

Intracranial Pressure Monitor [1827]

Nursing

Activity

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

[] Ventriculostomy setup to bedside	Routine, Until discontinued, Starting S
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[] Intracranial Bolt setup to bedside	Routine, Until discontinued, Starting S
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[X] Document timeout completion and time prior to procedure start	Routine, Until discontinued, Starting S
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[X] ICP Monitoring and Notify

[X] ICP monitoring	Routine, Continuous Record: Intracranial pressure, Cerebral perfusion pressure, Cerebrospinal fluid drainage Monitor and record output
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[X] Notify Physician if Intracranial Pressure greater than 20 cm H2O for 5 minutes	Routine, Until discontinued, Starting S
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[] Ventriculostomy Monitoring (Single Response)

() Ventriculostomy drain care	Routine, Every hour For 999 Occurrences Device: Open Level at (cm H2O): 5 above EAC Open level at 5 cm H2O relative to external auditory meatus.
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() Ventriculostomy drain care	Routine, Every hour For 999 Occurrences Device: Open Level at (cm H2O): 20 above EAC Open level at 20cm H2O relative to external auditory meatus.
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() Ventriculostomy drain care	Routine, Every hour For 999 Occurrences Device: Clamped Level at (cm H2O): 20 above EAC Clamped; Level at 20cm H2O relative to external auditory meatus.
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[X] Hemodynamic Monitoring	Routine, Every hour For 999 Occurrences Measure: MAP Arterial blood pressure (ABP).
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[] Surgical/incision site care	Routine, Once Location: Site: Apply: Dressing Type: Open to air?
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[] Reinforce dressing	Routine, As needed Reinforce with: If saturated.
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[X] No anticoagulants INcluding UNfractionated heparin	Routine, Until discontinued, Starting S Reason for "No" order: Post Intracranial Pressure Monitor placement
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[X] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order: Post Intracranial Pressure Monitor placement
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Notify

[X] Notify Physician of acute neurological status changes	Routine, Until discontinued, Starting S
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[X] Notify Physician of intrathecal medication to be delivered	Routine, Until discontinued, Starting S
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[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.
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[X] Notify Physician of No Bowel Movement for more than 72 hours	Routine, Until discontinued, Starting S
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Consent

<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

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

Antibiotics (Single Response)

() Antibiotics - Neurosurgery - patients with surgical site drains

<input type="checkbox"/> Antibiotics: For Patients LESS than or EQUAL to 120 kg	
<input type="checkbox"/> cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
<input type="checkbox"/> cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
<input type="checkbox"/> vancomycin 15 mg/kg IV + Pharmacy Consult (Selection Required)	
<input type="checkbox"/> vancomycin (VANCOCIN)	15 mg/kg, intravenous, once, For 1 Doses On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Indication: Implanted Device Prophylaxis Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration Duration of Therapy (Days):
<input type="checkbox"/> Antibiotics: For Patients GREATER than 120 kg	
<input type="checkbox"/> cefazolin (ANCEF) IV - until drains removed	1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
<input type="checkbox"/> cefepime (MAXIPIME) IV	2 g, intravenous, every 12 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration
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Medications - ICP Monitor

<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.

Labs

Labs

Glucose level Once
Drawn at time of procedure. Notify physician for blood glucose level less than 70 or greater than 180.

Laboratory - CSF

Glucose, CSF Once, Cerebrospinal fluid
 Protein, CSF Once, Cerebrospinal fluid
 CSF culture Once, Cerebrospinal fluid
 CSF cell count with differential Once, Cerebrospinal fluid
 Gram stain only Once
Gram stain CSF.

Imaging

CT

CT Head Wo Contrast STAT, 1 time imaging, Starting S at 1:00 AM For 1
 CT Head Wo Contrast in AM Routine, 1 time imaging, Starting S+1 For 1
Perform early A.M.