Physician Orders ADULT: Neurosurgery Admit Plan

Initiate Orders Phase
Admission/Transfer/Discharge

 Patient Status Initial Inpatient

☐ T;N Admitting Physician: ________________________________
Reason for Visit: ________________________________________
Bed Type: Critical Care Specific Unit: Neuro CCU
Care Team: ____________________________________________ Anticipated LOS: 2 midnights or more

☐ T;N Admitting Physician: ________________________________
Reason for Visit: ________________________________________
Bed Type: Med-Surg Specific Unit: 9A Tower
Care Team: ____________________________________________ Anticipated LOS: 2 midnights or more

Care Sets/Protocols/PowerPlans

☑ Initiate Powerplan Phase
  Phase: Neurosurgery Admit Phase, When to Initiate:________________________

☐ Initiate Powerplan Phase
  Phase: Mechanically Ventilated Patients (Vent Bundle) Phase, When to Initiate:________________________

Neurosurgery Admit Phase
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

☐ Clear Liquid Diet
☐ Full Liquid Diet
☐ Regular Adult Diet
☐ Mechanical Soft Diet
☐ Pureed 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

☐ American Heart Association Diet
☐ Sodium Control Diet
  sodium restricted

Patient Care

☑ VTE MEDICAL Prophylaxis Plan(SUB)*
Physician Orders ADULT: Neurosurgery Admit Plan

- Code Status
- Weight
  - Routine, QODay, weight patient every other day
- Elevate Head Of Bed
  - 30 degrees at all times
- O2 Sat Monitoring NSG
  - Routine (DEF)*
  - Routine, q4h(std)
  - Routine, q2h(std)
  - Routine, q1h(std)
- O2 Sat Spot Check-NSG
  - Routine, q4h(std), with vital signs
- Seizure Precautions
  - Routine
- Increased ICP Precautions
  - Routine
- Intake and Output
  - Routine, q4h(std), strict
- Restrict Fluids
  - Routine
- Advance Diet As Tolerated
- Nasogastric Tube Insert
  - Routine
- Nasogastric Tube
  - for medication administration and nutrition
- Oral Gastric Tube Insert
- Oral Gastric Tube Care
  - for medication administration and nutrition
- INT Insert/Site Care
- Indwelling Urinary Catheter Care
  - q-shift, and PRN for strict I & O

Respiratory Care
- Nasal Cannula
  - 2 L/min, Special Instructions: titrate to keep O2 sat greater than or equal to 95% (DEF)*
  - 2 L/min, Special Instructions: titrate to keep O2 sat greater than or equal to 92%
- Aerosol Facemask
  - 40 %, Special Instructions: titrate to keep O2 sat greater than or equal to 95% (DEF)*
  - 40 %, 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
- +1 Hours lactated ringers
  - 1,000 mL, IV, mL/hr
- Neuro Sodium Support Plan(SUB)*

Medications
- Neuro Antihypertensive Acute PRN Meds Plan(SUB)*
- Prothrombin Complex Concentrate (Kcentra) for Warfarin-Associated Major Bleeding Plan(SUB)*
- Insulin SENSITIVE Sliding Scale Plan(SUB)*
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- Insulin STANDARD Sliding Scale Plan(SUB)*
- Insulin RESISTANT Sliding Scale Plan(SUB)*
  NOTE: ceFAZolin AND Vancomycin must be ordered together (NOTE)*
- +1 Hours ceFAZolin
  2 g, IV Piggyback, IV Piggyback, N/A
  Comments: administer in pre-op holding
  AND(NOTE)*
- +1 Hours vancomycin
  1 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose)
  Comments: Administer in pre-op holding, 2 hours prior to incision.
  NOTE: If allergic to beta-lactams, give Vancomycin only(NOTE)*
- +1 Hours vancomycin
  1 g, IV Piggyback, IV Piggyback, N/A, Routine, (for 1 dose)
  Comments: Administer in pre-op holding, 2 hours prior to incision.
- +1 Hours pantoprazole
  40 mg, DR Tablet, PO, QDay, Routine (DEF)*
  Comments: DO NOT CHEW,CUT, OR CRUSH
  40 mg, Injection, IV Push, QDay, Routine
  40 mg, Granule, NG, QDay, Routine
  Comments: Must mix in apple juice or apple sauce. See reference text.
- +1 Hours ondansetron
  4 mg, Injection, IV Push, q6h, PRN Nausea/Vomiting
- +1 Hours acetaminophen
  650 mg, Tab, PO, q6h, PRN Pain, Mild or Fever
  Comments: PRN mild pain or fever greater than 38 degrees C
- +1 Hours acetaminophen
  325 mg, Supp, PR, q6h, PRN Pain, Mild or Fever
  Comments: if unable to tolerate PO, PRN mild pain or fever greater than 38 degrees C
  NOTE: 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 traMADal
  50 mg, Tab, PO, q6h, PRN Pain, Moderate (4-7)
  NOTE: 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)
- dexamethasone
  10 mg, Injection, IV Push, once, STAT
- +1 Hours dexamethasone
  4 mg, Injection, IV, q6h (DEF)*
  4 mg, Tab, PO, q6h
- 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
- levETIRAcetam
  3,000 mg, Injection, IV Piggyback, once, STAT, (infuse over 10 min)
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+1 Hours levETIRAcetam
  1 g, Injection, IV Piggyback, q12h (DEF)*
  1 g, Tab, PO, q12h

+1 Hours docusate-senna 50 mg-8.6 mg oral tablet
  2 tab, Tab, PO, hs

Laboratory

NOTE: If no previous CBC, PT, or PTT documented, place CBC, PT, and PTT "on arrival" orders below.(NOTE)*

CBC
  Routine, T;N, once, Type: Blood
  Comments: On arrival to unit.

CMP
  Routine, T;N, once, Type: Blood
  Comments: On arrival to unit.

Magnesium Level
  Routine, T;N, once, Type: Blood
  Comments: On arrival to unit.

Phosphorus Level
  Routine, T;N, once, Type: Blood
  Comments: On arrival to unit.

PT/INR
  Routine, T;N, once, Type: Blood
  Comments: On arrival to unit.

PTT
  Routine, T;N, once, Type: Blood
  Comments: On arrival to unit.

Pregnancy Screen Serum
  Routine, T;N, once, Type: Blood

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

Magnesium Level
  Routine, T+1;0200, q24h, Type: Blood

Phosphorus Level
  Routine, T+1;0200, q24h, Type: Blood

Diagnostic Tests

EKG
  Start at: T;N, Priority: Routine

CT Brain/Head WO Cont
  T;N, Reason for Exam: Other, Enter in Comments, Stretcher

MRI Brain & Stem W/WO Cont Plan(SUB)*

MRI Spine Thoracic W/WO Cont Plan(SUB)*

MRI Spine Cerv W/WO Cont Plan(SUB)*

MRI Spine Lumbar W/WO Cont Plan(SUB)*

CT Spine Cervical WO Cont
  T;N, Reason for Exam: Other, Enter in Comments, Routine, Stretcher

CT Spine Thoracic WO Cont
  T;N, Reason for Exam: Other, Enter in Comments, Routine, Stretcher

TTE Echo W/Contrst or 3D if needed
Physician Orders ADULT: Neurosurgery Admit Plan

Priority: Routine

Consults/Notifications/Referrals

☑ Notify Physician-Once
   Notify For: of room on arrival to unit
☑ Notify Physician For Vital Signs Of
   Celsius Temp > 38.0, for O2 sat < 92% after O2 therapy
☑ Notify Physician-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 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), 0
☑ Case Management Consult
   Reason: Discharge Planning
☑ Medical Social Work Consult
   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
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✔ 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 Sedation Vacation 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 0800 to 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 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
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☐ +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

☐ +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 haloperidol. *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

<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