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