



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 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





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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** HYDROmorphine
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 is 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)
- 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

