



THE UNIVERSITY  
OF KANSAS HOSPITAL  
**KUMED**  
3901 Rainbow Blvd.  
Kansas City, Kansas 66160  
PHYSICIAN'S ORDER FORM

ADDRESSOGRAPH

MEDICATION SCHEDULE

bid 09-21 (alt 08-17)	q2hours ODD or EVEN hours q6hours 00-06-12-18 (alt 09-15-21-03)	q12hours 09-21 (alt 01-13)
tid 09-15-21	qid 09-13-17-21	qDAY 09 (alt 21)
tid ac 07-11-17	q8hours 06-14-22 (alt 09-17-01)	q hs 21
tid pc 09-13-19		ac hs 07-11-17-21
tid w/meals 08-12-18		

ROOM

All orders must be written in the metric system and must include date, time, physician's signature, and pager number.

NURSING:  
Fax to pharmacy.  
Record fax date/time.

ORDERS

DELIRIUM ORDERS FOR PATIENTS IN THE INTENSIVE CARE UNITS

(Page 1 of 1)

DATE & TIME

Cmp #

Rph Init

1. Assess for, treat, or rule out common causes of agitation such as hypoxia, pain, and electrolyte imbalance.
2. Assess patient for Delirium using Confusion Assessment Method for the ICU (CAM-ICU).
3. **To treat delirium in the patient with a MAAS score of 2-4:**
  - Risperidone 0.5 mg PO/NG BID.  
If still confused after 24 hours increase to TID.  
If sedated decrease to qhs only.
4. **To treat agitation associated with delirium (patient has a MAAS score of 5-6):**
  - Haloperidol 2 mg IV at onset.  
Monitor 20 minutes.  
If MAAS remains > 2 after 20 minutes give 4 mg Haloperidol IV.  
Monitor 20 minutes.  
If MAAS remains > 2 after 20 minutes give 8 mg Haloperidol IV.  
Monitor 20 minutes.  
If MAAS remains > 2 after 20 minutes give Haloperidol 10 mg IV PLUS:
    - 1 mg Lorazepam (airway not controlled)
    - 2 mg Lorazepam (airway controlled)
5. Check corrected QT interval (QTc) and document prior to initial dose of Haloperidol and with subsequent doses. If QTc increases by 25% over baseline or reaches 450 milliseconds (0.45), hold dose and notify physician.
6. Once total dose of Haloperidol required to achieve a MAAS of 2 is identified notify MD to obtain scheduled dose orders. (Scheduled dose should be q4h and is based on dosing requirements to achieve MAAS of 2. Divide the total dose required to achieve a MAAS level of 2, into 6 equal doses scheduled q4h.)

Date: \_\_\_\_\_  
Pager: \_\_\_\_\_

Physician Signature \_\_\_\_\_

Another brand of drug identical in form and content may be dispensed unless noted on order.

DELIRIUM ORDERS FOR PATIENTS IN THE INTENSIVE CARE UNITS

## MOTOR ACTIVITY ASSESSMENT SCALE (MAAS)

Score	Description	Definition
6	Dangerously agitated	No external stimulus required to elicit movement and patient is uncooperative, pulling at tubes or catheters or thrashing sided to side, striking at staff, trying to climb out of bed, and does not calm down when asked
5	Agitated	No external stimulus required to elicit movement and attempting to sit up or move limbs out of bed and does not consistently follow commands.
4	Restless and cooperative	No external stimulus required to elicit movement and patient is picking at sheets or tubes or uncovering self but is able to follow commands.
3	Calm and cooperative	No external stimulus required to elicit movement and patient is adjusting sheets or clothes purposefully and follows commands.
2	Responsive to touch or name	Opens eyes or raises eyebrows or turns head toward stimulus or moves limbs when touched or name is loudly spoken.
1	Responsive only to noxious stimulus	Opens eyes or raises eyebrows or turns head toward stimulus or moves limbs with noxious stimulus. Noxious stimulus = suctioning or 5 seconds of vigorous orbital, sternal or nail bed pressure.
0	Unresponsive	Does not move with noxious stimulus.