



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

PO1500



**NSG: CRANIOTOMY FOR ANEURYSM:
ICU POST-OP**

Page 1 of 7

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: _____

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:** _____



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

PO1500



**NSG: CRANIOTOMY FOR ANEURYSM:
ICU POST-OP**

Page 2 of 7

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

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

- 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

Signature: _____ Date: _____ Time: _____

Print Name: _____ Pager: _____



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

PO1500



**NSG: CRANIOTOMY FOR ANEURYSM:
ICU POST-OP**

Page 3 of 7

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

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

- 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: _____



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

PO1500



**NSG: CRANIOTOMY FOR ANEURYSM:
ICU POST-OP**

Page 4 of 7

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

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

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

Signature: _____ Date: _____ Time: _____
Print Name: _____ Pager: _____



PO1500



**NSG: CRANIOTOMY FOR ANEURYSM:
ICU POST-OP**

Page 5 of 7

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

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

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.

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

Signature: _____ Date: _____ Time: _____

Print Name: _____ Pager: _____



PO1500



**NSG: CRANIOTOMY FOR ANEURYSM:
ICU POST-OP**

Page 6 of 7

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

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

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 ZOFTRAN) First-line antiemetic agent

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

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

promethazine (aka PHENERGAN)

3rd-line antiemetic agent for nausea/vomiting unresponsive to ondansetron (aka ZOFTRAN) 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 ZOFTRAN) and metoclopramide (aka REGLAN); Hold for sedation;

Signature: _____	Date: _____	Time: _____
Print Name: _____	Pager: _____	
ONLINE 6/20/2011	Downtime version of Epic 304007058	PO-7058



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

PO1500



**NSG: CRANIOTOMY FOR ANEURYSM:
ICU POST-OP**

Page 7 of 7

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

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

VENOUS THROMBOEMBOLISM RISK ASSESSMENT AND PROPHYLAXIS

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

OTHER

Consults

- | | |
|---|---------------------------|
| <input type="checkbox"/> IP PT - Eval and Treat Adult | Start Date: _____ |
| <input type="checkbox"/> IP OT - Eval and Treat Adult | Start Date: _____ |
| <input type="checkbox"/> IP Speech - Eval and Treat | Start Date: _____ |
| <input type="checkbox"/> IP Consult to Nutrition | Reason for Consult: _____ |

Signature: _____ Date: _____ Time: _____

Print Name: _____ Pager: _____