



Physician Orders ADULT: Neuro SAH Post Op Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
Phase: Neuro SAH Post Op Phase, When to Initiate:_____
- Initiate Powerplan Phase
Phase: Mechanically Ventilated Patients (Vent Bundle) Phase, When to Initiate:_____

Neuro SAH Post Op Phase

Admission/Transfer/Discharge

- Transfer Pt within current facility

Vital Signs

- Vital Signs w/Neuro Checks
Monitor and Record Resp Rate Monitor and Record Blood Pressure Monitor and Record Pulse, q1h(std)
Comments: Utilize the National Institutes of Health Stroke Scale (NIHSS)
- Vital Signs
Monitor and Record Temp, q4h(std)

Activity

- Bedrest
- Out Of Bed
Up Ad Lib
- Out Of Bed
In chair for meals
- Ambulate

Food/Nutrition

- NPO
Instructions: NPO except for medications, until swallow screen passed
- Regular Adult 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

Patient Care

- VTE Intracranial/Intraocular SURGICAL Prophylaxis Plan(SUB)*
- Code Status
- Weight
Routine, QODay, Weigh patient every other day
- Elevate Head Of Bed
30 degrees at all times
- O2 Sat Monitoring NSG
 - Routine, q4h(std) (DEF)**
 - Routine, q2h(std)*
 - Routine, q1h(std)*
- Seizure Precautions
Routine
- Increased ICP Precautions
Routine
- Intake and Output
Routine, q4h(std)
- Advance Diet As Tolerated





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- Nasogastric Tube Insert
Routine
- Nasogastric Tube
Action Type: for medication administration and nutrition
- Oral Gastric Tube Insert
- Oral Gastric Tube Care
Action Type: for medication administration and nutrition
- INT Insert/Site Care
- Foley Care
q-shift
- Continue Foley Per Protocol
Reason: Vent & Paralyzed, Condom Cath No Option
- Whole Blood Glucose Nsg
q6h, If tolerating PO or intermittent feeds, may decrease frequency of Whole Blood Glucose Nsg to achs
- Nursing Communication
Swallow Screen and Stroke Education complete and charted in Cerner
- Instruct/Educate
Instruct: Patient and Family, Method: Provide Pamphlet, Topic: Stroke, Patient Education Pack with smoking cessation education. Give to patient.
- Ventriculostomy Setup To Bedside
- Neuro Arteriogram Post Procedure Plan(SUB)*
- Neuro Ventriculostomy Plan(SUB)*
- Depression Screening
T;N
- Central Line

Respiratory Care

- Nasal Cannula
 - 2 L/min, Special Instructions: titrate to keep O2 saturation greater than or equal to 94% (DEF)*
 - 2 L/min, Special Instructions: titrate to keep O2 saturation greater than or equal to 92%
- Aerosol Facemask
 - 40 %, Special Instructions: titrate to keep O2 saturation greater than or equal to 94% (DEF)*
 - 40 %, Special Instructions: titrate to keep O2 saturation 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

- Sodium Chloride 0.9%
1,000 mL, IV, mL/hr

Medications

- Neuro Antihypertensive Acute PRN Meds Plan(SUB)*
- Insulin SENSITIVE Sliding Scale Plan(SUB)*
- Insulin STANDARD Sliding Scale Plan(SUB)*
- Insulin RESISTANT Sliding Scale Plan(SUB)*
- Neuro Sodium Support Plan(SUB)*
- +1 Hours** ondansetron
4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting
- +1 Hours** acetaminophen
650 mg, Tab, PO, q6h, PRN Mild Pain or Fever





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Comments: PRN mild pain or fever greater than 38 degrees C

- +1 Hours** acetaminophen
650 mg, Supp, PR, q6h, PRN Mild Pain or Fever
Comments: if unable to tolerate PO, PRN mild pain or fever greater than 38 degrees C
- Choose ONE pain medication below for moderate pain:(NOTE)*
- +1 Hours** acetaminophen-oxyCODONE 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7)
- +1 Hours** acetaminophen-HYDROcodone 325 mg-5 mg oral tablet
1 tab, Tab, PO, q4h, PRN Pain, Moderate (4-7)
- +1 Hours** morphine
2 mg, Injection, IV Push, q1h, PRN Pain, Severe (8-10)
- +1 Hours** niMODipine
60 mg, Cap, PO, q4h, Routine, (for 21 day)
Comments: HOLD for SBP less than 100 mmhg.
- +1 Hours** bacitracin/neomycin/polymyxin B topical
1 application, Ointment, TOP, bid, Routine, Apply to wound

Laboratory

- 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
- Phosphorus Level
Routine, T+1;0200, q24h, Type: Blood
- Magnesium Level
Routine, T+1;0200, q24h, Type: Blood
- Osmolality Serum
Time Study, T;N, q6h, Type: Blood
- Prothrombin Time
STAT, T;N, once, Type: Blood
- Hemoglobin A1C
STAT, T;N, once, Type: Blood
- Troponin-I
STAT, T;N, once, Type: Blood
- Lipid Profile
Routine, T;N, once, Type: Blood

Diagnostic Tests

- EKG
Start at: T;N, Priority: Routine, Reason: Other, specify, Subarachnoid Hemorrhage
- Chest 1 View
T+1;0800, Reason for Exam: Other, Enter in Comments, Routine, Portable
Comments: Reason: Subarachnoid Hemorrhage
- CT Brain/Head WO Cont
T;N, Reason for Exam: Other, Enter in Comments, Stat, Stretcher
Comments: Reason: Subarachnoid Hemorrhage, complete within 2 hours
- CT Brain/Head WO Cont
T+1;0800, Reason for Exam: Other, Enter in Comments, Routine, Stretcher
Comments: Reason: Subarachnoid Hemorrhage
- CT Angio Head W/WO Cont W Imag Post Prc Plan(SUB)*





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- Cath Lab Request to Schedule
*Stat (DEF)**
Comments: Neuro 4 vessel arteriogram
Routine
Comments: Neuro 4 vessel arteriogram

- TTE Echo W/Contrst or 3D if needed
Priority: Routine

Consults/Notifications/Referrals

- Notify Physician-Once
Notify For: of room number on arrival to unit
- Notify Physician For Vital Signs Of
Notify: Physician, Celsius Temp > 38.0, for O2 sat < 92% after O2 therapy
- Notify Resident-Continuing
Notify: Neurosurgery resident, Notify For: 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)
- Case Management Consult
Routine, Reason: Discharge Planning
- Medical Social Work Consult
Routine, 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





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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
- 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 Vacation Sedation 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 at 0800 and 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





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- 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
- +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 haldoperidol. *If SAS not met in 6 hrs, call MD. Call MD if 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)





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- 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
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***Report Legend:**

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

