INR: RUPTURED ANEURYSM: POST EMBOLIZATION

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, PER POLICY/SOC
☑ Neurological Checks  Routine, WITH VITAL SIGNS For 8 Hours
  Neurological checks – check for drift, fine bilateral finger movements, & vision of both eyes.
☑ Pulse Checks  Routine, WITH VITAL SIGNS For 8 Hours
  Check distal pulses of accessed extremity with vitals

Signature: ___________________________ Date: ___________ Time: ___________
Print Name: ___________________________ Pager: ___________
ONLINE 12/21/2010 Downtime version of Epic 304007059 PO-7059
Monitor Puncture Site  Routine, WITH VITAL SIGNS For 8 Hours
Check puncture site for hematoma/bleeding.

Oxygen  Routine, CONTINUOUS
Device preference:
Rate in L/min:
O2 to keep SPO2: 92
FiO2:
   Titrate O2 for sat > 92%

Notify MD  Routine, CONTINUOUS
SBP  > 180  < 100
DBP  > 90  < 50
Temp  > 38.5 degrees C
HR  > 120  < 60
SaO2  < 90 %
RR  > 30  < 10
UOP  > 200 mL/hr or < 30 mL/hr for 2 hrs

Place and Maintain Sequential Compression Device  Routine, CONTINUOUS  When patient in bed

**Lines, Drains, Airways**

Insert and Maintain Foley Catheter  Routine, SEE COMMENTS:
If patient has not voided within 6 hrs or patient is uncomfortable

Maintain Ventriculostomy  Routine, CONTINUOUS
EVD Placement?
   above brow
   at brow
   below brow
   cm above or below brow?  10 cm above brow

**Activity**

Activity Level:  Bedrest  Routine, CONTINUOUS
HOB Position:  30 Degrees
HOB less than 30 degrees for _____hrs.  Keep _____leg straight x _____hrs.

**Wound**

Remove Dressing in AM  Routine, ONCE

**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
NPO after Midnight  DIET EFFECTIVE MIDNIGHT
Advance Diet as Tolerated  CONTINUOUS
Starting diet: ______________________
Goal diet: ______________________

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

IV FLUIDS

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

Bolus IV Fluids
NaCl 0.9% (aka NS) IV bolus  250 mL, Intravenous, EVERY 2 HOURS AS NEEDED for CVP < 10

Maintenance IV Fluids
dextrose 5%-NaCl 0.9% (aka D5NS) with KCL 20 mEq/L IV infusion 150 mL/hr, Intravenous, CONTINUOUS
intravenous fluids (without additives) _____________________________ at _____mL/hr Intravenous, CONTINUOUS
intravenous fluids with potassium (KCL) _____________________________ at _____mL/hr Intravenous, CONTINUOUS

LABS

CSF Draws
Culture, CSF Bacti & GS  EVERY 48 HOURS, Cerebrospinal Fluid, MD will draw
Cell Count Only, CSF  EVERY 48 HOURS, MD will draw
Glucose, CSF  EVERY 48 HOURS, MD will draw
Protein, CSF  EVERY 48 HOURS, MD will draw

AM Labs
Basic Metabolic Set  DAILY
CBC Only  DAILY
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DIAGNOSTIC STUDIES

Diagnostic Studies

- X-Ray Portable Chest 1 View  Routine, DAILY
  Reason for Exam/Referral Diagnosis?:
- Vasc Lab Transcranial Doppler Comp  Routine, DAILY

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.

Link to Adult Bowel Protocol information:  http://ozone.ohsu.edu/healthsystem/HIS/Bowel_ProTOCOL.pdf

- 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.

Tobacco Withdrawal

See GEN: TOBACCO DEPENDENCE (PO-7290) if patient is a current tobacco user or has used tobacco in the last 12 months.
Other Medications

- nimodipine (aka NIMOTOP) PO capsule 60 mg, Oral, EVERY 4 HOURS
- nimodipine (aka NIMOTOP) PFT capsule 60 mg, Feeding Tube, EVERY 4 HOURS
  When administering per feeding tube, follow with a flush of 30 mL NS
- ranitidine (aka ZANTAC) PO tablet 150 mg, Oral, TWICE DAILY Dose = _______mg/kg
- ranitidine (aka ZANTAC) PFT liquid 150 mg, Feeding Tube, TWICE DAILY

GEN: ANALGESICS AND ANTIEMETICS: ADULT (PO-7217)

See http://ozone.ohsu.edu/healthsystem/HIS/po7217.pdf

GEN: PCA: ADULT (PO-1520)

See http://ozone.ohsu.edu/healthsystem/HIS/po1520.pdf