NSG: CRANIOTOMY FOR ANEURYSM: ICU POST-OP

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ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Allergies: ________________________  Weight: _____ kg

Diagnosis: ________________________

Service: ________________________  Attending: ________________________

Admission

☐ Admit to Inpatient
☐ Admit to Daypatient
☐ Place on Outpatient Observation Status – Hospital

Attending Physician

☐ Attending Provider: ________________________

Procedure Performed

☐ Procedure Performed: ________________________

Code Status

☐ Full Code
☐ Do Not Resuscitate/Do Not Intubate
☐ Limited Resuscitation
  ☐ Closed Cardiac Massage:
  ☐ Cardiac Defibrillation:
  ☐ Endotracheal Intubation:
  ☐ Pressors and Antiarrhythmics:
  ☐ Bag Mask Valve Ventilation (Peds Only):

Isolation

☐ Contact Isolation  Reason for Isolation:
☐ Modified Contact Isolation  Reason for Isolation:
☐ Droplet Isolation  Reason for Isolation:
☐ Airborne Isolation  Reason for Isolation:
☐ Strict Isolation  Reason for Isolation:
☐ Neutropenic Protective Precautions  Reason for Isolation:

NURSING

General

☐ Vital Signs  Routine, EVERY 1 HOUR, SPECIFIED
☐ Neurological Check  Routine, WITH VITAL SIGNS
☐ CVP Monitoring  Routine, WITH VITAL SIGNS, If monitor in place
☐ ICP Monitoring  Routine, WITH VITAL SIGNS, If monitor in place

Signature: ________________________  Date: __________  Time: __________
Print Name: ________________________  Pager: __________

ONLINE 6/20/2011  Downtime version of Epic 304007058  PO-7058
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Patient Identification

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- Notify MD Routine, CONTINUOUS
  - SBP > 160 < 90
  - Temp > 38.5 degrees C
  - HR > 105 < 55
  - SpO2 < 93%
  - RR > 24 < 8
  - CPP < 65
  - ICP > 20
  - Urine SG < 1.003
  - UO < 0.5 mL/kg/hr for more than 2 hrs
  - Altered Mental Status / Altered Pupils
- Call HO to Evaluate for Transfusion Routine, CONTINUOUS, For Hct < 30
- Weigh Patient on Admission Routine, UPON ADMISSION

Lines, Drains, Airways
- Insert and Maintain Foley Catheter (Post-Op) Routine, CONTINUOUS, Foley to gravity
- Maintain Arterial Line Routine, CONTINUOUS
- Keep Ventricular Cath Open Routine, CONTINUOUS, Open at 10 cm above brow

Incision Care (for elective craniotomy/craniectomy patients)
- Wound care:
  1. The wound should be left covered for 48 hours unless there is evidence of bleeding or blood clot at the wound edges. If there is, clean the wound with half strength hydrogen peroxide and saline and redress the incision with a new dressing.
  2. Keep the scalp wound clean and dry (no wet towels on forehead for fever).
  3. After 48 hours, leave open to air and clean any dried blood scab on the wound edges with half strength hydrogen peroxide and saline.
  4. Shower and towel dry after 72 hours if no oozing.

Activity
- Activity: Activity Level: Ambulate Patient - TID
  - HOB Position: HOB > 30 Degrees

NUTRITION

Diet
- Diet Regular DIET EFFECTIVE NOW
- Diet Prudent (Sodium & Fat Modification) DIET EFFECTIVE NOW
- Diet Diabetic (Consistent Carbohydrate) DIET EFFECTIVE NOW
Diet Clear Liquid  DIET EFFECTIVE NOW
Diet Full Liquid  DIET EFFECTIVE NOW
Diet Renal  DIET EFFECTIVE NOW
NPO  DIET EFFECTIVE NOW
NPO except medications  DIET EFFECTIVE NOW

Diet Other
- Advance Diet as Tolerated  CONTINUOUS
  Starting Diet:  Clear liquid
  Goal Diet:  Regular

Tube Feeding  Please refer to GEN: ENTERAL FEEDING TUBE (PO-7296)

IV FLUIDS

IV Access
- Insert and Maintain IV Access  Routine, CONTINUOUS
- Saline Lock  Routine, ONCE

IV Fluids
- dextrose 5%-NaCl 0.9% (aka D5NS) with KCL 20 mEq IV infusion  150 mL/hr, Intravenous, CONTINUOUS
- NaCl 0.9% (aka NS) IV bolus  250 mL, Intravenous, EVERY 2 HOURS AS NEEDED for CVP < 10
- intravenous fluids ___________________________ at _________mL/hr  Intravenous, CONTINUOUS

LABS

If Ventricular Cath in Place  (Select All)
- Culture, CSF Bacti & GS  EVERY 48 HOURS, Cerebrospinal Fluid
- Cell Count Only, CSF  EVERY 48 HOURS
- Glucose, CSF  EVERY 48 HOURS
- Protein, CSF  EVERY 48 HOURS

Daily
- Basic Metabolic Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca)  DAILY
- CBC Only  DAILY

Signature: ____________________________ Date: ______ Time: ______
Print Name: ____________________________ Pager: ________
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DIAGNOSTIC STUDIES

Admission
- X-Ray Portable Chest 1 View  
  Routine, DAILY
  Reason for Exam/Referral Diagnosis?:
- Vasc Lab Transcranial Doppler Complete  
  Routine, DAILY
- CT Head w/o Contrast  
  Routine, ONCE
  Reason for Exam/Referral Diagnosis?: Eval Post-operative ICH

ANALGESIC MEDICATIONS

Intravenous Analgesia  
Prescribe single IV agent and/or single oral agent
- morphine IV  1-4 mg, Intravenous, EVERY 2 HOURS AS NEEDED for moderate or severe pain  
  Do not administer for RASS score less than or equal to 0.
- HYDROmorphine IV  0.5-2 mg, Intravenous, EVERY 2 HOURS AS NEEDED for moderate pain  
  Do not administer for RASS score less than or equal to 0.  
  Administer slowly over 2-3 minutes
- fentaNYL (aka SUBLIMAZE) IV  50-100 mcg, Intravenous, EVERY 1 HOUR AS NEEDED for moderate pain  
  Do not administer for RASS score less than or equal to 0.

Oral Analgesia  
Prescribe single IV agent and/or single oral agent
- oxyCODONE (aka ROXICODONE) PO tablet  5-15 mg, Oral, EVERY 3 HOURS AS NEEDED for severe pain  
  Do not administer for RASS score less than or equal to 0.
- oxyCODONE (aka ROXICODONE) PFT liquid  5-15 mg, Feeding Tube, EVERY 3 HOURS AS NEEDED for severe pain.  
  Do not administer for RASS score less than or equal to 0.
- HYDROcodone-acetaminophen (aka VICODIN) 5-500 mg PO tablet  1-2 Tab, Oral, EVERY 4 HOURS AS NEEDED for moderate pain.  
  Do not exceed 4000 mg APAP per 24 hours (from all sources)
- HYDROcodone -acetaminophen (aka LORTAB) 7.5-500 mg PFT liquid  15-30 mL, Feeding Tube, EVERY 4 HOURS AS NEEDED for moderate pain.  
  Do not exceed 4000 mg APAP per 24 hours (from all sources)
- acetaminophen (aka TYLENOL) PO tablet  325-650 mg, Oral, EVERY 6 HOURS AS NEEDED for mild pain and fever.  
  Do not exceed 4000 mg APAP per 24 hours (from all sources).
- acetaminophen (aka TYLENOL) PFT liquid  325-650 mg, Feeding tube, EVERY 6 HOURS AS NEEDED for mild pain and fever.  
  Do not exceed 4000 mg APAP per 24 hours (from all sources).
- acetaminophen (aka TYLENOL) suppository  325-650 mg, Rectal, EVERY 6 HOURS AS NEEDED for mild pain and fever.  
  Recommended pediatric dose is 15 to 20 mg/kg/dose
MEDICATIONS

Bowel Care

DO NOT use Adult Bowel Protocol for patients with intestinal obstruction, acute intestinal inflammation (e.g. Crohn’s disease), colitis ulcerosa, appendicitis, acute abdominal pain, nausea or vomiting, pregnancy.


- Monitor per Adult Bowel Protocol  Routine, CONTINUOUS
- senna 8.6 mg – docusate 50 mg (aka SENOKOT-S) PO  1 Tab, Oral, TWICE DAILY
  Hold for loose stool, Bristol type 6 or 7.  Ensure adequate fluid intake
- senna 8.6 mg – docusate 50 mg (aka SENOKOT-S) PFT  1 Dose, Feeding Tube, TWICE DAILY
  Hold for loose stool, Bristol type 6 or 7.  Ensure adequate fluid intake
- polyethylene glycol (aka MIRALAX) PO  17g, Oral, DAILY AS NEEDED if no BM in past 3 days.
  Dissolve packet contents in 8 ounces of water, Ensure adequate fluid intake.
- polyethylene glycol (aka MIRALAX) PFT  17g, Feeding Tube, DAILY AS NEEDED if no BM in past 3 days.
  Dissolve packet contents in 8 ounces of water, Ensure adequate fluid intake.
- bisacodyl (aka DULCOLAX) PR  10 mg, Rectal, TWICE DAILY AS NEEDED if no BM in past 3 days.  Rectal medications are contraindicated in neutropenic patients
- tap water enema  Routine, ONCE
- simethicone (aka MYLICON) PO  80 mg, Oral, THREE TIMES DAILY AS NEEDED for bloating
  CHEW tablets well before swallowing
- simethicone (aka MYLICON) PFT  80 mg, Feeding Tube, THREE TIMES DAILY AS NEEDED for bloating
  SHAKE WELL
- guar gum (aka BENEFIBER) PO  1 Packet, Oral, DAILY AS NEEDED for constipation, per bowel protocol
  Stir into 4-8 ounces of liquid or soft food.  Stir well until dissolved.
- guar gum (aka BENEFIBER) PFT  1 Packet, Feeding Tube, DAILY AS NEEDED for constipation, per bowel protocol.
  Stir into 4-8 ounces of liquid or soft food.  Stir well until dissolved.

GI Prophylaxis

- ranitidine (aka ZANTAC) tablet  150 mg, Oral, TWICE DAILY
- ranitidine (aka ZANTAC) IV  50 mg, Intravenous, EVERY 8 HOURS
- omeprazole (aka PRILOSEC) PO capsule  40 mg, Oral, DAILY
  DO NOT open, crush or chew.  Give on empty stomach.
- omeprazole (aka PRILOSEC) PFT suspension  40 mg, Feeding Tube, DAILY

Vasospasm Prophylaxis

- nimodipine (aka NIMOTOP) PO capsule  60 mg, Oral, EVERY 4 HOURS
- nimodipine (aka NIMOTOP) PFT capsule  60 mg, Feeding tube, EVERY 4 HOURS
Tobacco Withdrawal  See GEN: TOBACCO DEPENDENCE (PO-7290) if patient is a current tobacco user or has used tobacco in the last 12 months.

NEUROSURGERY ANTIEMETIC PROTOCOL

ondansetron (aka ZOFRAN)  First-line antiemetic agent

- ondansetron (aka ZOFRAN) IV [if no peri-op dose of ondansetron given]
  4 mg, Intravenous, POSTPROCEDURE ONCE
  If no preoperative or perioperative dose given. Administer over at least 30 seconds, preferably over 2-5 min.

- ondansetron (aka ZOFRAN) IV [for post-op or new intracranial hemorrhage patients]
  4 mg, Intravenous, EVERY 8 HOURS For 3 Doses
  1st-line antiemetic agent for post-operative or new intracranial hemorrhage patients. Administer over at least 30 seconds, preferably over 2-5 minutes

- ondansetron (aka ZOFRAN) tablet [for post-op or new intracranial hemorrhage patients]
  4 mg, Oral, EVERY 8 HOURS For 3 Doses
  1st-line antiemetic agent for post-operative or new intracranial hemorrhage patients

- ondansetron (aka ZOFRAN) IV [scheduled for 48 hours]
  4 mg, Intravenous, EVERY 8 HOURS AS NEEDED for nausea/vomiting
  1st-line antiemetic agent. Administer over at least 30 seconds, preferably over 2-5 minutes

- ondansetron (aka ZOFRAN) tablet [scheduled for 48 hours]
  4 mg, Oral, EVERY 8 HOURS AS NEEDED for nausea/vomiting.  1st-line antiemetic agent.

- ondansetron (aka ZOFRAN) IV [PRN]
  4 mg, Intravenous, EVERY 12 HOURS AS NEEDED for nausea/ vomiting
  1st-line antiemetic agent. Administer over at least 30 seconds, preferably over 2-5 minutes

- ondansetron (aka ZOFRAN) tablet [PRN]  4 mg, Oral, EVERY 12 HOURS AS NEEDED for nausea/vomiting
  1st-line antiemetic agent.

metoclopramide (aka REGLAN)  2nd-line antiemetic agent for nausea/vomiting unresponsive to ondansetron (aka ZOFRAN)

- metoclopramide (aka REGLAN) IV  5-10 mg, Intravenous, EVERY 4 HOURS AS NEEDED
  -2nd-line antiemetic agent for nausea/vomiting unresponsive to ondansetron (aka ZOFRAN); Hold for sedation;
  -Administer slowly over 1-2 minutes.

promethazine (aka PHENERGAN)  3rd-line antiemetic agent for nausea/vomiting unresponsive to ondansetron (aka ZOFRAN) and metoclopramide (aka REGLAN)

- promethazine (aka PHENERGAN) PR suppository  6.25-12.5 mg, Rectal, EVERY 4 HOURS AS NEEDED for nausea/vomiting.
  3rd-line antiemetic agent for nausea/vomiting unresponsive to ondansetron (aka ZOFRAN) and metoclopramide (aka REGLAN); Hold for sedation;
VENOUS THROMBOEMBOLISM RISK ASSESSMENT AND PROPHYLAXIS

See [http://ozone.ohsu.edu/healthsystem/HIS/po7272s.pdf](http://ozone.ohsu.edu/healthsystem/HIS/po7272s.pdf)

OTHER

Consults

- IP PT - Eval and Treat Adult Start Date: ________________
- IP OT - Eval and Treat Adult Start Date: ________________
- IP Speech - Eval and Treat Start Date: ________________
- IP Consult to Nutrition Reason for Consult: ________________

Signature: __________________________ Date: __________ Time: __________
Print Name: __________________________ Pager: __________

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