

Location: _____

General

Nursing

Activity

- ☒ **Elevate Head of bed 30 degrees** Until discontinued, Routine
Head of bed: ☐ 30 degrees

Nursing

- ☐ **Ventriculostomy setup to bedside** Until discontinued, Routine
- ☐ **Intracranial Bolt setup to bedside** Until discontinued, Routine
- ☒ **Document timeout completion and time prior to procedure start** Until discontinued, Routine
- ☒ **ICP Monitoring and Notify**
- ☒ **ICP monitoring** Continuous, Routine
Record:
- ☒ **Notify Physician if Intracranial Pressure greater than** Until discontinued, Routine
- ☐ **Ventriculostomy Drain Care**
- ☐ **Ventriculostomy drain care - Open level at 5 mm Hg above EAC** Every hour, Routine
Device: ☐ Open
Level at: ☐ mm Hg
Level at (mm Hg): 5 above EAC
- ☐ **Ventriculostomy drain care - Open level at 20 mm Hg above EAC** Every hour, Routine
Device: ☐ Open
Level at: ☐ mm Hg
Level at (mm Hg): 20 above EAC
- ☐ **Ventriculostomy drain care - Clamped level at 20 mm Hg above EAC** Every hour, Routine
Device: ☐ Clamped
Level at: ☐ mm Hg
Level at (mm Hg): 20 above EAC

- ☒ **Hemodynamic Monitoring** Every hour, Routine, Arterial blood pressure (ABP).

Measure: ☐ MAP

- ☒ **Surgical/incision site care** Every 12 hours, Routine, Assess site q shift. Notify physician for signs of bleeding, leakage or redness at insertion site
Site: ☐ Head
Location:
Apply:
Dressing Type:
Open to air?

- ☐ **Reinforce dressing** As needed, Routine, If saturated.
Reinforce with:

- ☒ **Relevel and zero transducer (i.e. ventriculostomy drain) at beginning of shift and/or change in patient position.** Until discontinued, Routine, Relevel and zero transducer (i.e. ventriculostomy drain) at beginning of shift and/or change in patient position.

- ☒ **No anticoagulants INcluding UNfractionated heparin** Until discontinued, Routine
Reason for "No" order: ☐ Post Intracranial Pressure Monitor placement

- ☒ **No anti-platelet agents INcluding aspirin** Until discontinued, Routine
Reason for "No" order: ☐ Post Intracranial Pressure Monitor placement

Notify

- ☒ **Notify Physician of acute neurological status changes** Until discontinued, Routine
- ☒ **Notify Physician of intrathecal medication to be delivered** Until discontinued, Routine
- ☒ **Notify Physician of the following:** Until discontinued, Routine, - If there is loss or dampened waveform (after bedside nursing troubleshooting) - If Disconnection of intracranial pressure monitor - IF EVD is open and not draining - For CSF leak at insertion site and throughout the circuit
- ☒ **Notify Physician of No Bowel Movement for more than 72 hours** Until discontinued, Routine

Sign: _____ Printed Name: _____ Date/Time: _____

- ☒ **Notify Physician of CSF output hourly** Until discontinued, Routine
If CSF Output hourly GREATER than: 30 mL/hr

Consent

- ☐ **Complete consent for** Once, Routine

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?

Diet

- ☒ **NPO** Diet effective now, Routine

NPO:

Pre-Operative fasting options:

IV Fluids**Medications****Antibiotics**

- ☐ **Antibiotics - Neurosurgery**

- ☒ **Antibiotics: For Patients LESS than or EQUAL to 120 kg**

- ☐ **cefazolin (ANCEF) IV - until drains removed** 2 g, intravenous, once, 1, Occurrences, STAT

Indication: ○ Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

- ☐ **cefepime (MAXIPIME) IV** 2 g, intravenous, once, 1, Occurrences, STAT

Indication: ○ Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

STANDARD Infusion

- ☐ **vancomycin 15 mg/kg IV + Pharmacy Consult** (Required)

- ☒ **vancomycin (VANCOCIN)** 15 mg/kg, intravenous, once, 1, Occurrences, STAT

Reason for Therapy: Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure

- ☒ **Pharmacy consult to manage vancomycin** Until discontinued, STAT

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

- ☒ **Antibiotics: For Patients GREATER than 120 kg**

- ☐ **cefazolin (ANCEF) IV - until drains removed** 3 g, intravenous, once, 1, Occurrences, STAT

Indication: ○ Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

- ☐ **cefepime (MAXIPIME) IV** 2 g, intravenous, once, 1, Occurrences, STAT

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On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure

- ☒ **Pharmacy consult to manage vancomycin** Until discontinued, STAT

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

- ☐ **Antibiotics - Neurosurgery**

Sign: _____ Printed Name: _____ Date/Time: _____

☒ **Antibiotics: For Patients LESS than or EQUAL to 120 kg**☐ **cefazolin (ANCEF) IV - until drains removed** 2 g, intravenous, once, 1, Occurrences, STAT

Indication: ○ Surgical Prophylaxis

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☐ **cefepime (MAXIPIME) IV** 2 g, intravenous, once, 1, Occurrences, STAT

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Indication:

On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure

☒ **Pharmacy consult to manage vancomycin** Until discontinued, STAT

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

☒ **Antibiotics: For Patients GREATER than 120 kg**☐ **cefazolin (ANCEF) IV - until drains removed** 3 g, intravenous, once, 1, Occurrences, STAT

Indication: ○ Surgical Prophylaxis

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STANDARD Infusion

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Reason for Therapy: Surgical Prophylaxis

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

On call to cath lab. Transport antibiotics with patient to cath lab and administer prior to start of procedure

☒ **Pharmacy consult to manage vancomycin** Until discontinued, STAT

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

Medications - ICP Monitor☐ **midazolam (VERSED) injection** 1 , intravenous, once, 1, Occurrences

Indication(s): ○ Sedation

Administer prior to procedure. Do not begin administration greater than 30 minutes prior to procedure.

☐ **fentaNYL (SUBLIMAZE) injection** 50 , intravenous, once, 1, Occurrences

Administer prior to procedure. Do not begin administration greater than 30 minutes prior to procedure.

VTE**Labs****Labs**☒ **Glucose level** Once, Routine, Blood, 3, Drawn at time of procedure. Notify physician for blood glucose level less than 70 or greater than 180.**Laboratory - CSF**☒ **Glucose, CSF** Once, Routine, Cerebrospinal fluid☒ **Protein, CSF** Once, Routine, Cerebrospinal fluid☒ **CSF culture** Once, Routine, Cerebrospinal fluid☒ **CSF cell count with differential** Once, Routine, Cerebrospinal fluid☒ **Gram stain only** Once, Routine, Gram stain CSF.

Sign: _____ Printed Name: _____ Date/Time: _____

Cardiology

Imaging

CT

☐ **CT Head Wo Contrast** 1 time imaging, STAT

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **CT Head Wo Contrast in AM** 1 time imaging, S+1, Routine, Perform early A.M.

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders