

Admit/Transfer:  ICU  4E  Neuro Stepdown  Telemetry

Attending: \_\_\_\_\_

Diagnosis:  SAH  STROKE  ICH  TBI  
 Status Epilepticus  AVM  MG  Other \_\_\_\_\_

Allergies: \_\_\_\_\_

Code Status: \_\_\_\_\_ Consultation(s) requested: \_\_\_\_\_

Activity:  Bed Rest  PT/OT evaluation  OOB to chair three times daily  Speech/Swallow evaluation  Swallow screening by nursing (if not already completed in the ED)  
Diet:  PO: low salt/cholesterol  TF goal: \_\_\_\_\_  Nutrition Consult  Check residuals every 4 hours, hold for residuals greater than 50% of rate and recheck every 1 hour until residual is less than 50%  
 NPO

Nursing:  Vital signs every \_\_\_\_\_ hours  Neurological Examination every \_\_\_\_\_ hours  SCD's to both legs for DVT prophylaxis  Head elevated to 30 degrees  Aspiration precautions  Seizure precautions  Core temperatures  Keep SpO2 greater than \_\_\_\_\_  3% Saline at \_\_\_\_\_ mL/hour, with every 6 hour Na+ checks  If temperature greater than 38.4 °C, Pan Culture (UA c/s, Sputum c/s, BCX 2 sets) Once per 24 hours and notify MD/NP  
 Daily weights  Document Ins/Outs strictly  Hand washing and gloves before and after administering any IV/PO/IM med any line tubing replacement/manipulation where line is exposed  Family to wash hands prior to and after leaving the ICU room  Males: use Condom type catheter instead of indwelling Foley Catheter  Incentive Spirometer 10 X every 1 hour while awake

Telemetry:  Atropine 0.5mg IV push for heart rate less than 45 and patient symptomatic: **NOTIFY MD IF GIVEN**  Lidocaine (2%) 1mg/kg (max 100mg) IV bolus for Vtach of \_\_\_\_\_ beats or greater, R on T with ventricular rate greater than 100. **NOTIFY MD IF GIVEN.**

Goals:  SBP or MAP: \_\_\_\_\_  CVP: \_\_\_\_\_  PCO2: \_\_\_\_\_  CPP: \_\_\_\_\_  EVD: OTD or VIM at level \_\_\_\_\_, Open X 5 minutes if ICP greater than \_\_\_\_\_  Other: \_\_\_\_\_

Labs:  Daily morning labs: CXR, CBC, PT/PTT, Chem 10 with Mg<sup>2+</sup>/PO4 If intubated, ABG (with ionized Ca<sup>2+</sup>)  EKG (daily if on a vasopressor)  ABG  HbA1C  Fasting lipid profile  TCD's every day  cEEG  Phenytoin level  2D Echocardiogram to be read by on-call Cardiologist  Other \_\_\_\_\_  Maintenance IV Fluids - 0.9% NS with 20mEq KCL at \_\_\_\_\_ mL/hour



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**Medications:**

- Ranitidine (Zantac) 50 mg IVPB every 8 hours or  
Ranitidine (Zantac) 150 mg PO every 12 hours
- No Heparin in any flush bags, unless otherwise specified
- Esomeprazole (Nexium) 40 mg IV every day OR  Omeprazole (Prilosec) 40 mg PO/NGT every day
- Heparin 5,000 Units SQ twice daily
- Enoxaparin (Lovenox) 40 mg SQ daily
- Fosphenytoin (Cerebyx) \_\_\_\_\_ mg IVP every \_\_\_\_\_ hours
- Levetiracetam (Keppra) \_\_\_\_\_ mg PO or IVPB every \_\_\_\_\_ hours
- Aspirin 81 mg PO every day
- Aspirin 325 mg PO every day
- Clopidogrel (Plavix) 75 mg every day
- Nimodipine (Nimotop) 60mg PO/NGT every 4 hours
- Cefazolin (Ancef) 1 gram IVPB every 6 hours
- Multivitamin 1 tab PO/NGT every day
- Acetaminophen (Tylenol) 650 mg PO/PR every 6 hours prn for temperature greater than goal
- Dexamethazone (Decadron) \_\_\_\_\_ mg \_\_\_\_\_ every \_\_\_\_\_ hours X \_\_\_\_\_ hours
- Enalapril (Vasotec) 2.5 mg IV every 6 hours prn SBP greater than goal
- Labetalol (Trandate) 10 mg IV every 1 hour prn SBP greater than goal
- Hydralazine (Apresoline) 10 mg IV every 6 hours prn SBP greater than goal
- Lorazepam (Ativan) \_\_\_\_\_ mg IV every \_\_\_\_\_ hours prn moderate to severe agitation/anxiety
- Morphine 2 mg IV every 2 hours prn moderate (4-6) to severe (7-10) pain
- Hydrocodone/APAP (5mg/325mg) (Norco) 2 tabs PO every 4 hours prn moderate (4-6) to severe pain
- Cottage Critical Care Bowel Program
- Ondansetron (Zofran) 4 mg IV every 6 hours prn nausea/vomiting, if ineffective use,
- Prochlorperazine (Compazine) 10 mg IV/IM/PO every 6 hours or 25 mg PR prn nausea/vomiting, if ineffective use,
- Promethazine (Phenergan) 25 mg IM/PO/PR every 4 hours prn nausea/vomiting
- Accuchecks every \_\_\_\_\_ hours with Regular Insulin SS, Glucose goal 70-110

	No coverage	61-110	
111-140	2 Units SC	201-220	10 Units SC
141-160	4 Units SC	221-240	12 Units SC
161-180	6 Units SC	241-260	14 Units SC
181-200	8 Units SC	greater than 260 give 16 Units SC and notify MD/NP	

**Critical Care Units Only:**

- Midazolam (Versed) 2 mg IV every 2 hours prn moderate to severe agitation
- Norepinephrine 8mg/250mL in Normal Saline prn SBP less than goal: titrate to SBP goal
- Propofol (Diprivan) 20mg/200mL in Normal Saline start at \_\_\_\_\_ mL/hr
- Nicardipine (Cardene) IV infusion (standard drip conc = 0.2 mg/ mL). Start at 5 mg/hr (Rate = 25 mL/hr). Titrate 2.5 – 5 mg/hr increments every 5 minutes to Maximum of 15 mg/hr (Rate = 75 mL/hr).
- Insulin Drip** If glucose greater than 150 X 2 straight readings, call MD/NP for orders
- Other \_\_\_\_\_

**Respiratory:**

- Ventilator Settings:
- Levalbuterol (Xopenex) 1.25mg/3mL Nebulizer every \_\_\_\_\_ hours
- Ipratropium (Atrovent) 0.02% 0.5mg/2.5mL Nebulizer every \_\_\_\_\_ hours

\_\_\_\_\_ Date

\_\_\_\_\_ Time

\_\_\_\_\_ Physician Signature and Number



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