaging study.

Were the patient to be classified on clinical grounds into a different risk category, alternate orders include:

click to [Order](#) 1000 ml NS
Continuous at 75 ml/hr
Begin 7 pm of evening prior to day of scheduled procedure. Continue until
1 hour prior to imaging study, then discontinue and substitute NaHCO₃ per
separate order

click to [Order](#) 150 mEq Sodium Bicarbonate/ 1000 ml D5W
Continuous at 524 ml/hr
Discontinue all other hydration orders and infuse NaHCO₃ via dedicated IV
beginning 1 hour prior to imaging procedure. Change to 180 ml/hr at start
of imaging procedure and continue at 180 ml/hr for 6 hours after
completion of imaging procedure.

click to [Order](#) IV access request: Peripheral saline lock Place Urgency: Routine If patient
does not have separate IV access available for dedicated NaHCO₃
infusion (in addition to IV access for routine use and other medications),
place additional saline lock prior to anticipated start of NaHCO₃ infusion.

Done

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Back Forward Stop Home Search Favorites

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Red Cell Product Order

[Patient has Transfusion Restrictions](#)

Date of most recent blood bank specimen: 05/24/06 **(specimen outdated)**
 Most recent hematocrit: 36 of 04/14/08 11:31 AM.

[Order Type and Screen:](#) Yes No

[# of units:](#) One (1) unit

[Red Cell Indication:](#)

- Falling hematocrit or acute blood loss in a patient with unstable blood volume
- Hematocrit < 30% in a patient with active end organ ischemia
- Hematocrit < 21% in a stable patient

Note new HCT trigger. Literature demonstrates conservative transfusion strategy results in equivalent or better outcomes in critically ill patients. (N Engl J Med 1999; 340:409-417.)

- Required by protocol - specify below
- Other circumstances - specify below

[Specify protocol or other circumstances:](#)

[Transfusion instructions:](#)

[Over # of hours:](#) Select # of hours

Click here to view [BIDMC Guidelines for Adult Inpatient Transfusion Practice](#)

Lab Values

BIDMC Guidelines for Parenteral Nutrition (PN) Formulation

[General Indication for PN](#)
[Indication for a Nutrition Support Consult](#)
[Central vs Peripheral PN](#)
[Calculating Feeding Weight and Caloric Goals](#)
[Intravenous Lipids and 3-in-1 PN Additives](#)
[Heparin Administration and PN solutions](#)
[Insulin and PN solutions](#)
[Recommended Monitoring](#)
[Patients requiring home PN](#)

Central TPN for 04/18/08

Formulas

Eq 1.2 Starter TPN providing 800 Kcal

Amino Acid(g)	Dextrose(g)	Total Volume(ml)
70	150	1000

Eq 2.1ml or less after Intermediate TPN providing 3000 Kcal

Amino Acid(g)	Dextrose(g)	Total Volume(ml)
70	210	1000

Eq 3.1ml or less after Central Standard 2 in 1 lipids

Feeding Weight(kg)	TPN Volume	Amino Acid(g)	Dextrose(g)	Kcal/day
40	1000	60	203	1000
50	1250	75	279	1250
60	1500	90	306	1500
70	1750	105	380	1750
80	2000	120	446	2000

Eq 3.1ml or less after Central Standard 3 in 1 lipids

Feeding Weight(kg)	TPN Volume	Amino Acid(g)	Dextrose(g)	Fat(g)	Kcal/day
40	1000	60	170	20	1000
50	1250	75	213	25	1250
60	1500	90	255	30	1500
70	1750	105	298	35	1750
80	2000	120	340	40	2000

[Non Standard TPN](#)