

UMC Health System NORMOTHERMIA NEURO ICU PLAN - Phase: Normothermia Phase	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

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

This plan should be initiated in the event patient's temperature is greater than 38 degrees Celsius.

Notify Nurse (DO NOT USE FOR MEDS)

T;N, Record temperature hourly when this plan is initiated

Temperature Greater Than 38 Degrees Celcius after one hours post Acetaminophe Administration

K Thermia (Cooling Blanket)

Temperature Greater than 38 Degrees Celcius after two hours on Cooling Blanket

Notify Nurse (DO NOT USE FOR MEDS)

T;N, Place Ice Packs to axillae and groin

Communication

Notify Nurse (DO NOT USE FOR MEDS)

T;N, Place patient on Artic Sun; Set temp to 37 Celsius, turn off cooling after 72 hours. Maintaint temp less than 38 degrees for 24 hours. If fever returns , turn back on and notify physician

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

acetaminophen

650 mg, PO, liq, q4h

Do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***

Discontinue when normothermic (temperature less than 38 degrees C) x 24 hours

650 mg, rectally, supp, q4h

Do not exceed 4,000 mg of acetaminophen from all sources in 24 hour***

Discontinue when normothermic (temperature less than 38 degrees C) x 24 hours

Respiratory

Notify RT

Set vent heater to less than or equal to 37 degrees celsius

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TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



NORMOTHERMIA NEURO ICU PLAN
- Phase: Shivering Maintenance Phase

PHYSICIAN 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
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	busPIRone <input type="checkbox"/> 5 mg, PO, tab, BID
	meperidine <input type="checkbox"/> 12.5 mg, IVPush, inj, q6h, PRN shivering
Continuous Infusion	
	Magnesium Sulfate Continuous 8 g/500 mL (Magnesium Sulfate Continuous 8 g/500 mL NS) <input type="checkbox"/> Start at rate: _____ g/hr Goal Magnesium Level: 3-4 mg/dL <input type="checkbox"/> IV Goal Magnesium Level: 3-4 mg/dL
	fentaNYL 1,000 mcg/100 mL NS - BSAS Titr (fentaNYL 1,000 mcg/100 mL NS - BSAS Titratable) <input type="checkbox"/> IV, mcg/hr, Max titration: 25 mcg/hr 10 minutes, Max dose: 200 mcg/hr, 0 - No Shivering <input type="checkbox"/> Start at rate: _____ mcg/hr
	dexmedetomidine 400 mcg/100 mL - BSAS Ti (dexmedetomidine 400 mcg/100 mL - BSAS Titratable) <input type="checkbox"/> IV, Max titration: 0.2 mcg/kg/hr 30 minutes, Max dose: 1.5 mcg/kg/hr, 0 - No Shivering <input type="checkbox"/> Start at rate: _____ mcg/kg/hr
	propofol 1,000 mg/100 mL (Brand) - Titra (propofol 1,000 mg/100 mL (Brand) - Titratable) <input type="checkbox"/> IV, Max titration: 5 mcg/kg/min every 5 min, Max dose: 50 mcg/kg/min, Primary titration goal: BSAS = 0 No Shivering <input type="checkbox"/> Start at rate: _____ mcg/kg/min
Laboratory	
	Magnesium Level <input type="checkbox"/> Routine, T;N, q12h

TO Read Back

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Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

