Intracranial Pressure Monitor [1827]

Nursing	
Activity	
<u> </u>	
[X] Elevate Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees
Nursing	
] Ventriculostomy setup to bedside	Routine, Until discontinued, Starting S
Intracranial Bolt setup to bedside	Routine, Until discontinued, Starting S
X] Document timeout completion and time prior to procedure start	Routine, Until discontinued, Starting S
[X] ICP Monitoring and Notify [X] ICP monitoring	Routine, Every hour
[A] TOT MOTIMOTING	Record: Intracranial pressure, Cerebral perfusion pressure, Cerebrospin fluid drainage Monitor and record output hourly.
[X] Notify Physician if Intracranial Pressure greater than 20 mm Hg for 5 minutes	Routine, Until discontinued, Starting S
] Ventriculostomy Monitoring (Single Response)	
() Ventriculostomy drain care - Open level at 5	Routine, Every hour
mm Hg above EAC	Device: Open Level at: mm Hg
	Level at (mm Hg): 5 above EAC
() Ventriculostomy drain care - Open level at	Routine, Every hour
20 mm Hg above EAC	Device: Open
-	Level at: mm Hg
	Level at (mm Hg): 20 above EAC
() Ventriculostomy drain care - Clamped level	Routine, Every hour
at 20 mm Hg above EAC	Device: Clamped Level at: mm Hg
	Level at (mm Hg): 20 above EAC
[X] Hemodynamic Monitoring	Routine, Every hour
	Measure: MAP
	Arterial blood pressure (ABP).
] Surgical/incision site care	Routine, Once
	Location:
	Site:
	Apply: Dressing Type:
	Open to air?
] Reinforce dressing	Routine, As needed
	Reinforce with:
	If saturated.
X] No anticoagulants INcluding UNfractionated hep	parin Routine, Until discontinued, Starting S Reason for "No" order: Post Intracranial Pressure Monitor placement
X] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S
	Reason for "No" order: Post Intracranial Pressure Monitor placement
Notify	
X] Notify Physician of acute neurological status cha	anges Routine, Until discontinued, Starting S
X] Notify Physician of intrathecal medication to be o	<u>*</u>
[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.
[X] Notify Physician of No Bowel Movement for more	
72 hours	o ala Rodalio, olidi diodolidi dod, olarding o

Consent

[] 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?
Diet	
[X] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:

Medications

Antibiotics (Single Response)

) Antibiotics - Neurosurgery - patients with surgical	site
drains	
[] Antibiotics: For Patients LESS than or EQUAL to	to 120 kg
[] 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
[] 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
[] vancomycin 15 mg/kg IV + Pharmacy Consult Required)	(Selection
[] 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
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Surgical Prophylaxis Duration of Therapy (Days): Surgical Prophylaxis: Please follow institutional and service line-specific guidelines for surgical prophylaxis for the stop date/duration Indication: Implanted Device Prophylaxis
[] Antibiotics: For Patients GREATER than 120 kg]
[] 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
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	Reason for Therapy: Surgical Prophylaxis
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[] Antibiotics: For Patients LESS than or EQUAL	to 120 kg
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	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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	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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	Reason for Therapy: Surgical Prophylaxis
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	Duration of Therapy (Days):
	Surgical Prophylaxis: Please follow institutional and service line-specific
	guidelines for surgical prophylaxis for the stop date/duration
1	Indication: Implanted Device Prophylaxis
Medications - ICP Monitor	
[] 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
[] fentaNYL (SUBLIMAZE) injection	intravenous, once, For 1 Doses
	Administer prior to procedure. Do not begin administration
	greater than 30 minutes prior to procedure.
	Allowance for Patient Preference:

Labs	
[X] Glucose level	Once
	Drawn at time of procedure. Notify physician for blood glucose
	level less than 70 or greater than 180.
Laboratory - CSF	
[X] Glucose, CSF	Once, Cerebrospinal fluid
[X] Protein, CSF	Once, Cerebrospinal fluid
[X] CSF culture	Once, Cerebrospinal fluid
[X] CSF cell count with differential	Once, Cerebrospinal fluid
[X] Gram stain only	Once
	Gram stain CSF.
Imaging	
СТ	
[] 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.