**Physician Orders ADULT**  
**Order Set: Neuro Ventriculostomy Plan**

[R] = will be ordered  
T = Today; N = Now (date and time ordered)  
Height: _________ cm  
Weight: _________ kg  

### Allergies:

- [ ] No known allergies  
- [ ] Medication allergy(s): _______________________________________________________________________________  
- [ ] Latex allergy  
- [ ] Other: ____________________________________________________________________________________________

### Vital Signs

- [ ] Vital Signs w/Neuro Checks  
  T:N, Monitor and Record Pulse | Resp Rate | Blood Pressure, q1h(std)

### Hemodynamic Parameters

- [ ] T:N Keep Central Perfusion Pressure greater than 90
- [ ] T:N Keep Central Perfusion Pressure greater than 80
- [ ] T:N Keep Central Perfusion Pressure greater than 60

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### ICP Monitoring

- [ ] T:N, Record ICP measurement q 1 hour

### Ventriculostomy

- [ ] T:N, qshift, Establish EVD "0" at the level of the ear (external auditory meatus) CSF drainage: Record CSF drainage q 1 hour

### Ventriculostomy Drain Care

- [ ] T:N, Keep EVD open at _________ cm/H2O
- [ ] T:N, Clamp EVD. Open for ICP > 20 cm/H2O sustained for 10 minutes.

### Dressing Care

- [ ] T:N, Do not change EVD dressing once applied unless contaminated.

### Laboratory

- [ ] CSF Profile  
  T:N, Routine, once, CSF
- [ ] CSF Protein  
  T:N, Routine, once, CSF
- [ ] CSF Glucose  
  T:N, Routine, once, CSF
- [ ] CSF Culture and Gram Stain  
  T:N, Routine, once, CSF

### Consults/Notifications

- [ ] T:N, Notify neurosurgery resident, for any disconnection of EVD system, drainage of CSF > 25mL within 1 hour, leakage around insertion site, any acute changes in CSF color, or ICP > 20 sustained for 10 minutes

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**Date**  
**Time**  
**Physician's Signature**  
**MD Number**