**ICU Severe Traumatic Brain Injury Version 2 11/20/2014**

This order set is designed to be used with an admission set or for a patient already admitted

**Activity**

Bed rest

Head of Bed \_\_\_\_\_ Degrees

Log roll

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nursing Orders**

For patients with severe brain injury and intracranial hypertension as identified with the use of ICP monitoring, treatment to decrease ICP and to maintain cerebral perfusion pressure should be used

Assess neurologic status every hour to include GCS and pupillary exam

Intracranial pressure monitor

Central venous catheter management

Foley Catheter Insert/Maintain

Intake and output STRICT

Miami Collar

CSF output every hour

Cooling Blanket as needed for temp > 101, set at 97 F

Notify provider

IF ICP > \_\_\_\_\_\_\_ mmHg

IF CSF drainage > \_\_\_\_\_\_\_ mL/hr

IF no CSF drainage x \_\_\_\_\_\_\_ hours

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Nursing Orders:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VTE Prophylaxis**

Avoid subcutaneous heparin until cleared by neurosurgeon

Apply Sequential Compression Device (SCD)

Apply Arterial Venous Impulses (AVI)

**Respiratory**

Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 94%

Other RT Orders:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diet**

NPO (diet) NPO Modifications: [ ] Except Meds [ ] Strict [ ] With Ice Chips [ ] With Sips

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV/ Line Insert and/or Maintain**

Arterial IV insert/maintain with continuous BP monitoring

**Medications**

***Analgesics/Antipyretics***

acetaminophen (TYLENOL)

650 milligram by nasogastric tube every 6 hours as needed for mild pain or fever > 101 F

650 milligram rectally every 6 hours as needed for mild pain or fever > 101 F

ibuprofen (MOTRIN)

600 milligram by nasogastric tube every 6 hours as needed for fever > 101 F

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Anesthetics: General***

propofol (DIPRIVAN)

5 microgram/kilogram per minute continuous intravenous infusion and titrate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Antiepileptics***

None

fosphenytoin (CEREBYX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

levETIRAcetam (KEPPRA)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Diuretics***

mannitol 20 %\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

furosemide (LASIX)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Hypertonic Saline***

Sodium Chloride 3% IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Neuromuscular Blocking Agents - Nondepolarizing***

pancuronium (PAVULON) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

vecuronium \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Ophthalmic Care***

carboxymethylcellulose sodium 0.5% eye drops (REFRESH TEARS 0.5% Ophth)

1 drop in each eye every 4 hours as needed for dry eyes

Mineral Oil/ Petrolatum, White (ARTIFICIAL TEARS Ophth Oint)

0.5 inch in each eye every 4 hours as needed for dry eyes

***Miscellaneous***

Other Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Laboratory**

***Admission labs or labs to be obtained now:***

CBC/AUTO DIFF

COMPREHENSIVE METABOLIC PANEL

GLUCOSE

PT (PROTIME AND INR)

PTT

Blood gas study: Arterial

TROPONIN I

ALCOHOL, ETHYL LEVEL

URINE DRUG SCREEN

UA W/MICROSCOPY, CULT IF INDIC

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Morning Draw:***

CBC/AUTO DIFF

COMPREHENSIVE METABOLIC PANEL

PT (PROTIME AND INR)

PTT

 Blood gas study: Arterial

DILANTIN (PHENYTOIN) LEVEL

DILANTIN LEVEL, FREE AND TOTAL

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Cerebrospinal Fluid Studies***

***Cerebrospinal Fluid Studies Tube One***

CSF GLUCOSE

CSF PROTEIN

***Cerebrospinal Fluid Studies Tube Two***

CULTURE, FLUID AND GRAM STAIN

***Cerebrospinal Fluid Studies Tube Three***

FLUID CELL COUNT WITH DIFF Fluid Source: Cerebrospinal

**Radiology and Diagnostic Tests**

XR Chest Single , portable,

routine Reason for exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

XR Chest PA and Lateral

routine Reason for exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

XR Spine Cervical 1 Veiw Lat

routine Reason for exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

XR Spine Cervical AP and LAT

routine Reason for exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

XR Spine Cervical Comp Flx/Ext

routine Reason for exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CT Head without Contrast

routine Reason for exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CT C-Spine without contrast

routine Reason for exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MRI Brain without Contrast

routine Reason for exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MRI C-Spine w/o contrast

routine Reason for exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Radiology or Diagnostic Orders:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consult Provider**

Provider to provider notification preferred.

Consult other provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ regarding\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does nursing need to contact consulted provider? [ ] Yes [ ] No

**Consult Department**

Consult Dietitian Reason for consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consult Rehabilitation Unit Reason for consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PT Physical Therapy Eval & Treat Reason for consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OT Occupational Therapy Eval & Treat Reason for consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ST Speech Therapy Eval & Treat Reason for consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_