

**DOWNTIME Physician Order**  
**NEURO Intracranial Hemorrhage / Acute**  
**Brain / Spine Trauma**
**Drug Allergies:** Review patient allergies in power chart or in the electronic medical record (EMR) prior to prescribing / administering medications.

 Faxed to Pharmacy  
 Date: \_\_\_\_\_ Init.: \_\_\_\_\_

Height \_\_\_\_\_ cm

Weight \_\_\_\_\_ kg

| Clinical Category   | Order  | Placed in CP |
|---------------------|--|--------------|
| ADT/ Communications | <ul style="list-style-type: none"> <li>▪ Patient Status               <ul style="list-style-type: none"> <li><input type="checkbox"/> SICU Inpatient Admission</li> <li><input type="checkbox"/> MICU Inpatient Admission</li> <li><input type="checkbox"/> CCU Inpatient Admission</li> <li><input type="checkbox"/> Medical Unit Inpatient Admission</li> </ul> </li> <li>▪ Initiate Plan of Care, <i>Intracranial Hemorrhage/ Traumatic Brain Injury Pt Care Pathway</i></li> <li>▪ Notify Provider, <i>Notify Physician for any change in Mental Status from baseline assessment</i></li> <li>▪ Communication Order, <i>ABG's if SpO2 is less than 92%, notify Intensivist of results</i></li> <li>▪ Notify Provider, <i>Constant Order, Call if Cerebral Perfusion pressure is less than 70 mm/Hg</i></li> </ul>  |              |
| Vital Signs         | <ul style="list-style-type: none"> <li>▪ Vital Signs               <ul style="list-style-type: none"> <li><input type="checkbox"/> Constant Order, <i>Per Critical Care Routine - Q 1 hr X 24 hrs then Q 4 hrs when stable</i></li> <li><input type="checkbox"/> Constant Order, <i>Per Unit Routine - Q 1 hour X 24 hours then Q 4 hours when stable</i></li> </ul> </li> <li>▪ Neuro Checks, <i>Constant Order, Q 1 hour X 24 hours then Q 4 hours when stable</i></li> <li><input type="checkbox"/> ICP Monitoring, <i>Constant Order, Call House Physician if ICP greater than 20 mm/Hg or less than X</i></li> </ul>  |              |
| Activity            | <ul style="list-style-type: none"> <li>▪ Bedrest, <i>Constant Order, Bedrest Supine position until C-Spine is cleared. Head of bed elevated no more than 30 degrees if vital signs stable and no spine injury.</i></li> <li>▪ HOB elevated, <i>Flat, May have HOB elevated NO MORE THAN 30 deg if VS stable, no spine injury</i></li> <li><input type="checkbox"/> Up to Chair               <ul style="list-style-type: none"> <li><input type="checkbox"/> T+1; <i>0700, 5- 10 mins TID, Advance as tolerated, Constant Order</i></li> <li><input type="checkbox"/> T+2; <i>0700, 5- 10 mins TID, Advance as tolerated, Constant Order</i></li> </ul> </li> </ul>  |              |
| Patient Care        | <ul style="list-style-type: none"> <li>▪ Blood Glucose Monitoring POC, <i>Routine, Q4HOURS, Notify Physician if BS greater than 150 mg/DL</i></li> <li>▪ Intake and Output, <i>Strict I&amp;O - Notify Physician UO greater than 250 mL/2 hrs or less than 30 mL / 2 hrs</i></li> <li>▪ Mouth Care, <i>Mouth Care, Q2HOURS</i></li> <li>▪ Seizure Precautions, <i>per Protocol, Constant Order</i></li> </ul>  |              |
| Nutrition           | <ul style="list-style-type: none"> <li>▪ Aspiration Precautions</li> <li>▪ Diet Order               <ul style="list-style-type: none"> <li><input type="checkbox"/> Nothing By Mouth - NPO</li> <li><input type="checkbox"/> NPO Except Meds w/ Sips Water</li> <li><input type="checkbox"/> House</li> <li><input type="checkbox"/> Clear Liquids</li> </ul> </li> </ul>  |              |
| IV Infusions        | <ul style="list-style-type: none"> <li>▪ Saline Lock Peripheral with Saline Flush Q Shift and PRN (<i>pull Standard IV Catheter Flush Orders 217663X</i>)</li> <li><input type="checkbox"/> Nipride 50mg/ D5W 250ml DRIP (IVS)*<br/>               Dextrose 5% 250 ML, IV, titrate - <i>Titrate to maintain SBP less than 160 mm/Hg</i><br/>               Nipride</li> <li><input type="checkbox"/> nitroglycerin drip 250 ML, IV, titrate - <i>concentration 0.2mg/ml, dose per protocol. Titrate to maintain SBP less than 160 mm/Hg</i></li> <li><input type="checkbox"/> Diprivan Drip 50 ML, IV, titrate</li> </ul>  |              |
| Medications         | <ul style="list-style-type: none"> <li><input type="checkbox"/> RAMO PRN Medications SUBPHASE (Pull RAMO Orders 217243X)</li> <li><input type="checkbox"/> Pepcid 20 mg, Injection, IV Push, Q12HOURS</li> <li><input type="checkbox"/> Colace 100 mg, Capsule, ORAL, BID</li> <li><input type="checkbox"/> Zofran 4 mg, Injection, IV Push, Q8HOURS, PRN: Nausea/Vomiting</li> <li><input type="checkbox"/> Ativan 1 mg, Injection, IV Push, Q1HOUR, PRN: Sedation<br/>               Comments: RANGE ORDER May increase to 2 mg if escalating</li> <li><input type="checkbox"/> Ativan 2 mg, Injection, IV Push, Q1HOUR, PRN: Sedation<br/>               Comments: RANGE ORDER May increase to 2 mg if escalating</li> <li><input type="checkbox"/> morphine 1 mg, Injection, IV Push, Q1HOUR, PRN: Pain<br/>               Comments: RANGE ORDER if no relief, may increase to 2 mg</li> <li><input type="checkbox"/> morphine 2 mg, Injection, IV Push, Q1HOUR, PRN: Pain<br/>               Comments: RANGE ORDER may give if no relief from 1 mg.</li> <li><input type="checkbox"/> MED Sliding Scale Insulin (pull SSI Sliding Scale Insulin Order 163284X)</li> </ul> |              |

Physician Signature: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



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| Medications                 | <b>Mannitol 0.25gm/kg IV q4h</b><br><input type="checkbox"/> mannitol<br><input type="checkbox"/> 12.5 g, Injection, IV Piggyback, Q4HOURS, Infuse Over: 30, Minute(s)<br>Comments: hold for osmolality greater than 305<br><input type="checkbox"/> 25 g, Injection, IV Piggyback, Q4HOURS, Infuse Over: 30, Minute(s)<br>Comments: hold for osmolality greater than 305<br><input type="checkbox"/> 50 g, Injection, IV Piggyback, Q4HOURS, Infuse Over: 30, Minute(s)<br>Comments: hold for osmolality greater than 305<br><input type="checkbox"/> Communication Order Constant Order, ORDER: Serum Osmolality Q 4 hours if on Mannitol<br><b>Dilantin 20mg/kg IV loading dose</b><br><input type="checkbox"/> Dilantin _____mg, Injection, IV Piggyback, ONCE, Infuse Over: 30, Min(s) - in 100ml NS, loading dose<br><input type="checkbox"/> Dilantin 100 mg, Injection, IV Push, Q8HOURS<br><input type="checkbox"/> labetalol 10 mg, Injection, IV Push, Q1HOUR, PRN: See Note Line<br>Comments: to keep SCP less than 160 mm/Hg, if no response in 1 hour, may increase to 20 mg<br><input type="checkbox"/> labetalol 20 mg, Injection, IV Push, Q1HOUR, PRN: See Note Line<br>Comments: If no response with 10 mg in 1 hour, may increase to 20 mg to keep SBP less than 160 mm/Hg.<br><b>VTE Prophylaxis</b><br>■ Contraindication to Pharmacologic Prophylaxis<br><input type="checkbox"/> Contraindication, to Pharmacologic Prophylaxis<br><input type="checkbox"/> Currently on, anticoagulant (Lovenox, Heparin, Coumadin, Argatroban or Arixtra) |              |
| Laboratory                  | <b>Labs if Not Done in ED</b><br><input type="checkbox"/> CBCWD STAT<br><input type="checkbox"/> COMPMETA STAT<br><input type="checkbox"/> MAGNESIUM LEVEL STAT<br><input type="checkbox"/> PT / INR / APTT Stat<br><input type="checkbox"/> ALCOHOL SERUM STAT<br><input type="checkbox"/> URINE DRUG SCREEN<br><input type="checkbox"/> NURSE COLLECT<br><input type="checkbox"/> NURSE COLLECT<br><input type="checkbox"/> URINALYSIS NURSE COLLECT<br><b>Blood Gases</b><br><input type="checkbox"/> ABG STAT<br><input type="checkbox"/> ABG ROUTINE, DAILY LAB - Comments: while on Vent<br><b>Additional Labs</b><br><input type="checkbox"/> OSMOLALITY ROUTINE - Comments: Q 4 Hours if on Mannitol<br><input type="checkbox"/> DILANTIN LEVEL STAT  |              |
| Radiology                   | <input type="checkbox"/> Radiology for Intracranial Hemorrhage/Acute Brain/Spine Trauma SUBPHASE<br><input type="checkbox"/> XR CHEST 2V PA LAT STAT<br><input type="checkbox"/> XR CHEST PORTABLE STAT   |              |
| Other Diagnostic Procedures | <input type="checkbox"/> Carotid Duplex, Routine  |              |
| Respiratory                 | ■ Continuous Pulse Oximetry, Routine  |              |
| Consults                    | ■ Stroke Consult Careset<br><input type="checkbox"/> Consult Physician, Neurology<br><input type="checkbox"/> Consult Physician, Pulmonary<br><input type="checkbox"/> Consult Physician, Cardiology<br>■ Consult Social Services   |              |

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| Lines & Drains    | <input type="checkbox"/> Arterial Line Care, <i>Constant Order</i><br><input checked="" type="checkbox"/> Foley to CD/Care<br><input type="checkbox"/> NG Tube to LIS, <i>Mouth care Q 2 hours - Comments: Check placement Q Shift</i>  |              |
| Equipment         | <input type="checkbox"/> TED Hose<br><input type="checkbox"/> <i>Knee-high   Continuous</i><br><input type="checkbox"/> <i>Knee-high   Remove at HS and re-apply in AM</i><br><input checked="" type="checkbox"/> SCD Machine with Knee High wraps<br><input type="checkbox"/> Hypothermia Unit if Temp greater than 39 C |              |

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