



## ICU TREATMENT PLAN (DOWNTIME FORM)

### CVS

- ☐ High Inotropes
- ☐ IABP
- ☐ NO
- ☐ Significant Arrhythmias

### Renal

- ☐ CRRT
- ☐ Dialysis
- ☐ At Risk / IV Lasix Infusion

### Resp

- ☐ High Ventilator Setting
- ☐ High BIPAP Setting
- ☐ NO
- ☐ ARDS
- ☐ Difficult Intubation

### GIT

- ☐ Acute Liver Failure
- ☐ Upper GI Bleeding
- ☐ Lower GI Bleeding
- ☐ ? Bowel Ischaemia

### Others/Remarks

Name : \_\_\_\_\_

Signature: \_\_\_\_\_

Date & Time: \_\_\_\_\_