

Elevated Intracranial Pressure Management [4134]

Nursing

Nursing

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min For 4 Occurrences
<input checked="" type="checkbox"/> Neurological assessment	Routine, Every 15 min For 4 Occurrences Assessment to Perform: Glasgow Coma Scale,Pupils
<input checked="" type="checkbox"/> Ensure head and neck are midline	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Head of bed	Routine, Until discontinued, Starting S Head of bed: 30 degrees 30 degrees or greater (semi-recumbent)
<input type="checkbox"/> ICP Monitoring and Notify	
<input type="checkbox"/> ICP monitoring	Routine, Every hour For 999 Occurrences Record: Intracranial pressure,Cerebral perfusion pressure,Cerebrospinal fluid drainage Monitor and record output
<input type="checkbox"/> Notify Physician if Intracranial Pressure greater than 20 cm H2O for 5 minutes	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Notify Physician for serum sodium greater than 155 mEq/L or serum osmolality greater than 320 mmol/L	Routine, Until discontinued, Starting S, for serum sodium greater than 155 mEq/L or serum osmolality greater than 320 mmol/L

Medications

ICP Elevation Management

<input type="checkbox"/> Mannitol 20% infusion (Single Response) (Selection Required)	
Select the desired dose:	
<input type="checkbox"/> mannitol 0.5 g/kg + labs	
<input type="checkbox"/> mannitol 20 % intravenous solution	0.5 g/kg, intravenous, for 30 Minutes, once, For 1 Doses Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER than 20cmH2O for 5 minutes or longer. Contact for osmolality GREATER than 320osm/L.
<input type="checkbox"/> Sodium level	Every 6 hours For 4 Occurrences
<input type="checkbox"/> Osmolality, serum	Every 6 hours For 4 Occurrences
<input type="checkbox"/> mannitol 1 g/kg + labs	
<input type="checkbox"/> mannitol 20 % injection	1 g/kg, intravenous, for 30 Minutes, once, For 1 Doses Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER than 20cmH2O for 5 minutes or longer. Contact for osmolality GREATER than 320osm/L.
<input type="checkbox"/> Sodium level	Every 6 hours For 4 Occurrences
<input type="checkbox"/> Osmolality, serum	Every 6 hours For 4 Occurrences
<input type="checkbox"/> Sodium chloride concentrated injection (23.4%) IV syringe for elevated intracranial pressure + Required Labs	
<input type="checkbox"/> Sodium chloride concentrated injection (23.4%) IV syringe+ NS Flush Panel	"And" Linked Panel
<input type="checkbox"/> sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED)	120 mEq, intravenous, at 180 mL/hr, for 10 Minutes, once, For 1 Doses For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one?
<input type="checkbox"/> sodium chloride 0.9% flush	10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride
<input type="checkbox"/> Sodium level	Every 6 hours For 4 Occurrences

Sodium chloride (hypertonic) 3% infusion (Single Response)

Select the appropriate line placement:

Central Line Infusion

sodium chloride (HYPER TONIC) 3 % infusion (RESTRICTED)

intravenous, continuous
Consider continuous ICP monitoring and contact provider for ICP GREATER than 20 for 5 minutes or longer. Contact for sodium GREATER than 155.
For Central Line Use Only
RESTRICTED to Nephrology, Critical Care , Emergency Medicine, and Neurosurgery specialists. Are you a Nephrology, Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of one?

Sodium level

Every 6 hours For 4 Occurrences

Notify provider if sodium level rises more than *** mEq/L over *** hours. Phone Number: ***

Routine, Until discontinued, Starting S
Notify provider if sodium rises more than *** mEq/L over *** hours OR exceeds *** mEq/L.
Phone Number: ***

Peripheral Line Infusion

sodium chloride (HYPER TONIC) 3 % infusion (RESTRICTED)

intravenous, continuous
Consider continuous ICP monitoring and contact provider for ICP GREATER than 20 for 5 minutes or longer. Contact for sodium GREATER 155.
RESTRICTED to Nephrology, Critical Care , Emergency Medicine, and Neurosurgery specialists. Are you a Nephrology, Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of one?

Sodium level

Every 6 hours For 4 Occurrences

Notify provider if sodium rises more than *** mEq/L over *** hours. Phone Number: ***

Routine, Until discontinued, Starting S
Notify provider if sodium rises more than *** mEq/L over *** hours OR exceeds *** mEq/L.
Phone Number: ***

Insert peripheral IV line, 20 gauge or higher

Routine, Once For 1 Occurrences

ICP Elevation Management - HMWB Only

Mannitol 20% infusion (Single Response) (Selection Required)

Select the desired dose:

mannitol 0.5 g/kg + labs

mannitol 20 % intravenous solution

0.5 g/kg, intravenous, for 30 Minutes, once, For 1 Doses
Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER than 20cmH2O for 5 minutes or longer.
Contact for osmolality GREATER than 320osm/L.

Sodium level

Every 6 hours For 4 Occurrences

Osmolality, serum

Every 6 hours For 4 Occurrences

mannitol 1 g/kg + labs

mannitol 20 % injection

1 g/kg, intravenous, for 30 Minutes, once, For 1 Doses
Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER than 20cmH2O for 5 minutes or longer.
Contact for osmolality GREATER than 320osm/L.

Sodium level

Every 6 hours For 4 Occurrences

Osmolality, serum

Every 6 hours For 4 Occurrences

Sodium chloride concentrated injection (23.4%) IV syringe for elevated intracranial pressure + Required Labs

<input type="checkbox"/>	Sodium chloride concentrated injection (23.4%) IV syringe+ NS Flush Panel	"And" Linked Panel
<input type="checkbox"/>	sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED)	120 mEq, intravenous, at 180 mL/hr, for 10 Minutes, once, For 1 Doses To be administered by Neurosurgeon or Neurosurgery NP via VERY SLOW IV PUSH over 10 minutes. RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one?
<input type="checkbox"/>	sodium chloride 0.9% flush	10 mL, intravenous, once, For 1 Doses Flush for 23.4% sodium chloride
<input type="checkbox"/>	Sodium level	Every 6 hours For 4 Occurrences

Sodium chloride (hypertonic) 3% infusion (Single Response)

Select the appropriate line placement:

() Central Line Infusion		
<input type="checkbox"/>	sodium chloride (HYPERTONIC) 3 % infusion (RESTRICTED)	intravenous, continuous Consider continuous ICP monitoring and contact provider for ICP GREATER than 20 for 5 minutes or longer. Contact for sodium GREATER than 155. **For Central Line Use Only** RESTRICTED to Nephrology, Critical Care , Emergency Medicine, and Neurosurgery specialists. Are you a Nephrology, Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of one?
<input type="checkbox"/>	Sodium level	Every 6 hours For 4 Occurrences
<input type="checkbox"/>	Notify provider if sodium level rises more than *** mEq/L over *** hours. Phone Number: ***	Routine, Until discontinued, Starting S Notify provider if sodium rises more than *** mEq/L over *** hours OR exceeds *** mEq/L. Phone Number: ***
() Peripheral Line Infusion		
<input type="checkbox"/>	sodium chloride (HYPERTONIC) 3 % infusion (RESTRICTED)	intravenous, continuous Consider continuous ICP monitoring and contact provider for ICP GREATER than 20 for 5 minutes or longer. Contact for sodium GREATER 155. RESTRICTED to Nephrology, Critical Care , Emergency Medicine, and Neurosurgery specialists. Are you a Nephrology, Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of one? sodium chloride (HYPERTONIC) 3% infusion for PERIPHERAL line use is RESTRICTED to a maximum rate of 30 mL/hr for a maximum duration of 48 hours through a minimum 20 gauge line. Do you attest that these restrictions for have been met?
<input type="checkbox"/>	Sodium level	Every 6 hours For 4 Occurrences
<input type="checkbox"/>	Notify provider if sodium rises more than *** mEq/L over *** hours. Phone Number: ***	Routine, Until discontinued, Starting S Notify provider if sodium rises more than *** mEq/L over *** hours OR exceeds *** mEq/L. Phone Number: ***
<input type="checkbox"/>	Insert peripheral IV line, 20 gauge or higher	Routine, Once For 1 Occurrences

Labs

Labs	
<input type="checkbox"/> Basic metabolic panel	Once