1. Allergies:

2. Routine post-operative vital signs with Neuro assessment q 1 hr x ________ then q 2 hrs

3. Implement/continue IV Protocol as needed

4. I&O: Hourly trending with totals every 8 hrs and after 24 hrs
   - IV:________________ at ________ ml/hr
   - May convert IV to saline lock if taking PO fluids well
   - Foley to bedside drainage
   - Hemovac / JP to bulb suction, record q 4 hrs

5. Diet: Aspiration Precautions
   - NPO
   - General / regular Diet
   - Carb control diet – carbs per meal: 5 (75 gms/meal)
   - Other diet, please specify:

6. Labs: □ Dilantin level q AM  □ PT/INR q AM  □ BG q ________  □ BMET q AM  □ CBC q AM

7. Medical Imaging:
   - CT head with/without contrast before 0600
   - MRI brain with/without contrast in AM

8. Therapy: (Core measure #10)
   - RN complete dysphagia screen
   - PT Eval & treat
   - OT Eval & treat
   - Speech Eval & treat

9. Activity:
   - Fall precautions
   - Up with assist
   - HOB ___________ degrees, neck in neutral position
   - Seizure precautions
   - Aneurysm precautions: No TV, phones or lights; quiet, close doors, limit visitors, close blinds

10. RT to instruct on incentive sprirometry; IS q 2 hrs while awake

11. Oxygen initiated per protocol:
    - Wean O₂ to keep SpO₂ ≥ 90%
    - Contact MD if maintaining SpO₂ > 90 and requires ≥ 5 L min by NC or 35% via mask

12. IVC – Level transducer at ________; place drain at _________ from EAM; maintenance output ________

13. Call physician for:
    - ICP ≥ __________
    - SBP ≥ __________ or ≤ __________
    - HR ≥ __________ or ≤ __________
    - Any seizure activity and any shivering

14. VTE Prophylaxis: (Core measure #1)
    - Intermittent Pneumatic Compression (IPC)
    - Choose one: □ Thigh OR □ Calf

15. Leave dressing in place; call physician if dressing needs changing

**PHYSICIAN INITIALS:**
DOCTOR'S ORDERS
CRANIAL PROCEDURE / HEAD INJURY ORDERS - ICU

16. Arterial line care – ☐ DC in AM if patient doing OK

17. Foley care:
☐ DC in AM if patient doing OK
☐ Bladder scan if unable to void; or 4-6 hrs from last void; or if having small (< 100 ml) frequent voids, straight cath if bladder scan > 350 ml
☐ May straight cath q 6-8 hrs prn x 2 if unable to void; call MD if still no void after second attempt

18. Medications:
☐ Famotidine 20 mg IV q 12 hrs; may transition to PO when tolerating oral
☐ Ondansetron (Zofran) 8 mg IV q 4 hrs prn nausea/vomiting, if ineffective then use:
   ☐ Promethazine (Phenergan) 25 mg suppository per rectum or 6.25-12.5 mg IV q 6 hrs prn nausea/vomiting
☐ Dexamethasone (Decadron) ________ mg IV every ________ hrs
☐ Labetolol ________mg IV push; hold for heart rate < 50
☐ Labetolol infusion _________________________________________________________________
   If Labetolol not available due to shortage, use:
   ☐ Nicardipine 5 mg/hr IV titrate up 2.5 mg/hr max 15 mg/hr; keep SBP < ________
   ☐ Nicardipine infusion to keep SBP < ________
☐ Nimodipine (Nimotop) 60 mg PO or FT q 4 hrs x 21 days
☐ Fosphenytoin ________ mg IV every ________ hrs
☐ Levetiracetam (Keppra) 500 mg IV every 12 hrs, may transition to PO when tolerating orals
☐ Cefazolin (Ancef) 1 gm IV q 8 hrs x 24 hrs for pts < 91 kg (200 lbs)
☐ Cefazolin (Ancef) 2 gm IV q 8 hrs x 24 hrs for pts > 91 kg (200 lbs)
☐ Vancomycin 1 gm IVPB q ________ hrs x 24 hrs for PCN/CEPH sensitive allergic patients
☐ Docusate Na (Colace) 100 mg PO BID
☐ Senna (Senokot) 1 tab PO BID
☐ Initiate bowel care POD #1 with MOM 30 ml (10 ml concentrate at HS); may repeat q day prn constipation; if ineffective then use:
   ☐ Bisacodyl (Dulcolax) suppository rectally POD #2; hold if BM; may repeat daily prn constipation;
   if no BM after Dulcolax suppository then use:
   ☐ Magnesium Citrate ½ bottle (148 ml)

19. IV Pain Medication (select one):
☐ Morphine ________ mg IV q ________ hrs prn mild to moderate pain OR
☐ Dilaudid ________mg IV q ________ hrs prn severe pain

PO Pain Medication (select one):
☐ Acetaminophen 325 (Tylenol) 1-2 tab PO q 4 hrs prn mild pain or temp > 38.8°C (101.8°F) OR
☐ Hydrocodone/ Acetaminophen 5/325 (Norco) 1-2 tab PO q 4 hrs prn mild pain; if ineffective then use
   ☐ Hydrocodone/ Acetaminophen 10/325 (Norco) 1-2 tab PO q 4 hrs prn severe pain

20. ☐ Consult Radiology – 4-vessel cerebral angiogram

21. ☐ Consult Neurology – seizure disorder

22. Consult: ☐ Physiatry ☐ PT ☐ OT ☐ ST

23. Patient Education: (Core measure #8) ☐ Hemorrhage ☐ Stroke ☐ Cranial Procedure / Head Injury

PHYSICIAN SIGNATURE: DATE: TIME:

PATIENT LABEL