



## Physician Orders ADULT: Neurosurgery Admit Plan

### Initiate Orders Phase

#### Admission/Transfer/Discharge

- ☐ Patient Status Initial Inpatient
- ☐ T;N Admitting Physician: \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_  
Bed Type: Critical Care Specific Unit: Neuro CCU  
Care Team: \_\_\_\_\_ Anticipated LOS: 2 midnights or more
- ☐ T;N Admitting Physician: \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_  
Bed Type: Med-Surg Specific Unit: 9A Tower  
Care Team: \_\_\_\_\_ Anticipated LOS: 2 midnights or more

#### Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase  
Phase: Neurosurgery Admit Phase, When to Initiate: \_\_\_\_\_
- ☐ Initiate Powerplan Phase  
Phase: Mechanically Ventilated Patients (Vent Bundle) Phase, When to Initiate: \_\_\_\_\_

### Neurosurgery Admit Phase

#### Vital Signs

- ☐ Vital Signs  
Monitor and Record Temp, q4h(std)
- ☐ Vital Signs w/Neuro Checks
- ☐ Monitor and Record Resp Rate Monitor and Record Blood Pressure Monitor and Record Pulse, q1h(std) (DEF)\*
- ☐ Monitor and Record Resp Rate Monitor and Record Blood Pressure Monitor and Record Pulse, q2h(std)
- ☐ Monitor and Record T,P,R,BP, q4h(std)

#### Activity

- ☐ Bedrest
- ☐ Out Of Bed  
Up Ad Lib
- ☐ Out Of Bed  
Up To Chair, for meals
- ☐ Ambulate  
Up To Ambulate in Hall, Daily

#### Food/Nutrition

- ☐ NPO  
Instructions: NPO except for medications
- ☐ Clear Liquid Diet
- ☐ Full Liquid Diet
- ☐ Regular Adult Diet
- ☐ Mechanical Soft Diet
- ☐ Pureed Diet
- ☐ Consistent Carbohydrate Diet  
Caloric Level: 1800 Calorie, Insulin: [ ] No Insulin [ ] Short Acting  
[ ] Intermediate [ ] Long Acting [ ] Short and Intermediate [ ] Short and Long;  
Renal Patient:[ ] No [ ] Yes, on dialysis [ ] Yes, not on dialysis
- ☐ American Heart Association Diet
- ☐ Sodium Control Diet  
sodium restricted

#### Patient Care

- ☒ VTE MEDICAL Prophylaxis Plan(SUB)\*





## Physician Orders ADULT: Neurosurgery Admit Plan

- ☐ Code Status
- ☐ Weight  
*Routine, QODay, weight patient every other day*
- ☒ Elevate Head Of Bed  
*30 degrees at all times*
- ☐ O2 Sat Monitoring NSG
  - ☐ *Routine (DEF)\**
  - ☐ *Routine, q4h(std)*
  - ☐ *Routine, q2h(std)*
  - ☐ *Routine, q1h(std)*
- ☐ O2 Sat Spot Check-NSG  
*Routine, q4h(std), with vital signs*
- ☒ Seizure Precautions  
*Routine*
- ☒ Increased ICP Precautions  
*Routine*
- ☒ Intake and Output  
*Routine, q4h(std), strict*
- ☐ Restrict Fluids  
*Routine*
- ☐ Advance Diet As Tolerated
- ☐ Nasogastric Tube Insert  
*Routine*
- ☐ Nasogastric Tube  
*for medication administration and nutrition*
- ☐ Oral Gastric Tube Insert
- ☐ Oral Gastric Tube Care  
*for medication administration and nutrition*
- ☐ INT Insert/Site Care
- ☐ Indwelling Urinary Catheter Care  
*q-shift, and PRN for strict I & O*

## Respiratory Care

- ☐ Nasal Cannula
  - ☐ *2 L/min, Special Instructions: titrate to keep O2 sat greater than or equal to 95% (DEF)\**
  - ☐ *2 L/min, Special Instructions: titrate to keep O2 sat greater than or equal to 92%*
- ☐ Aerosol Facemask
  - ☐ *40 %, Special Instructions: titrate to keep O2 sat greater than or equal to 95% (DEF)\**
  - ☐ *40 %, Special Instructions: titrate to keep O2 sat greater than or equal to 92%*

NOTE: If a mechanical ventilator is needed please order the Mechanically Ventilated Patient Phase (Vent Bundle Phase) in this Plan.(NOTE)\*

## Continuous Infusion

- ☐ **+1 Hours** Sodium Chloride 0.9%  
*1,000 mL, IV, mL/hr*
- ☐ **+1 Hours** lactated ringers  
*1,000 mL, IV, mL/hr*
- ☐ Neuro Sodium Support Plan(SUB)\*

## Medications

- ☒ Neuro Antihypertensive Acute PRN Meds Plan(SUB)\*
- ☐ Prothrombin Complex Concentrate (Kcentra) for Warfarin-Associated Major Bleeding Plan(SUB)\*
- ☐ Insulin SENSITIVE Sliding Scale Plan(SUB)\*





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- ☐ Insulin STANDARD Sliding Scale Plan(SUB)\*
- ☐ Insulin RESISTANT Sliding Scale Plan(SUB)\*
- NOTE: ceFAZolin AND Vancomycin must be ordered together (NOTE)\*
- ☐ **+1 Hours** ceFAZolin  
2 g, IV Piggyback, IV Piggyback, N/A  
Comments: administer in pre-op holding
- AND(NOTE)\*
- ☐ **+1 Hours** vancomycin  
1 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose )  
Comments: Administer in pre-op holding, 2 hours prior to incision.
- NOTE: If allergic to beta-lactams, give Vancomycin only(NOTE)\*
- ☐ **+1 Hours** vancomycin  
1 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose )  
Comments: Administer in pre-op holding, 2 hours prior to incision.
- ☐ **+1 Hours** pantoprazole
- ☐ 40 mg, DR Tablet, PO, QDay, Routine (DEF)\*  
Comments: DO NOT CHEW,CUT, OR CRUSH
- ☐ 40 mg, Injection, IV Push, QDay, Routine
- ☐ 40 mg, Granule, NG, QDay, Routine  
Comments: Must mix in apple juice or apple sauce. See reference text.
- ☐ **+1 Hours** ondansetron  
4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting
- ☐ **+1 Hours** acetaminophen  
650 mg, Tab, PO, q6h, PRN Pain, Mild or Fever  
Comments: PRN mild pain or fever greater than 38 degrees C
- ☐ **+1 Hours** acetaminophen  
325 mg, Supp, PR, q6h, PRN Pain, Mild or Fever  
Comments: if unable to tolerate PO, PRN mild pain or fever greater than 38 degrees C
- NOTE: Choose ONE pain medication below for moderate pain:(NOTE)\*
- ☐ **+1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet  
1 tab, Tab, PO, q6h, PRN Pain, Moderate (4-7)
- ☐ **+1 Hours** traMADol  
50 mg, Tab, PO, q6h, PRN Pain, Moderate (4-7)
- NOTE: Choose ONE pain medication below for severe pain:(NOTE)\*
- ☐ **+1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet  
1 tab, Tab, PO, q6h, PRN Pain, Severe (8-10)
- ☐ **+1 Hours** morphine  
2 mg, Injection, IV Push, q4h, PRN Pain, Severe (8-10)
- ☐ dexamethasone  
10 mg, Injection, IV Push, once, STAT
- ☐ **+1 Hours** dexamethasone
- ☐ 4 mg, Injection, IV, q6h (DEF)\*
- ☐ 4 mg, Tab, PO, q6h
- ☐ fosphenytoin  
20 mg/kg, IV Piggyback, IV Piggyback, once, STAT, Loading dose  
Comments: Pharmacy: Round to the nearest 250 mg. Do not infuse faster than 150 mg/min.
- ☐ **+1 Hours** fosphenytoin  
100 mg, IV Piggyback, IV Piggyback, q8h
- ☐ **+1 Hours** phenytoin  
300 mg, Cap, PO, hs
- ☐ levETIRAcetam  
3,000 mg, Injection, IV Piggyback, once, STAT, (infuse over 10 min )





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- ☐ **+1 Hours** levETIRAcetam
- ☐ 1 g, Injection, IV Piggyback, q12h (DEF)\*
- ☐ 1 g, Tab, PO, q12h
- ☐ **+1 Hours** docusate-senna 50 mg-8.6 mg oral tablet
- 2 tab, Tab, PO, hs

#### Laboratory

NOTE: If no previous CBC, PT, or PTT documented, place CBC, PT, and PTT "on arrival" orders below.(NOTE)\*

- ☐ CBC
- Routine, T;N, once, Type: Blood*
- Comments: On arrival to unit.*
- ☐ CMP
- Routine, T;N, once, Type: Blood*
- Comments: On arrival to unit.*
- ☐ Magnesium Level
- Routine, T;N, once, Type: Blood*
- Comments: On arrival to unit.*
- ☐ Phosphorus Level
- Routine, T;N, once, Type: Blood*
- Comments: On arrival to unit.*
- ☐ PT/INR
- Routine, T;N, once, Type: Blood*
- Comments: On arrival to unit.*
- ☐ PTT
- Routine, T;N, once, Type: Blood*
- Comments: On arrival to unit.*
- ☐ Pregnancy Screen Serum
- Routine, T;N, once, Type: Blood*
- ☐ Sodium Level
- Time Study, T;N, q6h, Type: Blood*
- ☐ CBC
- Routine, T+1;0200, q24h, Type: Blood*
- ☐ BMP
- Routine, T+1;0200, once, Type: Blood*
- ☐ Magnesium Level
- Routine, T+1;0200, q24h, Type: Blood*
- ☐ Phosphorus Level
- Routine, T+1;0200, q24h, Type: Blood*

#### Diagnostic Tests

- ☐ EKG
- Start at: T;N, Priority: Routine*
- ☐ CT Brain/Head WO Cont
- T;N, Reason for Exam: Other, Enter in Comments, Stretcher*
- ☐ MRI Brain & Stem W/WO Cont Plan(SUB)\*
- ☐ MRI Spine Thoracic W/WO Cont Plan(SUB)\*
- ☐ MRI Spine Cerv W/WO Cont Plan(SUB)\*
- ☐ MRI Spine Lumbar W/WO Cont Plan(SUB)\*
- ☐ CT Spine Cervical WO Cont
- T;N, Reason for Exam: Other, Enter in Comments, Routine, Stretcher*
- ☐ CT Spine Thoracic WO Cont
- T;N, Reason for Exam: Other, Enter in Comments, Routine, Stretcher*
- ☐ TTE Echo W/Contrst or 3D if needed





## Physician Orders ADULT: Neurosurgery Admit Plan

Priority: Routine

### Consults/Notifications/Referrals

- ☒ Notify Physician-Once  
*Notify For: of room on arrival to unit*
- ☒ Notify Physician For Vital Signs Of  
*Celsius Temp > 38.0, for O2 sat < 92% after O2 therapy*
- ☒ Notify Physician-Continuing  
*Notify: Neurosurgery resident, Notify For: any change in neuro status or questions*
- ☐ Physician Consult  
*Reason for Consult: for intensive care management and/or ventilator management*
- ☐ Physician Consult  
*Reason for Consult: for intensive care management and/or ventilator management*
- ☐ Physician Group Consult  
*Group: UT Neuro ICU, Reason for Consult: for intensive care management and/or ventilator management*
- ☐ Occupational Therapy Initial Eval and Tx
- ☐ Physical Therapy Initial Eval and Tx
- ☐ Speech Therapy Initial Eval and Tx  
*for: BSE(Bedside Swallow Eval), 0*
- ☒ Case Management Consult  
*Reason: Discharge Planning*
- ☒ Medical Social Work Consult  
*Reason: Assistance at Discharge*

### Mechanically Ventilated Patients Phase

#### Non Categorized

- R Mechanically Ventilated Pt (Vent Bundle) Care Track  
T;N

#### Patient Care

- ☒ Elevate Head Of Bed  
*30 degrees or greater if systolic blood pressure is greater than 95 mmHg*
- ☒ Reposition ETT (Nsg)  
*QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.*
- ☒ ETT Subglottic Suction
  - ☐ Low Continuous, 20mmHg, Applies to ETT with the Hi-Lo suction capability. (DEF)\*
  - ☐ Low Intermittent, 40mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 60mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 80mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 100mmHg, Applies to ETT with the Hi-Lo suction capability.
  - ☐ Low Intermittent, 120mmHg, Applies to ETT with the Hi-Lo suction capability.
- ☒ Mouth Care  
*Routine, q2h(std)*
- ☒ Nursing Communication  
*Call MD if higher than any of the following maximum doses of medications is required. LORazepam 6 mg in 3 hours, Fentanyl 500 mcg/hr, propofol 100 mcg/kg/min, midazolam 7mg/hr*
- ☒ Nursing Communication  
*If SAS goal not met in 6 hours, call MD for further orders*
- ☒ Nursing Communication  
*If receiving haloperidol, patient must be on cardiac monitor - call MD for QTc prolongation greater than or equal to 500 msec and HOLD haloperidol*
- ☒ Nursing Communication  
*Once SAS goal is met initially, reassess and document SAS score q2hrs*





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- ☒ Nursing Communication  
*If the patient is on sedation medication other than propofol, begin turning off the sedation medications at 8am for the sedation vacation process*
- ☒ Nursing Communication  
*Notify Respiratory for Weaning Assessment at 8am if a Sedation Vacation is initiated,*

#### Respiratory Care

- ☒ Mechanical Ventilation
- ☒ Reposition ETT (Nsg)  
*QDay, Rotate tube from one side to the other to reduce the risk of skin breakdown.*

#### Medications

- ☐ **+1 Hours** docusate  
*100 mg, Liq, NG, bid, Routine*  
*Comments: HOLD for diarrhea*
- ☐ **+1 Hours** famotidine  
*20 mg, Tab, NG, bid, Routine*  
*Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min*
- ☐ **+1 Hours** famotidine  
*20 mg, Injection, IV Push, bid, Routine*  
*Comments: reduce to 20 mg daily if creatinine clearance is less than 50 mL/min*
- ☐ **+1 Hours** pantoprazole  
*40 mg, Granule, NG, QDay, Routine*
- ☐ **+1 Hours** pantoprazole  
*40 mg, Injection, IV Push, QDay, Routine*
- ☒ **+1 Hours** Chlorhexidine For Mouthcare 0.12% Liq  
*15 mL, Liq, Mucous Membrane, bid, Routine*  
*Comments: For mouthcare 0800 to 2000.*
- ☐ VTE MEDICAL Prophylaxis Plan(SUB)\*
- ☐ VTE SURGICAL Prophylaxis Plan(SUB)\*
- ☐ Sequential Compression Device Apply  
*T;N, Apply to Lower Extremities*

#### Sedation

Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)\*  
Choose Sedation Goal per Riker Sedation Agitation Scale (SAS) Goal of 3-4 recommended(NOTE)\*

- ☒ Sedation Goal per Riker Scale
  - ☐ Goal: 3 (Sedated) (DEF)\*
  - ☐ Goal: 4 (Calm/Cooperative)
- ☐ Propofol Orders Plan(SUB)\*
- ☐ **+1 Hours** LORazepam  
*1 mg, Injection, IV Push, q30min, PRN Other, specify in Comment, Routine, Indication: NOT for Violent Restraint*  
*Comments: To maintain SAS goal (Maximum of 6 mg in a 3 hr period). If patient is over-sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.*
- ☐ **+1 Hours** midazolam  
*1 mg, Injection, IV Push, q1h, PRN Other, specify in Comment, Routine, Indication: NOT for Violent Restraint*  
*Comments: To maintain SAS goal. If patient is over-sedated, hold dose until SAS goal achieved. Call MD if patient requires more than 20 mg/day.*
- ☐ **+1 Hours** midazolam 1mg/mL/NS 50 mL PreMix  
*50 mg / 50 mL, IV, Routine, titrate*  
*Comments: Initiate at 1 mg/hr. Titrate by 0.5mg/hr every 15 minutes until SAS goal achieved. Maximum dose 7 mg/hr*







### Physician Orders ADULT: Neurosurgery Admit Plan

- ☐ **+1 Hours** dexmedetomidine infusion (ICU Sedation) (IVS)\*  
 Sodium Chloride 0.9%  
 100 mL, IV, (for 72 hr ), Titrate  
*Comments: Concentration: 4 mcg/mL Initiate infusion at 0.2 mcg/kg/hr. Titrate by 0.1 mcg/kg/hr every 30 minutes to reach goal sedation of Riker 3-4. DO NOT BOLUS dose at any time. DO NOT TITRATE MORE FREQUENTLY THAN EVERY 30 MIN.*  
 dexmedetomidine (additive)  
 400 mcg

#### Pain Management

Choose one of the orders below, morPHINE is not recommended if creatinine clearance is less than 50 mL/min, in liver failure or SBP less than 90mmhg or MAP less than 65 mmhg.(NOTE)\*

- ☐ **+1 Hours** morphine  
 2 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** HYDROMorphone  
 0.5 mg, Injection, IV Push, q1h, PRN Pain, Moderate (4-7), Routine
- ☐ **+1 Hours** morphine  
 4 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10), Routine
- ☐ **+1 Hours** HYDROMorphone  
 1 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10)
- ☐ **+1 Hours** fentaNYL 10 mcg/mL in NS infusion  
 2,500 mcg / 250 mL, IV, Routine, Titrate  
*Comments: Concentration 10 mcg/mL  
 Initial Rate: 50 mcg/hr; Titration Parameters: 50 mcg/hr every 10 min to SAS goal per MD orders. Max Rate: 500 mcg/hr*

#### Refractory Agitation

Place order below for agitation that persists despite adequate sedation & analgesia. Refer to Patient Care Section/Nursing communication orders for medication monitoring parameters.(NOTE)\*

- ☐ **+1 Hours** haloperidol  
 2 mg, Injection, IV Push, q1h, PRN Agitation, Routine, Indication: NOT for Violent Restraint  
*Comments: Cardiac monitor required. \*If Qtc greater than 500 msec, hold haloperidol. \*If SAS not met in 6 hrs, call MD. Call MD is patient requires more than 20 mg/day.*

#### Sedation Vacation Daily

- ☒ Sedation Vacation  
*qam, see Order Comment:*  
*Comments: For patients receiving continuous infusions, lighten/discontinue sedation and pain medications at 0800 daily (or more often as indicated by MD/required by nsg unit) until the patient is awake, can follow commands, or until they become uncomfortable or agitated. Resume sedation infusion at 1/2 the previous rate and re-titrate to SAS goal. If SAS goal still achieved without active therapy, do not restart sedation. If patient becomes agitated, resume sedation infusion at 1/2 the previous rate & re-titrate to SAS goal (document on the nursing flow sheet)*

- ☒ Ventilator Weaning Trial Medical by RT

#### Consults/Notifications/Referrals

- ☒ Notify Physician-Continuing  
*Notify: MD, Notify For: QTc prolongation on cardiac monitor greater than or equal to 500msecs and HOLD haloperidol*

Date

Time

Physician's Signature

MD Number

#### \*Report Legend:

DEF - This order sentence is the default for the selected order





**Physician Orders ADULT: Neurosurgery Admit Plan**

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

