

Cutover Non-Medication Orders (NMO)

These orders will go into effect at launch on the day of Connect Care implementation.

Do not use this form for orders to be acted on immediately. If sections of this form do not apply to the patient, **strike through that section.**

If any clarification is required regarding the information on these sheets, the attending physician will be contacted.

The NMO can be revised and added to until backload is completed. Medication review is to be completed on the Patient Medication Profile at the same time. For new or revised orders required after cutover, please compare to legacy system post launch.

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

		Admin Use Only Entry Complete?	
		Yes	No
Most Responsible Provider <i>(print name)</i>			
Height	Weight		
Allergies			
Isolation		Yes	No
<input type="checkbox"/> Airborne and contact <input type="checkbox"/> Airborne <input type="checkbox"/> Contact and droplet <input type="checkbox"/> Contact <input type="checkbox"/> Droplet			
Goals of Care		Yes	No
Goals of Care Status <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 Has GCD been ordered after relevant conversation with patient or Alternate Decision Maker? <input type="checkbox"/> Patient <input type="checkbox"/> Alternate Decision Maker <input type="checkbox"/> No, this is an interim order prior to conversation Has this decision been part of dispute resolution process? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Oxygen Therapy		Yes	No
Priority : Routine <i>(this form only pertains to routine Orders)</i>			
Titrate to maintain target saturation range: <input type="checkbox"/> 92 to 96% <input type="checkbox"/> 88 to 92% (known CO ₂ retainer) <input type="checkbox"/> 90 to 92% (known Acute Coronary Syndrome ACS to prevent patient harm) <input type="checkbox"/> 88 to 92% (Ped ARDS) <input type="checkbox"/> 70 to 85% (Ped Cardiac) <input type="checkbox"/> Highflow, high percent oxygen (CO poisoning) <input type="checkbox"/> Other range _____			
Oxygen Therapy by Flow - as needed, based on patient Oxygen requirements <i>(select all that apply)</i> : <input type="checkbox"/> Nasal cannula <input type="checkbox"/> Reservoir mask Litres per minute _____ <input type="checkbox"/> Other _____ <i>(Respiratory Therapy will enter orders in CC for Cutover based on last written order)</i>			
Activity		Yes	No
<input type="checkbox"/> No restrictions <input type="checkbox"/> Strict bedrest <input type="checkbox"/> Bedrest with exceptions <i>(if checked, choose one below)</i> : <input type="checkbox"/> Up with assistance <input type="checkbox"/> Up in chair			
Vitals <i>(Routine - BP, Pulse, Resps, temp, O₂ sats)</i>		Yes	No
<input type="checkbox"/> Daily Weights <input type="checkbox"/> While Awake Frequency <input type="checkbox"/> q1h <input type="checkbox"/> q4h <input type="checkbox"/> q8h <input type="checkbox"/> q12h			
Prescriber Name <i>(print)</i>	Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh mm)</i>

Cutover Non-Medication Orders (NMO)

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)		<input type="checkbox"/> Unknown	

		Admin Use Only Entry Complete?	
		Yes	No
Neurological Vital Signs			
Neurovitals <input type="checkbox"/> q1h <input type="checkbox"/> q4h <input type="checkbox"/> q8h <input type="checkbox"/> q12h <input type="checkbox"/> While Awake			
Point of Care Testing Glucose			
Diabetes Canada Guidelines <input type="checkbox"/> Glucose Meter POCT- Before Meals and Bedtime. 4 times daily before meals and at bedtime, 15 to 30 minutes before scheduled meals and at bedtime, AND PRN for suspected hypoglycemia <input type="checkbox"/> Glucose Meter POCT- Daily at night <i>(0200 hours)</i> <input type="checkbox"/> Glucose Meter POCT- 3 times daily after meals, Assess 2 hours post meal time <input type="checkbox"/> Glucose Meter POCT Other <i>(specify)</i> _____ <input type="checkbox"/> Notify Most Responsible Healthcare Provider- Blood Glucose Targets. <i>If blood glucose is less than 4.0 mmol/L initiate AHS Hypoglycemia Policy and contact authorized Prescriber. If blood glucose is greater than 18.0 mmol/L OR if patient on insulin pump SGLT2 inhibitors and blood glucose is greater than 14.0 mmol/L initiate hyperglycemia Procedure, and notify Authorized prescriber and collect ketones.</i>			
Monitoring (Continuous)			
<input type="checkbox"/> Cardio-respiratory <input type="checkbox"/> Cardiac Monitoring _____	Can the patient be off monitoring for tests and activities (including therapy, ambulation, off-unit procedures, showers, bathroom)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ECG 12-Lead			
Frequency <input type="checkbox"/> once <input type="checkbox"/> daily Starting: Date <i>(dd-Mon-yyyy)</i> _____ Time _____ Priority Routine <i>(this form only pertains to routine Orders)</i>			
Intake and Outputs			
Frequency <input type="checkbox"/> q1h <input type="checkbox"/> q4h <input type="checkbox"/> q8h <input type="checkbox"/> q12h			
IV Fluids - include rate on line			
Type/Rate <input type="checkbox"/> NaCl 0.9% bag _____ <input type="checkbox"/> NaCl 0.45% bag _____ <input type="checkbox"/> lactated Ringer's _____ <input type="checkbox"/> D5W infusion bag _____ <input type="checkbox"/> D5-NaCl 0.45% bag _____ <input type="checkbox"/> D5 - NaCl 0.9% bag _____ <input type="checkbox"/> electrolyte solution (PLASMA-LYTE 148) bag _____ <input type="checkbox"/> D3.3 - NaCl 0.3% bag _____ <input type="checkbox"/> D10W infusion bag _____ <input type="checkbox"/> D10 - NaCl 0.45% bag _____ <input type="checkbox"/> D10 - NaCl 0.9% bag _____ <input type="checkbox"/> Potassium Chloride 20 mmol in _____ <input type="checkbox"/> Potassium Chloride 40 mmol in _____			
Prescriber Name <i>(print)</i>	Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh mm)</i>

Cutover Non-Medication Orders (NMO)

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First			DOB <i>(dd-Mon-yyyy)</i>
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)		<input type="checkbox"/> Unknown	

Labs - what you need for Day 1 (0700-2359 hours) ONLY.			Admin Use Only Entry Complete?	
			Yes	No
Hematology <input type="checkbox"/> CBC and Differential				
Special Hematology <input type="checkbox"/> Anti-Xa Heparin Level <input type="checkbox"/> D-Dimer	Coagulation <input type="checkbox"/> INR <input type="checkbox"/> Partial Thromboplastin Time (PTT)			
General Chemistry <input type="checkbox"/> Blood Gas, Arterial <input type="checkbox"/> Calcium <input type="checkbox"/> Calcium, Ionized	<input type="checkbox"/> Creatine Kinase (CK) <input type="checkbox"/> Lipase <input type="checkbox"/> Magnesium	<input type="checkbox"/> Phosphate <input type="checkbox"/> Troponin		
Electrolytes <input type="checkbox"/> Ammonia <input type="checkbox"/> Urea	<input type="checkbox"/> Creatinine	<input type="checkbox"/> Electrolyte Panel		
Liver Function <input type="checkbox"/> Alanine Aminotransferase (ALT) <input type="checkbox"/> Albumin <input type="checkbox"/> Alkaline Phosphatase (ALP) <input type="checkbox"/> Aspartate Aminotransferase (AST)	<input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> Bilirubin, Total and Conjugated <input type="checkbox"/> Gamma Glutamyl Transferase (GGT) <input type="checkbox"/> Lactate Dehydrogenase (LD)			
Diabetes Monitoring <input type="checkbox"/> Glucose, Random				
Other				
Prescriber Name <i>(print)</i>	Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh mm)</i>	
Cutover Nurse Name <i>(print)</i>	Cutover Nurse Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh mm)</i>	