UMC Health System		Patient Label Here			
EXTERNAL VENTRICULAR DRAIN PLAN					
	PHYSICIAN ORDERS				
Diagnos	is				
Weight	Allergies				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	Patient Care				
	Maintain External Ventricular Drain Zero At: opening of ear, and level drain qShift				
	Strict Drain/Tube Output				
	ICP Monitoring				
	Perform Neurological Checks				
	Wound Care by Nursing Place CVL dressing, Located: at Insertion Site, Change PRN				
	Communication				
	Notify Nurse (DO NOT USE FOR MEDS) Clamp drain when moving patient then, re-open. DO NOT clamp drain more than 15 min at a time.				
	Notify Nurse (DO NOT USE FOR MEDS) Date and time the EVD tubing. Nofity Neurosurgery team 1 week after placement.				
	Notify Provider (Misc) Reason: if draining less than 10 ml/hr or more than 30 ml/hr.				
	Notify Provider (Misc) Reason: for acute change in ICP.				
	Notify Provider (Misc)         Reason: if there is any leaking or drainage at EVD site,         Notify Provider (Misc)         Reason: if any growth in CSF culture.         Notify Provider (Misc)         Reason: if change in characteristic of CSF (i.e. blood/sediment.)				
	Notify Provider (Misc) Reason: if any change in neurological status.				
	IV Solutions         NS (NS bolus)         mL, IV, iv soln, q24h, PRN, Infuse over 4 hr, to replace EVD output.         To replace EVD output every 24 hrs         mL, IV, iv soln, q24h, PRN, Infuse over 6 hr, to replace EVD output.         To replace EVD output every 24 hrs				
	Medications				
	Medication sentences are per dose. You will need to calculate a tot	al daily dose if needed.			
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Take	en by Signature:	Date	Time		
Physician Signature:		Date	Time		



UMC Health System		Patient Label Here			
EXTERNAL VENTRICULAR DRAIN PLAN					
	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific ord	er detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	<b>ceFAZolin</b> ☐ 1 g, IVPush, inj, q8h Reconstitute with 10 mL of Sterile Water or NS Administer IV Push over 3 minutes				
	vancomycin I 1,000 mg, IVPB, ivpb, q12h, Infuse over 90 min				
	Laboratory				
	CSF Cell Count and Differential				
	CSF Cell Count and Differential Routine, T+2;N				
	CSF Glucose Level				
	CSF Glucose Level				
	CSF Protein				
	CSF Protein				
	Culture CSF with Gram Stain Cerebral Spinal Fluid, Routine, T;N				
	Culture CSF with Gram Stain Cerebral Spinal Fluid, Routine, T+2;N				
	CSF Lactate Dehydrogenase				
	CSF Lactate Dehydrogenase				
	Bacterial Meningitis Antigen Panel				
	Bacterial Meningitis Antigen Panel				
	Cryptococcal Antigen Test Cerebral Spinal Fluid, Routine, T;N				
	Cryptococcal Antigen Test Cerebral Spinal Fluid, Routine, T+2;N				
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Taken by Signature:		Date	Time		
		 D.:/:			

Physician Signature:

