**Physician’s Orders**

**NEUROSURGICAL PICU ADMISSION ORDERS**

**Date ordered ______________ Time ordered __________

1. Admit to PICU, Neurosurgery ____________________________________________

2. Diagnosis: ____________________________________________________________

3. Condition: ____________________________________________________________

4. Record weight: □ daily □ other __________________________________________

5. Allergies: □ NKA or ____________________________

6. Activity: □ Raise Head of Bed 30º, □ Bed Rest

7. Vital Signs:
   - Continuous ECG monitor, Pulse Oximeter, Temperature
   - □ Routine with vitals: □ Neuro checks:
     - Q15 minutes x 1 hour □ Neuro checks and prn
     - Q30 minutes x 1 hour □ ____________________________
     - Q1 hours while in ICU
     - □ With ICP and CPP

8. Drains: □ Foley to gravity drain □ Other __________________________

9. Diet: □ Clear liquids, □ Advance as tolerated, □ Regular, □ NPO □ NPO after midnight

10. Labs:
    - On Arrival: _________________________________________________________
    - In AM: ____________________________________________________________

11. Maintenance IV Fluids:
    - □ D5W1/2NS with 20 MEQ KCl/L at _____ mls per hour
    - □ NS with 20 MEQ KCl/L at _____ mls per hour
    - □ Other: __________________________________________________________

12. Medications:
    - ♦ Medication / Dose / Route / Frequency
      - _______________________/______/______/______
      - _______________________/______/______/______
      - _______________________/______/______/______
      - _______________________/______/______/______
      - _______________________/______/______/______
      - _______________________/______/______/______

Unapproved abbreviations – U, IU, QD, QOD, MS, MSO4, MgSO4, doses without leading zeros, doses with trailing zeros.
13. PRN Medications:
- **Acetaminophen (10-15 mg/kg)** ______ mg  □ PO  □ PR Q 4 hours PRN pain/discomfort
- **Ondansetron (0.1 mg/kg, up to 4 mg)** ______ mg IV Q8 hours PRN nausea/vomiting
- **Acetaminophen/Hydrocodone (500/5mg, one tablet if <50kg, two tablets if >50kg)** ______ tablets PO Q4 hours PRN pain
- **Acetaminophen/Hydrocodone 2.5 mg hydrocodone/5mls oral solution**
  (0.2 mg/kg Hydrocodone, up to 10 mg) ______ mg (=____ mls) Q 4 hours PRN pain
- **Morphine (0.1 mg/kg)** ______ mg IV Q _______ hour/s prn pain
- **Diphenhydramine (1.25mg/kg, maximum dose: 50mg)** ______ mg PO Q 6 hours
  PRN itching
- **Other:** ________________________________________________________________

14. Studies:
- **MRI brain with and without contrast in am**  Clinical Reason ________________________
- **CT scan** ____________________________  Clinical Reason ________________________
- **MRI of** ____________________________  Clinical Reason ________________________

15. Notify MD:
- □ Change in neuro status
- □ ICP> ____________
- □ CPP< ____________

Becker Drainage System Orders

16. Place Becker Drainage system transducer at _______________________________________

17. Place Becker Drainage system Buretrol at _______ cm above ZERO.

18. Notify MD:
- □ Change in Neuro Status
- □ Changes in amount and character of CSF drainage
- □ No drainage in ________ hours

Physician Signature: ____________________________  Pgr# ____________  Physician ID# ____________

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