

(place patient label here)

Patient Name: _____



Order Set Directions:

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Diagnosis: _____ Allergies: _____

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 Log roll
- Head of Bed _____ Degrees
- 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: _____

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PROVIDER ORDERS

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:

- | | |
|--|---|
| <input type="checkbox"/> CBC/AUTO DIFF | <input type="checkbox"/> Blood gas study: Arterial |
| <input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL | <input type="checkbox"/> TROPONIN I |
| <input type="checkbox"/> GLUCOSE | <input type="checkbox"/> ALCOHOL, ETHYL LEVEL |
| <input type="checkbox"/> PT (PROTIME AND INR) | <input type="checkbox"/> URINE DRUG SCREEN |
| <input type="checkbox"/> PTT | <input type="checkbox"/> UA W/MICROSCOPY, CULT IF INDIC |
| <input type="checkbox"/> Other: _____ | |

Morning Draw:

- | | |
|--|---|
| <input type="checkbox"/> CBC/AUTO DIFF | <input type="checkbox"/> Blood gas study: Arterial |
| <input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL | <input type="checkbox"/> DILANTIN (PHENYTOIN) LEVEL |
| <input type="checkbox"/> PT (PROTIME AND INR) | <input type="checkbox"/> DILANTIN LEVEL, FREE AND TOTAL |
| <input type="checkbox"/> PTT | |
| <input type="checkbox"/> Other: _____ | |

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PROVIDER ORDERS

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 View 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: _____

Provider Signature: _____ Date: _____ Time: _____