



Oregon Health & Science University  
Hospitals and Clinics Provider's Orders

PO1500



**NSG: ANEURYSMAL SUBARACHNOID  
HEMORRHAGE**

Page 1 of 6

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**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: \_\_\_\_\_

**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**

- |   |                       |
|---|-----------------------|
| <input type="checkbox"/> Contact Isolation                  | Reason for Isolation: |
| <input type="checkbox"/> Modified Contact Isolation         | Reason for Isolation: |
| <input type="checkbox"/> Droplet Isolation                  | Reason for Isolation: |
| <input type="checkbox"/> Airborne Isolation                 | Reason for Isolation: |
| <input type="checkbox"/> Strict Isolation                   | Reason for Isolation: |
| <input type="checkbox"/> 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
- Weigh Upon Admission Routine, UPON ADMISSION

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Pager:** \_\_\_\_\_



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- Notify MD Routine, CONTINUOUS
  - SBP > 160 < 100
  - DBP > 90 < 50
  - Temp > 38.5 degrees C
  - HR > 120 < 60
  - UOP < 30 mL or > 200 mL/hr for 2 hrs
- Swallow Screen Routine, ONCE By RN prior to any PO.

**Lines, Drains, Airways**

- Insert and Maintain Foley Catheter Routine, CONTINUOUS
- Central Line Kit at Bedside Routine, CONTINUOUS
- Keep Ventricular Cath Open Routine, CONTINUOUS, Keep open at 10 cm above brow

**Activity**

- Activity: Routine, CONTINUOUS
  - Activity Level: Bedrest
  - HOB Position: 30 Degrees

**NUTRITION**

**Diet**

- NPO Except Meds DIET EFFECTIVE NOW

**IV FLUIDS**

**IV Access**

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

**IV Fluids**

- NaCl 0.9%-KCl 20 mEq/L IV infusion to run at \_\_\_\_\_ mL/hr (150 mL/hr), Intravenous, CONTINUOUS
- NaCl 0.9% bolus 250 mL, Intravenous, EVERY 2 HOURS AS NEEDED for Central Venous Pressure (CVP) less than 10 mmHg

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**LABS**

**Blood Products**

To order blood products for adult patients, please see GEN: BLOOD PRODUCTS TRANSFUSION: ADULT (PO-7032).

**Admission**

- CBC With Differential UPON ADMISSION For 1 Occurrence
- Basic Metabolic Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca) UPON ADMISSION
- Calcium, Ionized, Whole Blood ONCE
- Magnesium, Plasma ONCE
- Phosphorus, Plasma ONCE
- INR ONCE
- Complete Metabolic Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca, AST, ALT, Bili total, Alk phos, Alb, Prot total) UPON ADMISSION
- Drug Screen, Urine; w/ Confirm COLLECT NOW, X1
- Troponin I, Plasma ONCE
- Type and Screen UPON ADMISSION

**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

**DIAGNOSTIC STUDIES**

**Admission**

- X-ray Portable Chest 1 View Routine, EVERY MORNING  
Reason for Exam/Referral Diagnosis?:
- CT Head w/o Contrast Routine, ONCE  
Reason for Exam/Referral Diagnosis?: Eval Subarachnoid Hemorrhage
- CT CTA Head w/ Contrast Routine, ONCE  
Reason for Exam/Referral Diagnosis?: Eval Cerebral Aneurysm
- 12 Lead ECG Routine, ONCE
- Transcranial Doppler Complete- Vasc Lab Routine, EVERY MORNING
- Carotid US Bilateral Complete- Vasc Lab Routine, EVERY MORNING

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**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](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.

**GI Prophylaxis**

- ranitidine (aka ZANTAC) PO tablet 150 mg, Oral, TWICE DAILY
- ranitidine (aka ZANTAC) PFT tablet 150 mg, Feeding tube, 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

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**Neurosurgery Antiemetic Protocol**

- ondansetron (aka ZOFTRAN) IV (if no peri-op dose of ondansetron given) 4 mg, Intravenous, POSTPROCEDURE ONCE
- ondansetron (aka ZOFTRAN) IV (for post-op pts) 4 mg, Intravenous, EVERY 8 HOURS For 3 Doses
- ondansetron (aka ZOFTRAN) IV (first 48 hours) 4 mg, Intravenous, EVERY 8 HOURS AS NEEDED for nausea/vomiting For 48 Hours
- ondansetron (aka ZOFTRAN) IV (post 48 hours) 4 mg, Intravenous, EVERY 12 HOURS AS NEEDED for nausea/vomiting Starting Day 2
- metoclopramide (aka REGLAN) IV 5-30 mg, Injection, EVERY 4 HOURS AS NEEDED for nausea/vomiting. Administer if failing ondansetron; Hold for sedation; Administer slowly over 1-2 minutes.

**Pain Control**

- morphine IV 1-4 mg, Intravenous, EVERY 2 HOURS AS NEEDED for moderate pain. Hold for RASS score less than or equal to 0
- HYDROMorphone (aka DILAUDID) IV 0.5-2 mg, Intravenous, EVERY 2 HOURS AS NEEDED for moderate pain. Hold 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. Hold for RASS score less than or equal to 0. Administer via slow IV.
- oxyCODONE (aka ROXICODONE) PO tablet 5-15 mg, Oral, EVERY 3 HOURS AS NEEDED for severe pain. Hold 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. Hold for RASS score less than or equal to 0.
- HYDROcodone-acetaminophen (aka VICODIN) 5-500 mg 1-2 Tab 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 4 HOURS AS NEEDED for pain or temperature greater than 38.5 degrees Celsius.
- acetaminophen (aka TYLENOL) PFT liquid 325-650 mg, Feeding Tube, EVERY 4 HOURS AS NEEDED for pain or temperature greater than 38.5 degrees Celsius.
- acetaminophen (aka TYLENOL) PR rectal suppository 325-650 mg, Rectal, EVERY 6 HOURS AS NEEDED for pain or temperature greater than 38.5 degrees Celsius.

**Vasospasm Prophylaxis**

- nimodipine (aka NIMOTOP) PO capsule 60 mg, Oral, EVERY 4 HOURS For 21 Days
- nimodipine (aka NIMOTOP) PFT capsule 60 mg, Feeding tube, EVERY 4 HOURS For 21 Days
- pravastatin (aka PRAVACHOL) PO tablet 40 mg, Oral, DAILY For 21 Days
- pravastatin (aka PRAVACHOL) PFT tablet 40 mg, Feeding tube, DAILY For 21 Days

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**VENOUS THROMBOEMBOLISM RISK ASSESSMENT AND PROPHYLAXIS**

See <http://ozone.ohsu.edu/healthsystem/HIS/po7272s.pdf>

**OTHER**

**Consults**

IP Speech - Eval and Treat

Start Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Print Name: \_\_\_\_\_ Pager: \_\_\_\_\_