



Oregon Health & Science University  
Hospitals and Clinics Provider's Orders

PO1500



**NSG: CRANIOTOMY FOR ANEURYSM:  
ICU POST-OP**

Page 1 of 7

ACCOUNT NO.  
MED. REC. NO.  
NAME  
BIRTHDATE

*Patient Identification*

**ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.**

**Allergies:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ kg

**Diagnosis:** \_\_\_\_\_

**Service:** \_\_\_\_\_ **Attending:** \_\_\_\_\_

**Admission**

- Admit to Inpatient
- Admit to Daypatient
- Place on Outpatient Observation Status – Hospital

**Attending Physician**

- Attending Provider: \_\_\_\_\_

**Procedure Performed**

- Procedure Performed: \_\_\_\_\_

**Code Status**

- Full Code
- Do Not Resuscitate/Do Not Intubate
- Limited Resuscitation
  - Closed Cardiac Massage:
  - Cardiac Defibrillation:
  - Endotracheal Intubation:
  - Pressors and Antiarrhythmics:
  - Bag Mask Valve Ventilation (Peds Only):

**Isolation** Infection Control Policy URL: <http://ozone.ohsu.edu/healthsystem/clinindex.shtml#infection>

- Contact Isolation Reason for Isolation:
- Modified Contact Isolation Reason for Isolation:
- Droplet Isolation Reason for Isolation:
- Airborne Isolation Reason for Isolation:
- Strict Isolation Reason for Isolation:
- Neutropenic Protective Precautions Reason for Isolation:

**NURSING**

**General**

- Vital Signs Routine, EVERY 1 HOUR, SPECIFIED
- Neurological Check Routine, WITH VITAL SIGNS
- CVP Monitoring Routine, WITH VITAL SIGNS, If monitor in place
- ICP Monitoring Routine, WITH VITAL SIGNS, If monitor in place

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Pager:** \_\_\_\_\_



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- Notify MD Routine, CONTINUOUS
  - SBP > 160 < 90
  - Temp > 38.5 degrees C
  - HR > 105 < 55
  - SpO2 < 93%
  - RR > 24 < 8
  - CPP < 65
  - ICP > 20
  - Urine SG < 1.003
  - UO < 0.5 mL/kg/hr for more than 2 hrs
  - Altered Mental Status / Altered Pupils

- Call HO to Evaluate for Transfusion Routine, CONTINUOUS, For Hct < 30
- Weigh Patient on Admission Routine, UPON ADMISSION

**Lines, Drains, Airways**

- Insert and Maintain Foley Catheter Routine, CONTINUOUS, Foley to gravity
- Maintain Arterial Line Routine, CONTINUOUS
- Keep Ventricular Cath Open Routine, CONTINUOUS, Open at 10 cm above brow

**Activity**

- Activity: Activity Level: Ambulate Patient - TID  
HOB Position: HOB > 30 Degrees

**NUTRITION**

**Diet**

- Diet Regular DIET EFFECTIVE NEXT MEAL
- Diet Prudent (Sodium & Fat Modification) DIET EFFECTIVE NEXT MEAL
- Diet Diabetic (Consistent Carbohydrate) DIET EFFECTIVE NEXT MEAL
- Diet Clear Liquid DIET EFFECTIVE NEXT MEAL
- Diet Full Liquid DIET EFFECTIVE NEXT MEAL
- Diet Renal DIET EFFECTIVE NEXT MEAL
- NPO DIET EFFECTIVE NEXT MEAL
- NPO except medications DIET EFFECTIVE NEXT MEAL

**Diet Other**

- Advance Diet as Tolerated CONTINUOUS  
Starting Diet: Clear liquid  
Goal Diet: Regular

**Tube Feeding** Please refer to GEN: ENTERAL FEEDING TUBE (PO-7296)

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**IV FLUIDS**

**IV Access**

- Insert and Maintain IV Access Routine, CONTINUOUS
- Saline Lock Routine, ONCE

**IV Fluids**

- dextrose 5%-NaCl 0.9% (aka D5NS) with KCL 20 mEq IV infusion 150 mL/hr, Intravenous, CONTINUOUS
- NaCl 0.9% (aka NS) IV bolus 250 mL, Intravenous, EVERY 2 HOURS AS NEEDED for CVP < 10
- intravenous fluids \_\_\_\_\_ at \_\_\_\_\_ mL/hr Intravenous, CONTINUOUS

**LABS**

**If Ventricular Cath in Place (Select All)**

- Culture, CSF Bacti & GS EVERY 48 HOURS, Cerebrospinal Fluid
- Cell Count Only, CSF EVERY 48 HOURS
- Glucose, CSF EVERY 48 HOURS
- Protein, CSF EVERY 48 HOURS

**Daily**

- Basic Metabolic Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca) DAILY
- CBC Only DAILY

**DIAGNOSTIC STUDIES**

**Admission**

- X-Ray Portable Chest 1 View Routine, DAILY  
Reason for Exam/Referral Diagnosis?:
- Vasc Lab Transcranial Doppler Complete Routine, DAILY
- CT Head w/o Contrast Routine, ONCE  
Reason for Exam/Referral Diagnosis?: Eval Post-operative ICH

**ANALGESIC MEDICATIONS**

**Intravenous Analgesia** Prescribe single IV agent and/or single oral agent

- morphine IV 1-4 mg, Intravenous, EVERY 2 HOURS AS NEEDED for moderate or severe pain  
Do not administer for MAAS score less than or equal to 2
- hydromorphone IV 0.5-2 mg, Intravenous, EVERY 2 HOURS AS NEEDED for moderate pain  
Do not administer for MAAS score less than or equal to 2. Administer slowly over 2-3 minutes
- fentanyl (aka SUBLIMAZE) IV 50-100 mcg, Intravenous, EVERY 1 HOUR AS NEEDED for moderate pain  
Do not administer for MAAS score less than or equal to 2

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**Oral Analgesia**

Prescribe single IV agent and/or single oral agent

- oxycodone (aka ROXICODONE) tablet 5-15 mg, Oral, EVERY 3 HOURS AS NEEDED for severe pain  
Do not administer for MAAS score less than or equal to 2
- hydrocodone-acetaminophen (aka VICODIN) tablet 1-2 Tab, Oral, EVERY 4 HOURS AS NEEDED for moderate pain. Do not exceed 4000 mg APAP per 24 hours (from all sources)
- acetaminophen (aka TYLENOL) tablet 325-650 mg, Oral, EVERY 6 HOURS AS NEEDED for mild pain and fever. Do not exceed 4000 mg APAP per 24 hours (from all sources). Recommended pediatric dose is 15 to 20 mg/kg/dose
- acetaminophen (aka TYLENOL) suppository 325-650 mg, Rectal, EVERY 6 HOURS AS NEEDED for mild pain and fever. Recommended pediatric dose is 15 to 20 mg/kg/dose

**MEDICATIONS**

**Bowel Care [New Protocol as of 2/2010]**

DO NOT use Adult Bowel Protocol for patients with intestinal obstruction, acute intestinal inflammation (e.g. Crohn's disease), colitis ulcerosa, appendicitis, acute abdominal pain, nausea or vomiting, pregnancy.

Link to Adult Bowel Protocol information: [http://ozone.ohsu.edu/healthsystem/HIS/Bowel\\_Protocol.pdf](http://ozone.ohsu.edu/healthsystem/HIS/Bowel_Protocol.pdf)

- Monitor per Adult Bowel Protocol Routine, CONTINUOUS
- senna 8.6 mg – docusate 50 mg (aka SENOKOT-S) PO 1 Tab, Oral, TWICE DAILY  
Hold for loose stool, Bristol type 6 or 7. Ensure adequate fluid intake
- senna 8.6 mg – docusate 50 mg (aka SENOKOT-S) PFT 1 Dose, Feeding Tube, TWICE DAILY  
Hold for loose stool, Bristol type 6 or 7. Ensure adequate fluid intake
- polyethylene glycol (aka MIRALAX) PO 17g, Oral, DAILY AS NEEDED if no BM in past 3 days.  
Dissolve packet contents in 8 ounces of water, Ensure adequate fluid intake.
- polyethylene glycol (aka MIRALAX) PFT 17g, Feeding Tube, DAILY AS NEEDED if no BM in past 3 days.  
Dissolve packet contents in 8 ounces of water, Ensure adequate fluid intake.
- bisacodyl (aka DULCOLAX) PR 10 mg, Rectal, TWICE DAILY AS NEEDED if no BM in past 3 days. Rectal medications are contraindicated in neutropenic patients
- tap water enema Routine, ONCE
- simethicone (aka MYLICON) PO 80 mg, Oral, THREE TIMES DAILY AS NEEDED for bloating  
CHEW tablets well before swallowing
- simethicone (aka MYLICON) PFT 80 mg, Feeding Tube, THREE TIMES DAILY AS NEEDED for bloating  
SHAKE WELL
- guar gum (aka BENEFIBER) PO 1 Packet, Oral, DAILY AS NEEDED for constipation, per bowel protocol  
Stir into 4-8 ounces of liquid or soft food. Stir well until dissolved.
- guar gum (aka BENEFIBER) PFT 1 Packet, Feeding Tube, DAILY AS NEEDED for constipation, per bowel protocol. Stir into 4-8 ounces of liquid or soft food. Stir well until dissolved.

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**GI Prophylaxis**

- ranitidine (aka ZANTAC) tablet 150 mg, Oral, TWICE DAILY
- ranitidine (aka ZANTAC) IV 50 mg, Intravenous, EVERY 8 HOURS
- lansoprazole (aka PREVACID) PO capsule 30 mg, Oral, DAILY
- lansoprazole (aka PREVACID) PFT suspension 30 mg, Feeding tube, DAILY

**Vasospasm Prophylaxis**

- nimodipine (aka NIMOTOP) PO capsule 60 mg, Oral, EVERY 4 HOURS
- nimodipine (aka NIMOTOP) PFT capsule 60 mg, Feeding tube, EVERY 4 HOURS

**Tobacco Withdrawal** See GEN: TOBACCO DEPENDENCE (PO-7290) if patient is a current tobacco user or has used tobacco in the last 12 months.

**NEUROSURGERY ANTIEMETIC PROTOCOL**

**ondansetron (aka ZOFRAN)** First-line antiemetic agent

- ondansetron (aka ZOFRAN) IV [if no peri-op dose of ondansetron given]  
4 mg, Intravenous, POSTPROCEDURE ONCE  
If no preoperative or perioperative dose given. Administer over at least 30 seconds, preferably over 2-5 min.
- ondansetron (aka ZOFRAN) IV [for post-op or new intracranial hemorrhage patients]  
4 mg, Intravenous, EVERY 8 HOURS AS NEEDED For 3 Doses  
Administer over at least 30 seconds, preferably over 2-5 minutes
- ondansetron (aka ZOFRAN) tablet [for post-op or new intracranial hemorrhage patients]  
4 mg, Oral, EVERY 8 HOURS For 3 Doses
- ondansetron (aka ZOFRAN) IV [scheduled for 48 hours]  
4 mg, Intravenous, EVERY 8 HOURS AS NEEDED for nausea vomiting  
Administer over at least 30 seconds, preferably over 2-5 minutes
- ondansetron (aka ZOFRAN) tablet [scheduled for 48 hours]  
4 mg, Oral, EVERY 8 HOURS AS NEEDED for nausea/ vomiting
- ondansetron (aka ZOFRAN) IV [PRN]  
4 mg, Intravenous, EVERY 12 HOURS AS NEEDED for nausea/ vomiting  
Administer over at least 30 seconds, preferably over 2-5 minutes
- ondansetron (aka ZOFRAN) tablet [PRN] 4 mg, Oral, EVERY 12 HOURS AS NEEDED for nausea/ vomiting



**metoclopramide (aka REGLAN)**

2nd-line antiemetic agent for nausea/vomiting unresponsive to ondansetron (aka ZOFRAN)

- metoclopramide (aka REGLAN) IV 5-10 mg, Intravenous, EVERY 4 HOURS AS NEEDED

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**promethazine (aka PHENERGAN)**

3rd-line antiemetic agent for nausea/vomiting unresponsive to ondansetron (aka ZOFTRAN) and metoclopramide (aka REGLAN)

- promethazine (aka PHENERGAN) IV 6.25-12.5 mg, Intravenous, EVERY 4 HOURS AS NEEDED for nausea/ vomiting. Hold for sedation; administer slowly using large patent vein, may use 10-20 mL NaCl 0.9% to dilute drug.
- promethazine (aka PHENERGAN) PR suppository 6.25-12.5 mg, Rectal, EVERY 4 HOURS AS NEEDED for nausea/ vomiting. Hold for sedation

**VENOUS THROMBOEMBOLISM RISK ASSESSMENT AND PROPHYLAXIS**

**VTE Prophylaxis Considerations**

Neuraxial Catheter (Epidural/Intrathecal): The ONLY approved LMWH prophylaxis option with neuraxial catheters is enoxaparin (aka LOVENOX) 40 mg subcutaneously once daily. Currently use of fondaparinux (aka ARIXTRA) is contraindicated in these patients.

Trauma: order enoxaparin (aka LOVENOX) 30 mg subcutaneously BID, unless pt has neuraxial catheter (see note above).

Timing of Prophylaxis: enoxaparin (aka LOVENOX), fondaparinux (aka ARIXTRA), or warfarin (aka COUMADIN) should be started 12 hrs after surgery or later. Initiation of medical prophylaxis may be delayed until 24 hrs (or more) after surgery if the surgeon deems the patient to be at high risk for bleeding.

Renal Failure: In patients with renal failure, the dose of enoxaparin (aka LOVENOX) should be decreased by 50%. (e.g. 40 mg daily decreased to 20 mg daily; 30 mg BID decreased to 30 mg daily).

**VTE Risk Assessment – Neurological/Spinal Surgery (must select one)**

See [http://ozone.ohsu.edu/healthsystem/HIS/VTE\\_risk\\_NSurg.pdf](http://ozone.ohsu.edu/healthsystem/HIS/VTE_risk_NSurg.pdf)

- Low Risk for VTE
- Moderate Risk for VTE
- High Risk for VTE

**VTE Prophylaxis Regimen – Neurological/Spinal Surgery (must select one)**

Prophylaxis per departmental policy

- No VTE Drug Prophylaxis
- heparin (MODERATE Risk) 5000 Units, Subcutaneous, EVERY \_\_\_\_\_ HOURS
- enoxaparin (aka LOVENOX) (MODERATE to HIGH Risk) 40 mg, Subcutaneous, DAILY
- enoxaparin (aka LOVENOX) (CrCl less than 30 mL/min AND MODERATE to HIGH Risk) 20 mg, Subcutaneous, DAILY
- enoxaparin (aka LOVENOX) (MODERATE to HIGH Risk) 30 mg, Subcutaneous, TWICE DAILY

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- enoxaparin (aka LOVENOX) (CrCl less than 30 mL/min AND MODERATE to HIGH Risk)  
30 mg, Subcutaneous, DAILY
- VTE Drug Prophylaxis Contraindication: \_\_\_\_\_

**VTE Adjunctive Prophylaxis**

- Place and Maintain Sequential Compression Device Routine, CONTINUOUS  
Discontinue SCDs when patient is ambulating in the halls at least twice daily.

**OTHER**

**Consults**

- PT Eval and Treat Start Date: \_\_\_\_\_
- OT Eval and Treat Start Date: \_\_\_\_\_
- Speech Therapy Eval and Treat Start Date: \_\_\_\_\_
- Consult to Nutrition Reason for Consult: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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