**Physician Orders ADULT**

**Order Set: Post Craniotomy-Aneurysm**

[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: ______________________________________________________________________

### Admission/Transfer/Discharge

- [ ] Admit Patient to Dr. ________________________________________
- **Admit Status:** [ ] Inpatient [ ] Outpatient [ ] Observation

**NOTE to MD:**
- **Inpatient** - 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.
- **Outpatient** - 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.
- **Observation** - 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.

**Bed Type:** [ ] Med/Surg [ ] Critical Care [ ] Stepdown [ ] Telemetry; Specific Unit Location: _____________

- [ ] Notify physician once T;N, of room number on arrival to unit
- [ ] Code Status:

### Primary Diagnosis:

Secondary Diagnosis:

### Diet

- [ ] NPO  Start at: T;N
- [ ] Clear Liquid Diet  Start at: T;N
- [ ] Regular Adult Diet  Start at: T;N
- [ ] American Diabetic Association Adult Diet (ADA Diet Adult)  Start at: T;N
- [ ] American Heart Association Diet (AHA Diet)  Start at: T;N
- [ ] Sodium Control Diet (Low Sodium Diet)  Start at: T;N
- [ ] Nursing Communication  T;N, On _____(date)at____(time) either begin PO nutrition or call MD for NG tube and tube feeding orders.

### Activity

- [ ] Bedrest  T;N
- [ ] Out Of Bed  T;N, Up For Meals, up in chair for meals
- [ ] Out Of Bed  T;N, Up Ad Lib
- [ ] Ambulate  T;N, in hall daily

### Nursing

- [ ] Weight  T;N, now, on arrival
- [ ] Weight  T;N, QODay
- [ ] Vital Signs w/Neuro Checks  T;N,q1h For 24 hr, then re-evaluate order.
- [ ] IV Insert/Site Care  T;N
- [ ] Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)  T;N
- [ ] Hemodynamic Parameters  T;N, BP Systolic > 140mmHg, BP Systolic < 200mmHg
- [ ] Intake and Output Strict (Strict I/O)  T;N
Nursing continued

| [ ] | O2 Sat Monitoring NSG | T;N, and record, use 2L O2 prn for sat less than 95% |
| [ ] | Central Venous Pressure Monitoring (CVP Monitoring) | T;N, monitor and record q 6 hr. |
| [ ] | Wound Care | T;N, PRN, may apply head desssing with kling wrap for oozing from suture line. |

Medications

| [ ] | VTE Prophylaxis (SURGICAL) 25004-VTE-INTRACRANIAL-INTRAOCULAR PROPHYLAXIS |

Laboratory

Diagnostic Tests

| [ ] | CT Brain/Head WO Cont | T+1;0800, Reason for Exam: F/U SAH |
| [ ] | Occupational Therapy Initial Eval and Tx (OT Initial Evaluation and Treatment) | T+1;0800 |
| [ ] | Physical Therapy Initial Eval and Tx (PT Initial Evaluation and Treatment) | T+1;0800 |
| [ ] | Speech Therapy Initial Eval and Tx (ST Initial Evaluation and Treatment) | T+1;0800 |
| [ ] | Case Management Consult | T;N Routine |
| [ ] | Medical Social Work Consult | T;N,Routine |

Consults/Notifications

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician's Signature</th>
<th>MD Number</th>
</tr>
</thead>
</table>

Post Crani Aneurysm - 830-QM-Ver5 111610