Routine Care Protocols for Intermediate Care Beds

Purpose:
Routine Care Protocols are developed to enable timely response to changes in patients' needs; they do not supersede any other set of standing or written orders. Clinical judgment reflects the reason for action taken which supports the treatment goals of patient care. These goals are determined by the attending physician, house staff, nursing staff, ancillaries, patients and their families.

Admission Criteria:
The Surgical Intermediate Care Beds are intended for surgical patients requiring closer nursing observation for potential problems with airway management/respiratory distress, cardiac/hemodynamic instability, or alteration in neurological status. The anticipated length of stay for patients in this classification is 24-48 hours.

Intermediate Care Bed patients may receive the following medications:

- Amiodarone infusion per Amiodarone protocol
- Dopamine to a maximum of 10mcg/kg/min (rate greater than 5mcg/kg/min must be administered through central line)
- Neosynepherine to a maximum of 2mcg/kg/min
- Nitroglycerine to a maximum of 2mcg/kg/min
- Nipride to a maximum of 2mcg/kg/min

Patients who require more than one pressor or who have increasing drips for more than 12 hours will be transferred to ICU.

Patients NOT eligible for the Surgical Intermediate Care Beds are those who have a Swan-Ganz, EVD, ICP monitoring, or are on a ventilator.

Policy:

A. Patients will have Routine Care Protocols ordered by the physician.
B. This list of Routine Care Protocols is prepared as a reference for nurses/physicians/other practitioners.
C. As the nurse assesses the patient's need and consults the charge nurse or other professionals, a specific, appropriate order(s) is initiated by an RN by writing it on the patient's order sheet.
D. Initiation of protocols requires documentation of reason for action taken in the progress notes and notification of physician at the first visit after the order is initiated.
E. Joint practice councils have the accountability to accept all or sections of Routine Care Protocols and supplement to review/revise protocols on an annual basis. This list of Routine Care Protocols is prepared as a reference for nurses/physicians/other practitioners.
F. Routine Care Protocols will be maintained in the Policy/Procedure Manual and unit manuals.

Routine Care Protocols for Intermediate Care Beds

Labwork:

A. One time bedside glucose as needed if suspecting hypoglycemia or hyperglycemia.

B. One time serum K+ and/or Mg++ level if patient has symptoms suggesting hypokalemia and/or hypomagnesemia, or clinical findings which may suggest a low potassium or magnesium level i.e. excessive urine output, arrythmias, etc.
C. If blood sugar is greater than 140, initiate adult subcutaneous insulin correction dose with medium dose algorithm.
D. If blood sugar is less than 50 and patient is symptomatic, initiate routine hypoglycemia orders.
E. May draw blood from central lines, PICC lines, or ports for labwork.

Medications:

A. Line Flushes
    1. Heparin 200 u every day and prn for CVP, RV Port and PICC lines.
    2. Normal Saline every 24 hours for Hickman (10mL), Port (20mL), and peripheral IV's (1mL).
    3. Normal Saline, 10mL, followed by Heparin every 48 hours for VAS Cath and Perma Cath. (check with dialysis nurse for specific Heparin concentration and dose.)
    4. Alteplase 2mg, 2mL IV one time for clotted central lines.
B. IVs
    1. Start peripheral IV catheter prn.
    2. For hemodynamic monitoring system.
        a. 1,000 ml 0.9% NS with 2,000 units Heparin
        b. 500 ml 0.9% NS with 1,000 units Heparin
        c. 500 or 1000 ml of 0.9% NSl
        d. Discontinue solution when no longer monitoring hemodynamics
    3. 0.9% NS 1,000 ml at 10 ml/hr prn to keep lines open i.e. IVPB's, insulin gtts, infusion pump
    4. Discontinue IV infusions such as vasopressors, inotropes, chronotropes, sedation, insulin, fluid titration and TKO lines when no longer utilized or upon transfer from step down.
C. Electrolyte replacements: IV replacements of electrolytes are to be given according to serum electrolyte values.
    1. Magnesium Low
        a. Magnesium 1.5 - 1.7
            1) 2 grams magnesium sulfate over 1 hour
        b. Magnesium less than 1.5
            1) 4 grams magnesium sulfate over 2 hours
    2. Potassium Low, Creatinine Low (K less than 3.6 and Cr less than 2.0)
        a. 40 mEq of KCl over 3-4 hours (central line only)
        b. 40 mEq of KCl with 40mg of lidocaine over 3-4 hours (peripheral line)
    3. Potassium Low, Creatinine High
        a. Potassium 2.6 - 3.2 and Creatinine greater than 2.0
            1) 20 mEq of KCl over 3-4 hours (central line only)
            2) 20 mEq of KCl over 3-4 hours with 40mg of lidocaine over 3-4 hours (peripheral line)
        b. Potassium less than 2.6 and Creatinine greater than 2.0
            1) 40 mEq of KCl over 3-4 hours (central line only)
            2) 40 mEq of KCl over 3-4 hours with 40mg of lidocaine over 3-4 hours (peripheral line)
    4. Phosphorus Low, Potassium and Creatinine Low (PO4 less than 2.5 and K less than or equal to 4.0 and Cr less than 2.0)
        a. 40 mmoles of KPhos over 6 hours (central line only)
        b. 40 mmoles of KPhos with 40mg of lidocaine over 6 hours (peripheral line)

5. Phosporus Low, Potassium and Creatinine High (PO4 less than 2.5 and K greater than or equal to 4.0 and Cr greater than 2.0)
    a. 40 mmoles of NaPhos over 4 hours

D. If H2 receptor antagonist in TPN, discontinue IV/po route if listed on MAR.
E. When TPN discontinued check with physician for appropriate stress ulcer bleeding prophylaxis.
F. May concentrate IV infusions prn.
G. Change tablet medication order to liquid form and liquid form to tablet as needed. Equivalent dose as determined by a pharmacist.
H. Chloraseptic spray prn throat irritation secondary to NG tube or recently extubated patients.
   Exception: Patients without gag reflex or dysphagia patients, patients with radiation mucositis/esophagitis.
J. Cepacol lozenges prn for throat irritation.
   Exception: Patients without gag reflex or dysphagia patients
K. Artificial tear O.U. prn.
L. Lacrilube O.U. prn.
M. Basis soap or soap free cleanser prn for cleansing.
N. Sarna lotion prn for itching.
O. Pretty Hands and Feet prn for calloused, sloughing dry skin.
P. Anusol Ointment, Tucs, or treatment of patient's choice, for relief of hemorrhoids.
Q. Lidocaine 2% Urojet Jelly for comfort prn upon insertion of urinary catheters in male patients.

Neurological:

A. Initiate or discontinue seizure pads to insure safety of patients who, on the assessment of the nurse, are at risk of injury to themselves.

Respiratory:

A. Oxygen: Monitor SpO2. Oxygen per nasal cannula at 1-2 liters per minute as necessary to maintain SpO2 greater than 90%. Notify MD if unable to maintain SpO2 greater than 90% on 2 liters per minutes. May wean and discontinue oxygen if SpO2 greater than 90%.
B. **ABGs prn for respiratory distress (if arterial line in place).**
C. **Chest X-ray (portable) after all central line placements, chest tubes. Have MD review all X-rays.**
D. Incentive spirometer.
E. Respiratory therapist to assess need for nebulizer treatment and administer as needed/Respiratory Care Protocol.
F. **If respiratory rate is 8/min or less give Naloxone 0.4mg IV. May repeat x1 in 30 seconds.**

Cardiovascular:

A. **Standard Orders for Rhythm Problems**
    1. **Atropine .5 mg IV for symptomatic pulse below 50 beats/minute. May repeat after 1 minute.**
    2. **Lidocaine 50-100 mg IV over 2 minutes, for ventricular tachycardia or ventricular fibrillation.**
B. **If suspected angina:**
    1. If patient has Nitroglycerine on their PAMP:
        a. Nitroglycerine tablets 0.4mg sublingual as needed for chest pain every 5 minutes x 3. Notify physician on next rounds or if pain not relieved.
    2. If new chest pain:

a. Electrocardiogram
b. **Nitroglycerine tablets 0.4 mg sublingual as needed for chest pain every 5 min. x 3**
c. **Morphine sulfate 1-5 mg IV every 15 minutes, up to 10 mg/hour as needed for pain**
d. **ASA 325 mg (non enteric coated) by mouth, STAT**
e. **Troponin level STAT**

C. **Hypotension: If Symptomatic Hypotension (Systolic B/P < 70) or Symptomatic Relative Hypotension (>40 mm Hg drop in systolic baseline)**
1. **Remove topical agents that may cause hypotension.**
2. **Hold oral antihypertensives until physician is notified.**
3. **250 ml normal saline IV. May repeat x 1 in 15 minutes.**
4. **Dopamine drip prn. Start at 5 mcg/kg/minute and titrate to keep systolic B/P > 90. Dose not to exceed 10 mcg/kg/minute.**

Gastrointestinal:

A. Routine Intermediate Care Bed Tube Feeding Policy
1. Elevate head of bed at least 30 - 45 degrees at all times
2. Advanced tube feeds 10mL every 8 hours to the ordered maximum rate
3. If residuals are greater than 150 mL empty the stomach, leave the feeding tube clamped, check
residuals every 4 hours. When residuals are less than 50 mL re-start tube feeds at one half previous rate and
advance per routine.

B. Dulcolax suppository x 1 if no bowel movement in 3 days, when patient is on tube feedings.
C. Initiate calorie counts if taking po (prn). Reevaluate within three days to assess need to continue.
D. Modify diet texture to correlate with patient status and in compliance with patient's previous diet.
Exception: Dysphagia patients
E. Obtain chest x-ray to confirm placement of naso gastric/oral gastric feeding tube.

Integumentary/Musculoskeletal:

A. See MeritCare Wound and Skin Care "Quick Reference Guidelines"
B. Sheepskin/Sheepskin heel and/or elbow pads prn for comfort only, not pressure relief
C. Heel care cushion, placed with heels resting off cushion
D. K-pad

Urology/Nephrology:

A. Place indwelling urinary catheter after evaluating with bladder scanner
- if patient is distended
- unable to void within 8-10 hours after urinary catheter has been discontinued
- obtain a sterile specimen on female patients who have difficulty voiding or UA, culture and sensitivity if indicated prn

B. Irrigate indwelling catheters with sterile NaCl prn. Exception: genito-urinary patients or those with Intermittent Cath Protocol Orders.

Infection:

A. Routine gram stain, culture and sensitivity of catheter tips when ruling out infection.
B. Blood cultures x 2 for temperature >101.5°
C. Urinalysis; if indicated, do urine gram stain and culture and sensitivity

D. Acetaminophen 650 mg PO or NG or per rectum Q 4 hours prn
E. Replace foley catheter within 24 hours after antibiotic initiated for Urinary Tract Infection
F. Fungal Infections
    1. Aloe Vesta antifungal ointment prn for patients with incontinence. Discontinue when affected area is cleared.
    2. Lotrimin cream to affected area three times a day and prn. Discontinue when affected area is cleared.
    3. Nystatin powder to affected area three times a day prn. Discontinue when affected area is cleared.
    4. Monostat cream or suppository vaginally each day x 3 days for suspected vaginal fungal infection.
    5. Nystatin 5mL QID and prn x 5 days, swish and swallow if taking po or swab and suction if not taking po for suspected oral fungal infection.
G. Infected Abrasions
    1. Cleanse with Shur-Cleans or normal saline.
    2. Apply Bacitracin Ointment prn OR
    3. Apply semi-permeable dressing (Opsite, Tegaderm) to skin and change prn.

Items that are printed in bold require an immediate physician notification.