

ALS and Critical Care Orders

Interfacility Transfer Orders

ALS and CC transfer orders only (* BLS do not need orders form)

1. Transfer to _____
(facility)
2. _____ O2, Titrate as needed _____ Liters per _____
3. _____ Telemetry.
4. _____ Maintenance fluids _____ at _____ ml per hour.
5. _____ Albuterol / Atrovent Nebes up to max of _____ treatments.
6. _____ Pain Control
_____ Morphine Sulfate _____ mg up to a max of _____
_____ Other - _____
7. _____ Sedation
_____ Ativan (Lorazepam) _____ mg up to a max of _____
(Use concurrently with an analgesic)
_____ Other _____
8. _____ Nausea and Vomiting
_____ Zofran 4 mg IV or IM (call if additional meds needed)
_____ Other _____
9. Medication drips:

_____ Nitroglycerin - Titrate as needed for pain, maintaining a SBP greater than 100.

_____ Heparin drip per protocol.

_____ Dopamine - may titrate as needed for BP of _____, or a max of _____ mcg/kg/min
10. Other orders specified by physician:

This patient is _____ Full resuscitation efforts _____ /or _____ DNR/DNI _____

Physician Signature

Date

Time