Physician Orders ADULT: Neuro Craniotomy Post Op Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
  Phase: Neuro Craniotomy Post Op Phase, When to Initiate: ____________________________

- Initiate Powerplan Phase
  Phase: Mechanically Ventilated Patients (Vent Bundle) Phase, When to Initiate: ____________________________

Neuro Craniotomy Post Op Phase
Admission/Transfer/Discharge

- Transfer Pt within current facility
  Level of Care: Critical Care, To Neuro CCU

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

- Tube Feeding Continuous/Int Plan(SUB)*
- Clear Liquid Diet
  Adult (>18 years)
- Full Liquid Diet
  Adult (>18 years)
- Regular Adult Diet
- Mechanical Soft Diet
  Adult (>18 years)
- Pureed Diet
  Adult (>18 years)
- 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
  Adult (>18 years)

- Sodium Control Diet
  Adult (>18 years), sodium restricted

Patient Care
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- VTE Intracranial/Intraocular SURGICAL Prophylaxis Plan(SUB)*
- Code Status
- Weight
  - Routine, QODay, weigh patient every other day
- Elevate Head Of Bed
  - Elevate For at all times, 30 degrees
- O2 Sat Monitoring NSG
  - Routine (DEF)*
  - Routine, q4h(std)
  - Routine, q2h(std)
  - Routine, q1h(std)
- Seizure Precautions
  - Routine
- Increased ICP Precautions
  - Routine
- Intake and Output
  - Routine, q4h(std)
- Advance Diet As Tolerated
- Restrict Fluids
  - Routine
- Nasogastric Tube Insert
  - Routine
- Nasogastric Tube
  - use for medications and nutrition
- Oral Gastric Tube Insert
- Oral Gastric Tube Care
  - use for medications and nutrition
- JP Drain Care
- INT Insert/Site Care
  - q4h(std)
- Indwelling Urinary Catheter Care
  - q-shift, and PRN, for strict I & O
- Continue Foley Per Protocol
  - Reason: Postop Surgery Less Than 24 Hrs Ago
- Central Line
- Respiratory Care
  - Nasal Cannula
    - 2 L/min, Special Instructions: titrate to keep O2 saturation greater than or equal to 95%
  - Nasal Cannula
    - 2 L/min, Special Instructions: titrate to keep O2 sat greater than or equal to 92%
  - Aerosol Facemask
    - 10 %, Special Instructions: titrate to keep O2 sat greater than or equal to 95%
  - Aerosol Facemask
    - 10 %, 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
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+1 Hours lactated ringers
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 bacitracin/neomycin/polymyxin B topical
  1 application, Topical Soln, TOP, bid, Routine, apply to incision
- +1 Hours pantoprazole
  40 mg, Injection, IV Push, QDay, Routine
- +1 Hours pantoprazole
  40 mg, DR Tablet, PO, QDay, Routine
- Comments: DO NOT CHEW,CUT, OR CRUSH
- +1 Hours ondansetron
  4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting, Routine
- +1 Hours acetaminophen
  650 mg, Tab, PO, q6h, PRN Pain, Mild or Fever, Routine
  Comments: PRN headache or fever greater than 38 degrees C
- +1 Hours acetaminophen
  650 mg, Supp, PR, q6h, PRN Pain, Mild or Fever, Routine
  Comments: if unable to tolerate PO, PRN headache or fever greater than 38 degrees C

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)

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), Routine
- dexamethasone
  10 mg, Injection, IV Push, once, STAT
- +1 Hours dexamethasone
  4 mg, Injection, IV Push, q6h, Routine
- +1 Hours dexamethasone
  4 mg, Tab, PO, q6h, Routine
- 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, Routine
- levETIRAcetam
  3,000 mg, Injection, IV Piggyback, once, STAT, ( infuse over 10 min )
- +1 Hours levETIRAcetam
  1,000 mg, Injection, IV Piggyback, q12h, Routine
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+1 Hours levETIRAcetam
   1,000 mg, Tab, PO, q12h, Routine

Laboratory
- CBC
  Routine, T;N, once, Type: Blood
- BMP
  Routine, T;N, once, Type: Blood
- Magnesium Level
  Routine, T;N, once, Type: Blood
- Phosphorus Level
  Routine, T;N, once, Type: Blood
- CBC
  Time Study, T;N, q24h, Type: Blood
- BMP
  Time Study, T;N, q24h, Type: Blood
- Magnesium Level
  Time Study, T;N, q24h, Type: Blood
- Phosphorus Level
  Time Study, T;N, q24h, Type: Blood

Diagnostic Tests
- Chest 1 View
  T+1;0800, Reason for Exam: ET Tube Placement, Routine, Portable
- CT Brain/Head WO Cont
  T;N, Reason for Exam: Other, Enter in Comments, Stat, Stretcher
  Comments: Reason: f/u craniotomy, in route to unit from PACU
- CT Brain/Head WO Cont
  T+1;0800, Reason for Exam: Other, Enter in Comments, Routine, Stretcher
  Comments: Reason: f/u craniotomy
- Cath Lab Request to Schedule
  Stat
  Comments: Neuro 4 vessel arteriogram
- Cath Lab Request to Schedule
  Routine
  Comments: neuro 4 vessel arteriogram

Consults/Notifications/Referrals
- Notify Physician-Once
  Notify For: notify of room number on arrival to unit
- Notify Physician For Vital Signs Of
  Celsius Temp > 38.0, Oxygen Sat < 92, notify for O2sat<92 after O2 therapy.
- Notify Resident-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 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
- Case Management Consult
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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
  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 msecs 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
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☐ +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 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 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 HYDROmorphine
  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
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☐ +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, Titrator
   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 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-titrator 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-titrator 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

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