Patient Name:_____

Order Set Directions:
- ➢ **(√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.**
- ➢ **Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made**
- ➢ **Initial each page and Sign/Date/Time last page**

PROVIDER ORDERS

Diagnosis: _____

Allergies with reaction type:_____

ICU Hypertonic Saline for Increased ICP Adjustment Protocol   Version 2 2/30/20

General
- After provider order for initiation of a protocol, nursing may place orders found within the protocol using the Policy/Protocol - No Esign Req order source.
- Recommended for patient Age > 18 years old

☑   Initiate ICU Adjustment Protocol

Goal: Serum Na+ 145-152 mEq/L

Nursing Orders
☑ When serum Na+ and serum osmolality results, notify provider immediately
☑ If serum Na+ is less than 150: Draw Na+ and serum osmolality 6 hours from last draw
☑ If serum Na+ is equal to or greater than 150: Draw Na+ and serum osmolality 4 hours from last draw

IV Fluids - Maintenance Specific Fluid
Baseline: Give all bolus doses over 30 minutes
☐ Initial Serum Na+ < 137: Start 3% NaCl w/250 mL bolus, then 40 mL/h
☐ Initial Serum Na+ 137-140: Start 3% NaCl w/150 mL bolus, then 35 mL/h
☐ Initial Serum Na+ > 140: Start 3% NaCl at 35 mL/h

Serum Na+	Treatment
<135	Increase by 10 mL/h to maximum rate of 70 mL/h. If at 70 mL/h, give 250 mL bolus of 3% NaCl x 1
135-144	Increase by 5 mL/h to maximum rate of 70 mL/h. If at 70 mL/h, give 150 mL bolus of 3% NaCl x 1
145-152	**Maintain infusion**
153-155	Decrease rate by 5 mL/h
156-159	Decrease rate by 15 mL/h
160-163	Hold infusion for 4 hours and restart at 50% of previous rate. **DO NOT** restart if sodium has increased by more than 1 mEq/h (e.g. 145 to 160 in 4 hrs.) **Restart on physician order**
164-166	Hold infusion, recheck sodium every 4 hours and restart at 20 mL/h **ONLY** when sodium is BELOW 156 mEq/L **DO NOT** restart if sodium has increased by more than 1 mEq/h (e.g. 150 to 165 in 4 hrs.) **Restart on physician order**
>166	**Hold infusion. DO NOT** restart until ordered by physician

(place patient label here)

Patient Name: _____

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Provider Signature:_____Date:_____Time:_____