| (place patient label here) |   |
|----------------------------|---|
| Patient Name:              | _ |

| BENEFIS HEALTH SYSTEM |
|-----------------------|
| Benefis               |
| HOSPITALS             |
|                       |
| PROVIDER ORDERS       |

| Order | Set I | Directi | ons |
|-------|-------|---------|-----|
|-------|-------|---------|-----|

- (√)- 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

| Diagno |  |
|--------|--|
|        |  |
|        |  |
|        |  |

Allergies with reaction type:

## **ICU Hypertonic Saline for Increased ICP Weaning Protocol**

Version 2 2/3/20

## **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 ICP Weaning Protocol

## **Nursing Orders**

- ☑ STOP ICP Adjustment protocol
- ☑ When serum Na+ and serum osmolality results, notify provider immediately
- ☑ After 12 hours of starting ICP Weaning Protocol, draw Na+ and serum osmolality
- ☑ After 12 hours of discontinuing ICP Weaning Protocol, draw Na+ and serum osmolality

## **IV Fluids - Maintenance Specific Fluid**

| 3% NaCl Infusion       | <u>Treatment</u>  |
|------------------------|---|
| 60 mL/hr or<br>GREATER | 45 mL/hr for 8 hours, then<br>20 mL/hr for 8 hours, then<br>10 mL/hr for 8 hours, then stop |
| 45 mL/hr-59 mL/hr      | 25 mL/hr for 8 hours, then<br>15 mL/hr for 8 hours, then<br>5 mL/hr for 8 hours, then stop  |
| 30 mL/hr-44 mL/hr      | 20 mL/hr for 8 hours, then<br>10 mL/hr for 8 hours, then<br>5 mL/hr for 8 hours, then stop  |
| BELOW<br>30 mL/hr      | 10 mL/hr for 8 hours, then<br>5 mL/hr for 8 hours, then stop                                |