



HOSPITAL REGULATION: The signature of physician must accompany all orders.

NKA: NO KNOWN ALLERGIES  
ALLERGIES:

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**Nursing Interventions**

- Incentive spirometry nursing, Every 1 hour while awake
- Insert Foley catheter, Once for 1 occurrence       Foley/urogenital care, Every shift
- Bladder scan, As needed, Perform a bladder scan for any of the following:
  - Patient is uncomfortable at any time whether voiding or not
  - Patient has urge to void, but is unable to void
  - Patient is incontinent at any time, and incontinence is new for the patient
  - Patient has been unable to void for 8 hours
- Straight cath, As needed, Initiate straight cath every 6 hours X 2 attempts for the following:
  - Patient has not voided in 8 hours and the bladder scan amount is greater than 350 mL
  - Patient has voided and the post void residual bladder scan amount is greater than 250 ml
  - Patient is uncomfortable and has the urge to void, but cannot void
 Document the straight cath reason and urine volume for above. encourage fluids, ambulation and voiding  
 Notify MD following 2 straight catheterizations within 8 hours
- ICP monitoring – every hour and as needed       Decrease environmental stimulus

**Respiratory Interventions**

- Arterial blood gas, As needed
- Oxygen Therapy via  Nasal Cannula  Other \_\_\_\_\_ @ \_\_\_\_\_ mL/hr. Keep O2 Sat Above \_\_\_\_\_
- CPAP - Patient may use their own CPAP, Once

**\*\*REQUIRED\*\* DVT/VTE Pharmacologic Prophylaxis (SELECT ONE)**

- enoxaparin (LOVENOX) injection; 40 mg, subcutaneous, Every 24 hours scheduled  
Give deep subcutaneous and must alternate sites on abdominal wall
- If CrCl less than 30, enoxaparin (LOVENOX) injection; 30 mg, subcutaneous, Every 24 hours scheduled  
Give deep subcutaneous and must alternate sites on abdominal wall
- If CrCl less than 30, heparin (porcine) injection; 5000 units, subcutaneous, Every 8 hours scheduled
- No VTE Prophylaxis: Reason \_\_\_\_\_

**\*\*REQUIRED\*\* DVT/VTE Mechanical Prophylaxis**

- Place sequential compression device       Apply foot pumps
- Place TED hose, Type:  knee high TED hose  thigh high TED dose, Site:  bilateral  left  right
- No Mechanical VTE Prophylaxis: Reason \_\_\_\_\_

**IV Fluid Infusions**

- NS, intravenous, continuous      **Rate: \_\_\_\_\_ mL/hr**
- 1/2 NS, intravenous, continuous      **Rate: \_\_\_\_\_ mL/hr**
- Lactated Ringers, intravenous, continuous      **Rate: \_\_\_\_\_ mL/hr**
- NS + KCL 20 mEq, intravenous, continuous      **Rate: \_\_\_\_\_ mL/hr**
- 1/2 NS + KCL 20 mEq, intravenous, continuous      **Rate: \_\_\_\_\_ mL/hr**

**Medications: Antipyretics**

- Acetaminophen (TYLENOL) tablet; 650 mg, oral, Every 4 hours PRN, fever, temperature greater than 100.5F  
May affect liver function if max daily dose exceeded

**Medications: Analgesics – Mild Pain**

- acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet; 1-2 tablet, oral, Every 4 hours PRN, mild pain (pain scale 1-3), fever. Monitor respiratory rate, May affect liver function if max daily dose exceeded

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Doctor's Signature: \_\_\_\_\_ Dictation ID # \_\_\_\_\_

NGMC PHYSICIAN ORDER # 304200130 (9/11/2017)



**NEUROSURGERY GENERAL ADMISSION**  
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**Medications: Analgesics – Moderate Pain**

- HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet; 1-2 tablet, Every 4 hours PRN, moderate pain (pain scale 4-6), Monitor respiratory rate
- HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet; 1-2 tablet, oral, Every 4 hours PRN, moderate pain (pain scale 4-6), Monitor respiratory rate
- HYDROcodone-acetaminophen (NORCO 10) 10-325 mg per tablet; 1-2 tablet, oral, Every 4 hours PRN, moderate pain (pain scale 4-6), Monitor respiratory rate
- traMADol (ULTRAM) tablet; 50-100 mg, oral, Every 6 hours PRN, moderate pain (pain scale 4-6), max dose 400mg/day
- Ketorolac (Toradol) – Choose DOSE based on AGE of patient (Avoid use if GFR less than 60)
  - If 65 years or greater, ketorolac (TORADOL) injection; 15 mg, intravenous, Every 6 hours PRN, moderate pain (pain scale 4-6), for 3 days. Use in addition to any opioids also ordered
  - If less than 65 years, ketorolac (TORADOL) injection; 30 mg, intravenous, Every 6 hours PRN, moderate pain (pain scale 4-6), for 3 days. Use in addition to any opioids also ordered

**Medications: Analgesics – Severe Pain**

- oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet; 1-2 tablet, oral, Every 4 hours PRN, severe pain (pain scale 7-10), Once tolerating oral intake, Monitor respiratory rate
- oxyCODONE-acetaminophen (PERCOCET) 7.5-325 mg per tablet; 1-2 tablet, oral, Every 4 hours PRN, severe pain (pain scale 7-10), Once tolerating oral intake, Monitor respiratory rate
- oxyCODONE-acetaminophen (PERCOCET) 10-325 mg per tablet; 1-2 tablet, oral, Every 4 hours PRN, severe pain (pain scale 7-10), Once tolerating oral intake, Monitor respiratory rate
- oxyCODONE (ROXICODONE) immediate release tablet; 5 mg, oral, Every 4 hours PRN, severe pain (pain scale 7-10), Once tolerating oral intake, Monitor respiratory rate
- oxyCODONE (ROXICODONE) immediate release tablet; 10-20 mg, oral, Every 4 hours PRN, severe pain (pain scale 7-10), Once tolerating oral intake, Monitor respiratory rate
- morphine injection; 2-4 mg, intravenous, Every 2 hours PRN, severe pain (pain scale 7-10), Monitor respiratory rate
- HYDROmorphine (DILAUDID) injection; 0.5-1 mg, intravenous, Every 3 hours PRN, severe pain (pain scale 7-10), Monitor respiratory rate

**Medications: PCA Order Set**

- SELECT PCA – SEE PCA DOWNTIME ORDER SET**

**Medications: Steroids**

- Dexamethasone Oral or IV
  - Dexamethasone (DECADRON) 4 mg/mL injection; 4 mg, intravenous, Every 6 hours scheduled
  - OR-**
  - Dexamethasone (DECADRON) tablet; 4 mg, oral, Every 6 hours scheduled. Administer with food
- Spinal Cord Injury: High Dose Methylprednisolone
  - Loading Dose: Methylprednisolone 30 mg/kg IV once STAT
    - methylPREDNISolone sod suc(PF) 30 mg/kg in sodium chloride 0.9% IVPB; 30mg/kg, intravenous, at 200 mL/hr, Once; Administer over 15 minutes, Loading dose for SCI
    - famotidine (PEPCID) injection; 20 mg, intravenous, Once, STAT. PPI/H2 Antagonist Indication: GI Prophylaxis Give with methylprednisolone loading dose for SCI; Dilute with 5-10mL of NS and administer IV push over 2 mins
    - sodium chloride 0.9% infusion; 20 mL/hr, intravenous, continuous, starting in 15 minutes, for 1 hour Give for 45 minutes after methylprednisolone loading dose infused
  - **Maintenance Dose: Choose based on time of injury**
    - 0-3 hours of Injury (Methylprednisolone infusion for 24 hours)
      - methylPREDNISolone sod suc(PF) 124.2 mg/kg in sodium chloride 0.9% infusion; 5.4 mg/kg/hr, intravenous, continuous, for 23 hours
      - famotidine (PEPCID) injection; 20 mg, intravenous, Every 12 hours, Starting in 12 hours. GI Prophylaxis

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- Give with methylprednisolone loading dose for SCI; Dilute with 5-10mL of NS and administer IV push over 2mins
- 3-8 hours of Injury (Methylprednisolone infusion for 48 hours)
    - methylPREDNISolone sod suc(PF) 124.2 mg/kg in sodium chloride 0.9% infusion; 5.4 mg/kg/hr, intravenous, continuous, for 23 hours
    - methylPREDNISolone sod suc(PF) 129.6 mg/kg in sodium chloride 0.9% infusion; 5.4 mg/kg/hr, intravenous, continuous, Starting in 23 hours, for 24 hours
    - famotidine (PEPCID) injection; 20 mg, intravenous, Every 12 hours, Starting in 12 hours. GI Prophylaxis
- Give with methylprednisolone loading dose for SCI; Dilute with 5-10mL of NS and administer IV push over 2mins

**Medications: Muscle Relaxants**

- cyclobenzaprine (FLEXERIL) tablet; 10 mg, oral, 3 times daily PRN, muscle spasms
- diazePAM (VALIUM) tablet; 5 mg, oral, Every 8 hours PRN, muscle spasms, Hold for sedation
- diazePAM (VALIUM) injection; 2 mg, intravenous, Every 8 hours PRN, muscle spasms, Hold for sedation. Do not exceed 5 mg/min, Do not dilute, RN Only medication
- methocarbamol (ROBAXIN) tablet; 1000 mg, oral, Every 6 hours PRN, muscle spasms
- baclofen (LIORESAL) tablet; 10 mg, oral, Every 6 hours PRN, muscle spasms

**Medications: Bowel Management**

- magnesium hydroxide (MILK OF MAGNESIA) 400 mg/5 mL suspension; 30 mL, oral, 2 times daily PRN, constipation  
Shake well
- docusate sodium (COLACE) capsule; 100 mg, oral, 2 times daily PRN, constipation
- polyethylene glycol (GLYCOLAX) packet; 17 g, oral, Daily PRN, constipation  
Mix into 4-8 oz. of any hot/cold/room temp. beverage; use immediately
- bisacodyl (DULCOLAX) suppository; 10 mg, rectal, Daily PRN, constipation
- senna (SENOKOT) tablet; 1 tablet, oral, 2 times daily PRN, constipation
- lactulose (CHRONULAC) 10 gram/15 mL solution; 20 g, oral, 2 times daily PRN, constipation

**Medications: Antiemetic**

- ondansetron (ZOFRAN) in sodium chloride 0.9% 50 mL IVPB; 8 mg, intravenous, at 200 mL/hr, Administer over 15 minutes, Every 8 hours PRN, nausea, vomiting. Keep refrigerated
- ondansetron (ZOFRAN) tablet; 4 mg, oral, Every 12 hours PRN, nausea, vomiting
- promethazine (PHENERGAN) in sodium chloride injection; 6.25 mg, intravenous, Every 6 hours PRN, nausea, vomiting
- promethazine (PHENERGAN) tablet; 6.25 mg, oral, Every 6 hours PRN, nausea, vomiting
- metoclopramide (REGLAN) injection; 10 mg, intravenous, Every 6 hours PRN, nausea, vomiting  
If given IV, administer IV Push over 2 to 3 minutes
- metoclopramide (REGLAN) tablet; 10 mg, oral, Every 6 hours PRN, nausea, vomiting
- Promethazine (Phenergan) IV or IM or Oral or Rectal
  - Promethazine (PHENERGAN) in sodium chloride injection; 6.25 mg, intravenous, Every 6 hours PRN, nausea, vomiting
- OR-
- Promethazine (PHENERGAN) 25 mg/mL injection; 6.25 mg, intramuscular, Every 6 hours PRN, nausea, vomiting
- OR-
- Promethazine (PHENERGAN) tablet; 6.25 mg, oral, Every 6 hours PRN, nausea, vomiting
- OR-
- Promethazine (PHENERGAN) suppository; 6.25 mg, rectal, Every 6 hours PRN, nausea, vomiting. Keep refrigerated

**Medications: Antiemetic (cont.)**

- Metoclopramide (Reglan) IV or Oral
    - Metoclopramide (REGLAN) injection; 10 mg, intravenous, Every 6 hours PRN, nausea, vomiting  
If given IV, administer IV Push over 2 to 3 minutes
- OR-

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- Metoclopramide (REGLAN) tablet; 10 mg, oral, Every 6 hours PRN, nausea, vomiting

**Medications: Antipruritics**

- Diphenhydramine Oral or IV
  - Diphenhydramine (BENADRYL) injection; 25-50 mg, intravenous, Every 8 hours PRN, itching, pruritis
  - OR-
  - Diphenhydramine (BENADRYL) capsule; 25-50 mg, oral, Every 8 hours PRN, itching, pruritis

**Medications: Stress Ulcer Prophylaxis**

- Famotidine (Pepcid) Oral or IV
  - Famotidine (Pepcid) tablet; 20 mg, oral, 2 times daily, Give IV when not tolerating oral intake. GI Prophylaxis
  - OR-
  - Famotidine (Pepcid) injection; 20 mg, intravenous, 2 times daily, Give orally when tolerating oral intake Dilute with 5-10 mL of NS and administer IV push over 2 minutes. PPI/H2 Antagonist Indication: GI Prophylaxis
- Pantoprazole (Protonix) IV or Oral
  - Pantoprazole (Protonix) EC tablet; 40 mg, oral, Nightly. PPI/H2 Antagonist Indication: GI Prophylaxis Give IV when not tolerating oral intake. Do not crush
  - OR-
  - Pantoprazole (Protonix) IV; 40 mg, intravenous, Nightly. PPI/H2 Antagonist Indication: GI Prophylaxis Give orally when tolerating oral intake. Dilute vial with 10 mL NS for IV administration Use dedicated line or flush with NS before and after administration

**Labs**

- |  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> Comprehensive Metabolic Panel                       | <input type="checkbox"/> Once: <input type="checkbox"/> Routine <input type="checkbox"/> STAT | <input type="checkbox"/> In AM |
| <input type="checkbox"/> Basic Metabolic Panel                               | <input type="checkbox"/> Once: <input type="checkbox"/> Routine <input type="checkbox"/> STAT | <input type="checkbox"/> In AM |
| <input type="checkbox"/> CBC w/ Auto Differential                            | <input type="checkbox"/> Once: <input type="checkbox"/> Routine <input type="checkbox"/> STAT | <input type="checkbox"/> In AM |
| <input type="checkbox"/> Sedimentation rate, automated                       | <input type="checkbox"/> Once: <input type="checkbox"/> Routine <input type="checkbox"/> STAT | <input type="checkbox"/> In AM |
| <input type="checkbox"/> Protime-INR   | <input type="checkbox"/> Once: <input type="checkbox"/> Routine <input type="checkbox"/> STAT | <input type="checkbox"/> In AM |
| <input type="checkbox"/> APTT  | <input type="checkbox"/> Once: <input type="checkbox"/> Routine <input type="checkbox"/> STAT | <input type="checkbox"/> In AM |
| <input type="checkbox"/> Urinalysis, Complete, w/ Reflex Culture             | <input type="checkbox"/> Once: <input type="checkbox"/> Routine <input type="checkbox"/> STAT | <input type="checkbox"/> In AM |
| <input type="checkbox"/> Renal function panel                                | <input type="checkbox"/> Once: <input type="checkbox"/> Routine <input type="checkbox"/> STAT | <input type="checkbox"/> In AM |
| <input type="checkbox"/> C-reactive protein                                  | <input type="checkbox"/> Once: <input type="checkbox"/> Routine <input type="checkbox"/> STAT | <input type="checkbox"/> In AM |
| <input type="checkbox"/> Hemoglobin and hematocrit, blood                    | <input type="checkbox"/> Once: <input type="checkbox"/> Routine <input type="checkbox"/> STAT | <input type="checkbox"/> In AM |
| <input type="checkbox"/> Prelime Type and Screen – (For lumbar fusions only) | <input type="checkbox"/> Once: <input type="checkbox"/> Routine <input type="checkbox"/> STAT | <input type="checkbox"/> In AM |

**Imaging: X-Ray (Chest XR if patient is 70 years of age or older and no available chest XR in the past year)**

- X-ray chest 2 views – PA / LAT, Once Portable Reason for exam: \_\_\_\_\_
- X-ray chest portable, Once Reason for exam: \_\_\_\_\_

**Imaging: Cardiology**

- EKG 12 lead, Once Reason for exam: \_\_\_\_\_
- Transcranial Doppler Complete, Once Reason for exam: \_\_\_\_\_

**Imaging: MRI**

- Process Instructions: Patient needs to be NPO for four hours prior to exam.  
Patient should bring pain meds to be able to lie still and/or for pain control.  
Remove jewelry, hair pins, loose fitting dentures and other articles containing metal prior to sending patient to procedure.*
- MRA Head WO Contrast, Once Reason for exam: \_\_\_\_\_
    - Does the patient have a brain aneurysm clip? Yes No
    - Does the patient have a pacemaker? Yes No

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- Does the patient have a history of allergic reaction to MRI contrast dye Gadolinium? Yes No
- MRA Head W WO Contrast, Once      **Reason for exam:** \_\_\_\_\_
  - Does the patient have a brain aneurysm clip? Yes No
  - Does the patient have a pacemaker? Yes No
  - Does the patient have a history of allergic reaction to MRI contrast dye Gadolinium? Yes No
- MRI Brain WO Contrast, Once      **Reason for exam:** \_\_\_\_\_
  - Does the patient have a brain aneurysm clip? Yes No
  - Does the patient have a pacemaker? Yes No
  - Does the patient have a history of allergic reaction to MRI contrast dye Gadolinium? Yes No
- MRI Brain W WO Contrast, Once      **Reason for exam:** \_\_\_\_\_
  - Does the patient have a brain aneurysm clip? Yes No
  - Does the patient have a pacemaker? Yes No
  - Does the patient have a history of allergic reaction to MRI contrast dye Gadolinium? Yes No
- MRI Cervical Spine WO Contrast, Once      **Reason for exam:** \_\_\_\_\_
  - Does the patient have a brain aneurysm clip? Yes No
  - Does the patient have a pacemaker? Yes No
  - Does the patient have a history of allergic reaction to MRI contrast dye Gadolinium? Yes No
- MRI Thoracic Spine WO Contrast, Once      **Reason for exam:** \_\_\_\_\_
  - Does the patient have a brain aneurysm clip? Yes No
  - Does the patient have a pacemaker? Yes No
  - Does the patient have a history of allergic reaction to MRI contrast dye Gadolinium? Yes No
- MRI Lumbar Spine WO Contrast, Once      **Reason for exam:** \_\_\_\_\_
  - Does the patient have a brain aneurysm clip? Yes No
  - Does the patient have a pacemaker? Yes No
  - Does the patient have a history of allergic reaction to MRI contrast dye Gadolinium? Yes No

**Imaging: CT**

*Process Instructions for lab:*

Creatinine within 24 hours of exam

**-OR-**

eGFR within 24 hours of exam

*Process Instructions for Patient with Allergies:*

If patient has an allergy to IV contrast, the patient will need to be pre-medicated (CHOOSE ONE GROUP)

12 Hours Prep:

Medrol (Solumedrol 32 mg) Oral 12 hrs and 2 hrs prior to exam. Then, Benadryl 50 mg PO one hour prior to exam

**-OR-**

12 Hours Prep Alternative:

Prednisone 50 mg Oral 12 hrs, 6 hrs and 1 hour prior to exam. Then, Benadryl 50 mg Oral one hour prior to exam

**-OR-**

24/12 Hours Prep Alternative:

Prednisone 40 mg Oral 24, 12 and 2 hours prior to exam. Then, Benadryl 50 mg Oral one hour prior to exam

- CTA Brain, Once      **Reason for exam:** \_\_\_\_\_
  - Does the patient have any history of allergic reaction during injection of intravenous contrast? Yes No
- CT Brain WO IV Contrast, Once      **Reason for exam:** \_\_\_\_\_
  - Does the patient have any history of allergic reaction during injection of intravenous contrast? Yes No
- CT Brain W and WO IV Contrast, Once      **Reason for exam:** \_\_\_\_\_
  - Does the patient have any history of allergic reaction during injection of intravenous contrast? Yes No
- CT Cervical Spine WO IV Contrast, Once      **Reason for exam:** \_\_\_\_\_

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- CT Lumbar Spine WO Contrast, Once      **Reason for exam:** \_\_\_\_\_
- CT Thoracic Spine WO IV Contrast, Once      **Reason for exam:** \_\_\_\_\_

**Physician Consults**

To Consult MD(s) \_\_\_\_\_  
Reason for consult: \_\_\_\_\_

**Ancillary Consults**

- Case Management       Diabetes Educator       Dietician       Hospice
  - Laurelwood Intake       PT eval and treat       OT eval and treat       SLP eval and treat
  - Respiratory Care       Social Work       WOC
- Reason for consult: \_\_\_\_\_

**Other Orders/Comments:**

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