

DOWNTIME Physician Order
NEURO Intracranial Hemorrhage / Acute
Brain / Spine Trauma
Drug Allergies: Review patient allergies in power chart or in the electronic medical record (EMR) prior to prescribing / administering medications.

 Faxed to Pharmacy
 Date: _____ Init.: _____

Height _____ cm

Weight _____ kg

| Clinical Category | Order | Placed in CP |
|---------------------|--|--------------|
| ADT/ Communications | <ul style="list-style-type: none"> ▪ Patient Status <ul style="list-style-type: none"> <input type="checkbox"/> SICU Inpatient Admission <input type="checkbox"/> MICU Inpatient Admission <input type="checkbox"/> CCU Inpatient Admission <input type="checkbox"/> Medical Unit Inpatient Admission ▪ Initiate Plan of Care, <i>Intracranial Hemorrhage/ Traumatic Brain Injury Pt Care Pathway</i> ▪ Notify Provider, <i>Notify Physician for any change in Mental Status from baseline assessment</i> ▪ Communication Order, <i>ABG's if SpO2 is less than 92%, notify Intensivist of results</i> ▪ Notify Provider, <i>Constant Order, Call if Cerebral Perfusion pressure is less than 70 mm/Hg</i> | |
| Vital Signs | <ul style="list-style-type: none"> ▪ Vital Signs <ul style="list-style-type: none"> <input type="checkbox"/> Constant Order, <i>Per Critical Care Routine - Q 1 hr X 24 hrs then Q 4 hrs when stable</i> <input type="checkbox"/> Constant Order, <i>Per Unit Routine - Q 1 hour X 24 hours then Q 4 hours when stable</i> ▪ Neuro Checks, <i>Constant Order, Q 1 hour X 24 hours then Q 4 hours when stable</i> <input type="checkbox"/> ICP Monitoring, <i>Constant Order, Call House Physician if ICP greater than 20 mm/Hg or less than X</i> | |
| Activity | <ul style="list-style-type: none"> ▪ Bedrest, <i>Constant Order, Bedrest Supine position until C-Spine is cleared. Head of bed elevated no more than 30 degrees if vital signs stable and no spine injury.</i> ▪ HOB elevated, <i>Flat, May have HOB elevated NO MORE THAN 30 deg if VS stable, no spine injury</i> <input type="checkbox"/> Up to Chair <ul style="list-style-type: none"> <input type="checkbox"/> T+1; <i>0700, 5- 10 mins TID, Advance as tolerated, Constant Order</i> <input type="checkbox"/> T+2; <i>0700, 5- 10 mins TID, Advance as tolerated, Constant Order</i> | |
| Patient Care | <ul style="list-style-type: none"> ▪ Blood Glucose Monitoring POC, <i>Routine, Q4HOURS, Notify Physician if BS greater than 150 mg/DL</i> ▪ Intake and Output, <i>Strict I&O - Notify Physician UO greater than 250 mL/2 hrs or less than 30 mL / 2 hrs</i> ▪ Mouth Care, <i>Mouth Care, Q2HOURS</i> ▪ Seizure Precautions, <i>per Protocol, Constant Order</i> | |
| Nutrition | <ul style="list-style-type: none"> ▪ Aspiration Precautions ▪ Diet Order <ul style="list-style-type: none"> <input type="checkbox"/> Nothing By Mouth - NPO <input type="checkbox"/> NPO Except Meds w/ Sips Water <input type="checkbox"/> House <input type="checkbox"/> Clear Liquids | |
| IV Infusions | <ul style="list-style-type: none"> ▪ Saline Lock Peripheral with Saline Flush Q Shift and PRN (<i>pull Standard IV Catheter Flush Orders 217663X</i>) <input type="checkbox"/> Nipride 50mg/ D5W 250ml DRIP (IVS)* Dextrose 5% 250 ML, IV, titrate - <i>Titrate to maintain SBP less than 160 mm/Hg</i> Nipride <input type="checkbox"/> nitroglycerin drip 250 ML, IV, titrate - <i>concentration 0.2mg/ml, dose per protocol. Titrate to maintain SBP less than 160 mm/Hg</i> <input type="checkbox"/> Diprivan Drip 50 ML, IV, titrate | |
| Medications | <ul style="list-style-type: none"> <input type="checkbox"/> RAMO PRN Medications SUBPHASE (Pull RAMO Orders 217243X) <input type="checkbox"/> Pepcid 20 mg, Injection, IV Push, Q12HOURS <input type="checkbox"/> Colace 100 mg, Capsule, ORAL, BID <input type="checkbox"/> Zofran 4 mg, Injection, IV Push, Q8HOURS, PRN: Nausea/Vomiting <input type="checkbox"/> Ativan 1 mg, Injection, IV Push, Q1HOUR, PRN: Sedation Comments: RANGE ORDER May increase to 2 mg if escalating <input type="checkbox"/> Ativan 2 mg, Injection, IV Push, Q1HOUR, PRN: Sedation Comments: RANGE ORDER May increase to 2 mg if escalating <input type="checkbox"/> morphine 1 mg, Injection, IV Push, Q1HOUR, PRN: Pain Comments: RANGE ORDER if no relief, may increase to 2 mg <input type="checkbox"/> morphine 2 mg, Injection, IV Push, Q1HOUR, PRN: Pain Comments: RANGE ORDER may give if no relief from 1 mg. <input type="checkbox"/> MED Sliding Scale Insulin (pull SSI Sliding Scale Insulin Order 163284X) | |

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| Medications | <p>Mannitol 0.25gm/kg IV q4h</p> <p><input type="checkbox"/> mannitol</p> <ul style="list-style-type: none"> <input type="checkbox"/> 12.5 g, Injection, IV Piggyback, Q4HOURS, Infuse Over: 30, Minute(s) Comments: hold for osmolality greater than 305 <input type="checkbox"/> 25 g, Injection, IV Piggyback, Q4HOURS, Infuse Over: 30, Minute(s) Comments: hold for osmolality greater than 305 <input type="checkbox"/> 50 g, Injection, IV Piggyback, Q4HOURS, Infuse Over: 30, Minute(s) Comments: hold for osmolality greater than 305 <p><input type="checkbox"/> Communication Order Constant Order, ORDER: Serum Osmolality Q 4 hours if on Mannitol</p> <p>Dilantin 20mg/kg IV loading dose</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dilantin _____mg, Injection, IV Piggyback, ONCE, Infuse Over: 30, Min(s) - in 100ml NS, loading dose <input type="checkbox"/> Dilantin 100 mg, Injection, IV Push, Q8HOURS <input type="checkbox"/> labetalol 10 mg, Injection, IV Push, Q1HOUR, PRN: See Note Line Comments: to keep SCP less than 160 mm/Hg, if no response in 1 hour, may increase to 20 mg <input type="checkbox"/> labetalol 20 mg, Injection, IV Push, Q1HOUR, PRN: See Note Line Comments: If no response with 10 mg in 1 hour, may increase to 20 mg to keep SBP less than 160 mm/Hg. <p>VTE Prophylaxis</p> <ul style="list-style-type: none"> ▪ Contraindication to Pharmacologic Prophylaxis <ul style="list-style-type: none"> <input type="checkbox"/> Contraindication, to Pharmacologic Prophylaxis <input type="checkbox"/> Currently on, anticoagulant (Lovenox, Heparin, Coumadin, Argatroban or Arixtra) | |
| Laboratory | <p>Labs if Not Done in ED</p> <ul style="list-style-type: none"> <input type="checkbox"/> CBCWD STAT <input type="checkbox"/> COMPMETA STAT <input type="checkbox"/> MAGNESIUM LEVEL STAT <input type="checkbox"/> PT / INR / APTT Stat <input type="checkbox"/> ALCOHOL SERUM STAT <input type="checkbox"/> URINE DRUG SCREEN <ul style="list-style-type: none"> <input type="checkbox"/> NURSE COLLECT <input type="checkbox"/> NURSE COLLECT <input type="checkbox"/> URINALYSIS NURSE COLLECT <p>Blood Gases</p> <ul style="list-style-type: none"> <input type="checkbox"/> ABG STAT <input type="checkbox"/> ABG ROUTINE, DAILY LAB - Comments: while on Vent <p>Additional Labs</p> <ul style="list-style-type: none"> <input type="checkbox"/> OSMOLALITY ROUTINE - Comments: Q 4 Hours if on Mannitol <input type="checkbox"/> DILANTIN LEVEL STAT | |
| Radiology | <ul style="list-style-type: none"> <input type="checkbox"/> Radiology for Intracranial Hemorrhage/Acute Brain/Spine Trauma SUBPHASE <input type="checkbox"/> XR CHEST 2V PA LAT STAT <input type="checkbox"/> XR CHEST PORTABLE STAT | |
| Other Diagnostic Procedures | <ul style="list-style-type: none"> <input type="checkbox"/> Carotid Duplex, Routine | |
| Respiratory | <ul style="list-style-type: none"> ▪ Continuous Pulse Oximetry, Routine | |
| Consults | <ul style="list-style-type: none"> ▪ Stroke Consult Careset <input type="checkbox"/> Consult Physician, Neurology <input type="checkbox"/> Consult Physician, Pulmonary <input type="checkbox"/> Consult Physician, Cardiology ▪ Consult Social Services | |

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| Lines & Drains | <input type="checkbox"/> Arterial Line Care, <i>Constant Order</i> <input checked="" type="checkbox"/> Foley to CD/Care <input type="checkbox"/> NG Tube to LIS, <i>Mouth care Q 2 hours - Comments: Check placement Q Shift</i> | |
| Equipment | <input type="checkbox"/> TED Hose <input type="checkbox"/> <i>Knee-high Continuous</i> <input type="checkbox"/> <i>Knee-high Remove at HS and re-apply in AM</i> <input checked="" type="checkbox"/> SCD Machine with Knee High wraps <input type="checkbox"/> Hypothermia Unit if Temp greater than 39 C | |

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