

Intracranial Pressure Monitor [1827]

Nursing

Activity

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| [X] Elevate Head of bed 30 degrees | Routine, Until discontinued, Starting S Head of bed: 30 degrees |
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Nursing

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| [] Ventriculostomy setup to bedside | Routine, Until discontinued, Starting S |
| [] Intracranial Bolt setup to bedside | Routine, Until discontinued, Starting S |
| [X] Document timeout completion and time prior to procedure start | Routine, Until discontinued, Starting S |
| [X] ICP Monitoring and Notify | |
| [X] ICP monitoring | Routine, Continuous Record: Intracranial pressure,Cerebral perfusion pressure,Cerebrospinal fluid drainage Monitor and record output |
| [X] Notify Physician if Intracranial Pressure greater than 20 cm H2O for 5 minutes | Routine, Until discontinued, Starting S |
| [] Ventriculostomy Monitoring (Single Response) | |
| () Ventriculostomy drain care | Routine, Every hour Device: Open Level at (cm H2O): 5 above EAC Open level at 5 cm H2O relative to external auditory meatus. |
| () Ventriculostomy drain care | Routine, Every hour Device: Open Level at (cm H2O): 20 above EAC Open level at 20cm H2O relative to external auditory meatus. |
| () Ventriculostomy drain care | Routine, Every hour Device: Clamped Level at (cm H2O): 20 above EAC Clamped; Level at 20cm H2O relative to external auditory meatus. |
| [X] Hemodynamic Monitoring | Routine, Every hour Measure: MAP Arterial blood pressure (ABP). |
| [] Surgical/incision site care | Routine, Once Location: Site: Apply: Dressing Type: Open to air? |
| [] Reinforce dressing | Routine, As needed Reinforce with: If saturated. |
| [] No anticoagulants INcluding UNfractionated heparin | Routine, Until discontinued, Starting S Reason for "No" order: |
| [] No anti-platelet agents INcluding aspirin | Routine, Until discontinued, Starting S Reason for "No" order: |
| Notify | |
| [X] Notify Physician of acute neurological status changes | Routine, Until discontinued, Starting S |
| [X] Notify Physician of intrathecal medication to be delivered | Routine, Until discontinued, Starting S |
| [X] Notify Physician of the following: | Routine, Until discontinued, Starting S, Loss or new dampening of intracranial pressure waveform, drainage of new bright red blood, disconnection of intracranial pressure monitor, or drainage at intracranial pressure monitor site. |
| [X] Notify Physician of No Bowel Movement for more than 72 hours | Routine, Until discontinued, Starting S |

Consent

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| <input type="checkbox"/> Complete consent for | Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? |
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Diet

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| <input checked="" type="checkbox"/> NPO | Diet effective now, Starting S NPO: Pre-Operative fasting options: |
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Medications

Medications - ICP Monitor

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| <input type="checkbox"/> midazolam (VERSED) injection | 1 mg, intravenous, once, For 1 Doses Administer prior to procedure. Do not begin administration greater than 30 minutes prior to procedure. Indication(s): Sedation |
| <input type="checkbox"/> fentaNYL (SUBLIMAZE) injection | intravenous, once, For 1 Doses Administer prior to procedure. Do not begin administration greater than 30 minutes prior to procedure. |

Medications - Antibiotics (Single Response)

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| <input type="checkbox"/> ceFAZolin 2 g IV x1, followed by 1 g IV q8h | "Followed by" Linked Panel |
| <input type="checkbox"/> cefazolin (ANCEF) IV | 2 g, intravenous, once, For 1 Doses Reason for Therapy: Surgical Prophylaxis Type of Therapy: New Anti-Infective Order |
| <input type="checkbox"/> cefazolin (ANCEF) IV | 1 g, intravenous, every 8 hours, Starting H+8 Hours For implanted device prophylaxis, to be discontinued by physician only. Reason for Therapy: Other Type of Therapy: New Anti-Infective Order Specify: Implanted Device Prophylaxis Authorizing ID: |
| <input type="checkbox"/> Vancomycin IV Starting at 15 mg/kg with Pharmacy to Manage Subsequent Dosing | "And" Linked Panel |
| <input type="checkbox"/> vancomycin (VANCOCIN) IV | 15 mg/kg, intravenous, once, For 1 Doses Reason for Therapy: |
| <input type="checkbox"/> Pharmacy consult to manage vancomycin | Routine, Until discontinued, Starting S For Until specified Indication: Implanted Device Prophylaxis |

Labs

Labs

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| <input checked="" type="checkbox"/> Glucose level | Once Drawn at time of procedure. Notify physician for blood glucose level less than 70 or greater than 180. |
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Laboratory - CSF

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| <input checked="" type="checkbox"/> Glucose, CSF | Once, Cerebrospinal fluid |
| <input checked="" type="checkbox"/> Protein, CSF | Once, Cerebrospinal fluid |
| <input checked="" type="checkbox"/> CSF culture | Once, Cerebrospinal fluid |
| <input checked="" type="checkbox"/> CSF cell count with differential | Once, Cerebrospinal fluid |
| <input checked="" type="checkbox"/> Gram stain only | Once Gram stain CSF. |

Imaging

CT

[] CT Head Wo Contrast
[] CT Head Wo Contrast in AM

STAT, 1 time imaging For 1
Routine, 1 time imaging, Starting S+1 For 1
Perform early A.M.