NEURO 3% HYPERTONIC SALINE PLAN

Patient Label Here

Diognos	PHYSICIAN ORDERS				
Weight	agnosis				
	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				
	For Administration of 3% Sodium Chloride in treatment of CEREBRAL EDEMA and ELEVATED INTRACRANIAL PRESSURE				
	3% Sodium Chloride may be administered in critical care areas (ED, ICU, PACU) and intermediate care units (5E, 3ET ICCU).				
	3% Sodium Chloride should be infused through a CENTRAL LINE to decrease the risk of phlebitis. (1,027mOsm/L; sodium content 513mEq/L)				
	When a central line is not available, 3% Sodium Chloride may be infused through a peripheral line (i.e., 20 gauge or larger) into a large patent vein (i.e., antecubital fossa vein or larger).				
	Notify Provider (Misc) ☐ T;N, Notify Neurocritical Care Team, Reason: Concern for thrombophlebitis or extravasation of a peripheral line				
	Sodium Goal: 145-155 mMol/L				
	Sodium Level Routine, T;N, q4h, Comment: During 3% NS infusion				
	Notify Provider (Misc) (Notify Provider of Results) T;N, Notify Neurocritical Care Team, Reason: If sodium is outside of the range of 145-155 mMol/L.				
	Osmolarity Goal: 300-320 mOsm/L				
	Osmolality Routine, T;N, q4h, Comment: During 3% NS infusion				
	Notify Provider (Misc) (Notify Provider of Results) T;N, Notify Neurocritical Care Team, Reason: If Osmolality is outside of the range of 300-320 mOsm/L.				
	Notify Nurse (DO NOT USE FOR MEDS) ☐ T;N, Keep patient normovolemic and normotensive				
	****Infusion Rate: 1-2 mL/kg/hr based on IDEAL BODY WEIGHT*****				
	sodium chloride 3% (sodium chloride 3% infusion) IV, mL/kg/hr				
	****Infusion Rate: 1-2 mL/kg/dose based on IDEAL BODY WEIGHT***** 3% Sodium Chloride should be infused through a CENTRAL LINE to decrease the risk of phlebitis. (1,027mOsm/L; sodium content 513mEq/L) When a central line is not available, 3% Sodium Chloride may be infused through a peripheral line (i.e., 20 gauge or larger) into a large patent vein (i.e., antecubital fossa vein or larger).				
	Max Rate: 100 mL/hr				
	Monitor serum sodium & osmolarity every 4 hours. Sodium Goal: 145-155 mMol/L Serum Osmolarity: 300-320 mOsm/L Continued on next page				
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan				
Order Take	en by Signature: Date Time				

_____Time ____

Date ____

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Physician Signature: ____

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	PHYSIC	IAN ORDERS			
	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				
	****Intermittent Dosing: 0.25-1 mL/kg/dose based on IDEAL BODY WE	EIGHT****			
	For administration of 3% Sodium Chloride in treatment of HYPONATREMIA				
	3% Sodium Chloride may be administered in critical care areas (ED, ICU, PACU) and intermediate care units (5E, 3ET ICCU).				
	3% Sodium Chloride should be infused through a CENTRAL LINE to decrease the risk of phlebitis. (1,027mOsm/L; sodium content 513mEq/L)				
	When a central line is not available, 3% Sodium Chloride may be infused through a peripheral line (i.e., 20 gauge or larger) into a large patent vein (i.e., antecubital fossa vein or larger).				
	Notify Provider (Misc) (Notify Provider of Results) ☐ T;N, Notify Neurocritical Care Team, Reason: If sodium is greater the is not within ordered range despite receiving hypertonic saline	nan 155 mMol/L, if sodium is less	than 135mMol/L, or if sodium		
	Sodium Level Routine, T;N, q2h, Comment: during 3% NS infusion				
	Basic Metabolic Panel (BMP) ☐ Routine, T;N, q2h, Comment: during 3% NS infusion				
	Strict Intake and Output (Strict I & O) ☐ q1h				
	Vital Signs ☐ Per Unit Standards				
	Perform Neurological Checks (Neuro Checks) ☐ q2h, For symptomatic patients				
	Notify Nurse (DO NOT USE FOR MEDS) ☐ T;N, Monitor for signs of hypernatremia.				
	****Infusion Rate: 0.35-0.7 mL/kg/hr based on IDEAL BODY WEIGHT*****				
	sodium chloride 3% (sodium chloride 3% infusion) IV, mL/kg/hr ****Infusion Rate: 0.35-0.7 mL/kg/dose based on IDEAL BODY WEIGHT*****				
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	Max Rate: 100 mL/hr				
ļ	Monitor serum sodium every 2 hours during infusion. Continued on next page				
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Order Taken by Signature:		Date	Time		
Physician Signature:		Date	Time		

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	****Intermittent Dosing: 0.25-1 mL/kg/dose based on IDEAL BODY WEIGH	T****			
	Management of Extravasation of 3% Sodium Chloride (3% Hypertonic Saline)				
	Notify Nurse (DO NOT USE FOR MEDS) T;N, Stop infusion immediately and disconnect (leave cannula in place)				
	Notify Nurse (DO NOT USE FOR MEDS) T;N, Aspirate Extravasated Solution (Do NOT flush line)				
	Notify Nurse (DO NOT USE FOR MEDS) T;N, After infusion of Hyaluronidase antidote remove cannula, elevate extremity, apply dry cold compress				
	hyaluronidase ☐ 150 units, locally, soln, ONE TIME 150 units = 1 mL				
	Give five 0.2 mL to 0.3 mL intradermal or subcutaneous injections (using leading edge in a clockwise manner.	ga 25-gauge needle) into the are	ea of extravasation at the		
	Patient Care				
	Perform Neurological Checks (Neuro Checks) ☐ Routine, q1h, For cerebral edema				
	IV Solutions				
	TV Schalene				
	sodium chloride 3% (sodium chloride 3% Bolus) mL/kg, IVPB, ivpb, q2h, PRN other, Infuse over 30 min ****Intermittent Dosing: 0.25-1 mL/kg/dose based on IDEAL BODY WEIG	GHT****			
	sodium chloride 3% (sodium chloride 3% Bolus) mL/kg, IVPB, ivpb, q2h, PRN other, Infuse over 30 min	crease the risk of phlebitis. (1,02			
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