

Aneurysmal Subarachnoid Hemorrhage [5695]

Nursing

Vital Signs (Single Response)

Vital Signs Routine, Every hour
Q1 vitals until secured

Nursing

Neurological assessment Routine, Every hour
Assessment to Perform:
Every hour until secured.

Strict bed rest until secured Routine, Until discontinued, Starting S
Until secured.

Strict intake and output Routine, Every hour

ICP Monitoring and Notify

ICP monitoring Routine, Every hour
Record:
Record intracranial pressure every hour.

Notify Physician if Intracranial Pressure greater than 25 mmHg for greater than 5 minutes or if waveform dampened Routine, Until discontinued, Starting S

Ventriculostomy drain care - Clamped Routine, Every hour
Device: Clamped
Level at:
Record ventriculostomy output every hour.

Ventriculostomy drain care - Open Routine, Every hour
Device: Open
Level at:
Record ventriculostomy output every hour.

Daily weights Routine, Daily

No anticoagulants INcluding UNfractionated heparin - Subarachnoid Hemorrhage Routine, Until discontinued, Starting S
Reason for "No" order: Subarachnoid Hemorrhage

IV Fluids

IV Fluids

sodium chloride 0.9 % infusion intravenous, continuous

sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion intravenous, continuous

Peripheral IV Access

Initiate and maintain IV

Insert peripheral IV Routine, Once

sodium chloride 0.9 % flush 10 mL, intravenous, every 12 hours scheduled

sodium chloride 0.9 % flush 10 mL, intravenous, PRN, line care

Medications

Antimicrobials (EVD prophylaxis, if EVD is inserted, optional) (Single Response)

ceFAZolin (ANCEF) IV 1,000 mg, intravenous, Every 8 Hours (TIME CRITICAL)
Discontinue once EVD is removed.
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.
Reason for Therapy:

vancomycin (VANCOCIN) IV (alternative if PCN allergy) intravenous
Alternative if patient has Penicillin allergy
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.
Reason for Therapy:

Seizure Management (Single Response)

<input type="checkbox"/> levETIRAcetam (KEPPRA) IV	500 mg, intravenous, every 12 hours Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
<input type="checkbox"/> levETIRAcetam (KEPPRA) PO tablet	500 mg, oral, 2 times daily

Delayed Cerebral Injury Prophylaxis (Single Response)

<input type="checkbox"/> niMODipine (NIMOTOP) PO capsule	60 mg, oral, Every 4 Hours (TIME CRITICAL)
<input type="checkbox"/> niMODipine (NIMOTOP;NYMALIZE) PO solution	60 mg, oral, Every 4 Hours (TIME CRITICAL)
<input type="checkbox"/> Alternative if Hypotensive - Delayed Cerebral Injury Prophylaxis (Single Response)	
<input type="checkbox"/> niMODipine (NIMOTOP) PO capsule	30 mg, oral, Every 2 Hours (TIME CRITICAL) Alternative if patient becomes hypotensive.
<input type="checkbox"/> niMODipine (NIMOTOP;NYMALIZE) PO solution	30 mg, oral, Every 2 Hours (TIME CRITICAL) Alternative if patient becomes hypotensive.

Hypertensive Urgency - Once Orders (Pre SAH)

<input checked="" type="checkbox"/> labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	10 mg, intravenous, once, For 1 Doses To be administered before aneurysmal rupture. Systolic Blood Pressure GREATER than 140 mmHg but LESS than 160 mmHg and/or Diastolic Blood Pressure GREATER than 110 mmHg. Administer at 2 mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM. BP & HR HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed Contact Physician if:
<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)	10 mg, intravenous, once, For 1 Doses To be administered before aneurysmal rupture. Systolic Blood Pressure GREATER than 140 mmHg but LESS than 160 mmHg and/or Diastolic Blood Pressure GREATER than 110 mmHg. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) BP HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed Contact Physician if:

Hypertensive Urgency - PRN Orders (Post SAH)

<input checked="" type="checkbox"/> labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg and/or Diastolic Blood Pressure GREATER than 105 mmHg To be administered AFTER aneurysmal rupture. Administer at 2 mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM. BP & HR HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed Contact Physician if:
<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg and/or Diastolic Blood Pressure GREATER than 105 mmHg To be administered AFTER aneurysmal rupture. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) BP HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed Contact Physician if:

Hypertensive Urgency- niCARDipine (CARDENE) IV Infusion

<input checked="" type="checkbox"/> niCARDipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, continuous
---	---------------------------------------

Imaging

Imaging

<input type="checkbox"/> CT Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CTA Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> CTA Neck W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
<input type="checkbox"/> IR Angiogram Cerebral	Routine What is the expected date for Procedure? Is the patient pregnant? What is the patient's sedation requirements? Physician contact number: Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
<input type="checkbox"/> Pv transcranial Doppler intracranial arteries	Routine, 1 time imaging, Starting S at 1:00 AM

Consults

For Physician Consult orders use sidebar

Consults

<input type="checkbox"/> Consult to Social Work	Reason for Consult: Discharge Planning
<input type="checkbox"/> Consult to Case Management	Consult Reason: Discharge Planning
<input type="checkbox"/> Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
<input type="checkbox"/> Consult to OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: