



STAT/NOW

DATE	TIME	Diagnosis: Non-Traumatic SAH	
		Admit ICU: Dr. _____	Allergies: _____
Condition: Critical		Vitals: As per ICU, Q1hr neuro checks	Diet: NPO
Activity: <input type="checkbox"/> HOB @30 degrees <input type="checkbox"/> HOB flat, log roll only <input type="checkbox"/> C-Spine precautions			
Nursing: SCD's Bilateral LE, strict I/O's, foley to gravity, SBP less than 140mmHg, darkened room			
IVF: NS + 20KCl at 100 ml/hr			
Medication / Dose / Route / Frequency			Indication
<input type="checkbox"/> Phenytoin (Dilantin) 20 mg/kg IV bolus, then 100mg IV/PO TID			Seizure
<input type="checkbox"/> Nimodipine 30mg PO Q2hrs			Vasospasm
<input type="checkbox"/> Simvastatin 40mg PO Daily			Vasospasm
<input type="checkbox"/> Pantoprazole (Protonix) 40mg IV/PO Daily			GI
<input type="checkbox"/> Docusate (Colace) 100mg PO BID			GI
<input type="checkbox"/> Acetaminophen 650mg PO Q6hrs PRN temp greater than 38°C			Fever
<input type="checkbox"/> Propoxyphene napsylate 100mg/acetaminophen 650mg (Darvocet N100) 2 tabs po q4hrs PRN			Pain greater than 3/10
<input type="checkbox"/> Morphine sulfate 2mg IV Q2hrs PRN			Pain greater than 5/10
<input type="checkbox"/> Ondansetron (Zofran) 4mg IV Q6hrs PRN			Nausea
<input type="checkbox"/> Hydralazine 10mg IV Q1hr PRN			SBP greater than 140
<input type="checkbox"/> Labetalol 10mg IV Q1hr PRN			SBP greater than 140
<input type="checkbox"/> Nicardipine drip to keep SBP greater than 100 and less than 140			
<input type="checkbox"/> Continue home meds: _____			
<input type="checkbox"/> Electrolyte Protocol: <input type="checkbox"/> Medical-surgical <input type="checkbox"/> Intensive Care			
<input type="checkbox"/> STAT labs: CBC, chem 7, Mg, PT/PTT, type and cross 2 units PRBCs (fill out transfusion form)			
<input type="checkbox"/> AM labs: CBC, Chem 7, PT/PTT, Dilantin level, Albumin level			
<input type="checkbox"/> Notify MD if serum Na+ less than 135 or greater than 150			
<input type="checkbox"/> STAT 12 lead EKG		<input type="checkbox"/> STAT PCXR Indication: _____	
<input type="checkbox"/> 4 vessel cerebral angiogram		<input type="checkbox"/> Transcranial dopplers qMWF r/o vasospasm	
<input type="checkbox"/> CT angio STAT in ER or on arrival to ICU if not already done			
<input type="checkbox"/> EVD open to drain at 20mm H2O, ICP to continuous monitoring, record q 1 hour			
<input type="checkbox"/> Page neurosurgery resident for ICP greater than 20 sustained for 5 minutes			
_____ NURSE SIGNATURE Date: _____ Time: _____		Pharmacy Scan Time: _____	_____ STAMP/PHYSICIAN SIGNATURE/BEEPER# Date/Time Required for countersignature on telephone/verbal orders Date: _____ Time: _____

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL



PO0010

**SUBARACHNOID
HEMHORAGE
ORDERS**

(10/07)

Patient Label