

HT: _____ cm

WT: _____ kg

(Place Patient Sticker Here)

Allergies _____

Physician's Orders

NEUROSURGICAL PICU ADMISSION ORDERS

Page 1 of 2

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 30°, ☐ Bed Rest

7. Vital Signs:

Continuous ECG monitor, Pulse Oximeter, Temperature

☐ Routine with vitals:

Q15 minutes x 1 hour

Q30 minutes x 1 hour

Q1 hours while in ICU

☐ With ICP and CPP

☐ Neuro checks:

Q1 hour neuro checks and prn

☐ _____

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.

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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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