



attach patient label here

## Physician Orders ADULT Order Set: Post Craniotomy-Aneurysm

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Admit Patient to Dr. _____	
<b>Admit Status:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation		
<b>NOTE to MD: Inpatient</b> - hospital stay for medically necessary services, includes both severity of illness and intensity of service that require acute care and cannot be safely provided in a lower level of care		
<b>Outpatient</b> - short term (usually less than 6 hrs) evaluation, treatment, or service in an outpatient area of the hospital such as emergency room, ambulatory surgery, radiology or other ancillary area		
<b>Observation</b> - short term (usually less than 24 hrs) stay in the hospital for evaluation, treatment, assessment, and reassessment to determine need for progression to inpatient admission vs discharge to outpatient follow-up		
<b>Bed Type:</b> <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> Stepdown <input type="checkbox"/> Telemetry; Specific Unit Location: _____		
<input type="checkbox"/>	Notify physician once _____ T;N, of room number on arrival to unit	
<input type="checkbox"/>	<b>Code Status:</b> _____	
Primary Diagnosis: _____		
Secondary Diagnosis: _____		
<b>Diet</b>		
<input type="checkbox"/>	NPO	Start at: T;N
<input type="checkbox"/>	Clear Liquid Diet	Start at: T;N
<input type="checkbox"/>	Regular Adult Diet	Start at: T;N
<input type="checkbox"/>	American Diabetic Association Adult Diet (ADA Diet Adult)	Start at: T;N
<input type="checkbox"/>	American Heart Association Diet (AHA Diet)	Start at: T;N
<input type="checkbox"/>	Sodium Control Diet (Low Sodium Diet)	Start at: T;N
<input type="checkbox"/>	Nursing Communication	T;N, On _____ (date) at _____ (time) either begin PO nutrition or call MD for NG tube and tube feeding orders.
<b>Activity</b>		
<input type="checkbox"/>	Bedrest	T;N
<input type="checkbox"/>	Out Of Bed	T;N, Up For Meals, up in chair for meals
<input type="checkbox"/>	Out Of Bed	T;N, Up Ad Lib
<input type="checkbox"/>	Ambulate	T;N, in hall daily
<b>Nursing</b>		
<input type="checkbox"/>	Weight	T;N, now, on arrival
<input type="checkbox"/>	Weight	T;N, QODay
<input type="checkbox"/>	Vital Signs w/Neuro Checks	T;N, q1h For 24 hr, then re-evaluate order.
<input type="checkbox"/>	IV Insert/Site Care	T;N
<input type="checkbox"/>	Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)	T;N
<input type="checkbox"/>	Hemodynamic Parameters	T;N, BP Systolic > 140mmHg, BP Systolic < 200mmHg
<input type="checkbox"/>	Intake and Output Strict (Strict I/O)	T;N





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Nursing continued	
<input type="checkbox"/>	O2 Sat Monitoring NSG T;N, and record, use 2L O2 prn for sat less than 95%
<input type="checkbox"/>	Central Venous Pressure Monitoring T;N, monitor and record q 6 hr. (CVP Monitoring)
<input type="checkbox"/>	Wound Care T;N, PRN, may apply head dressing with kling wrap for oozing from suture line.
Medications	
<input type="checkbox"/>	<b>VTE Prophylaxis (SURGICAL) 25004-VTE-INTRACRANIAL-INTRAOCULAR PROPHYLAXIS</b>
Laboratory	
Diagnostic Tests	
<input type="checkbox"/>	CT Brain/Head WO Cont T+1;0800, Reason for Exam: F/U SAH
<input type="checkbox"/>	Occupational Therapy Initial Eval and Tx (OT Initial Evaluation and Treatment) T+1;0800
<input type="checkbox"/>	Physical Therapy Initial Eval and Tx (PT Initial Evaluation and Treatment) T+1;0800
<input type="checkbox"/>	Speech Therapy Initial Eval and Tx (ST Initial Evaluation and Treatment) T+1;0800
<input type="checkbox"/>	Case Management Consult T;N Routine
<input type="checkbox"/>	Medical Social Work Consult T;N,Routine
Consults/Notifications	

\_\_\_\_\_  
Date    Time    Physician's Signature    MD Number