PICU TRAUMATIC BRAIN INJURY (TBI) PLAN

Patient Label Here

	PHYSICIAN ORDERS			
Diagnos	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			
	Patient Activity ☐ Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees ☐ Maintain head midline, Maintain cervical spine precautions/full spine precautions			
	Perform Neurological Checks ☐ Special Instructions, with Vital Signs ☐ q30min ☐ q1b ☐ q1b			
	Pupil Exam by Pupillometer			
	Cerebral Perfusion Pressure Monitoring			
	ICP Monitoring			
	Set Up for External Ventricular Device P (Set Up for External Ventricular Device Placement)			
	Maintain External Ventricular Drain			
	Communication			
	Notify Provider of VS Parameters Temp Greater Than 37.5 C, Temp Less Than 36 C, pCO2 less than 35 mmHg, or pCO2 greater than 40 mmHg			
	Notify Provider of VS Parameters CPP Less Than 40 mmHg, For patients less than 2 months of age			
	Notify Provider of VS Parameters ☐ CPP Less Than 45 mmHg, For patients 2 months to 1 year old			
	Notify Provider of VS Parameters CPP Less Than 50 mmHg, For patients 1 to 12 years old			
	Notify Provider of VS Parameters CPP Less Than 60 mmHg, For patients greater than 12 years old			
	Notify Provider (Misc) (Notify Provider of Results) ☐ Reason: Serum sodium less than 145 mEq/dL or greater than 150 mEq/dL			
	Notify Nurse (DO NOT USE FOR MEDS) Maintain C-Collar			
	Notify Nurse (DO NOT USE FOR MEDS) Maintain minimal stimulation			
	Notify Nurse (DO NOT USE FOR MEDS) Place earplugs if no CSF otorrhea, nor skull fracture. Apply bilaterally if possible.			
	Medications			
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.			
	CNS Medications			
	Loading Dose			
□то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan			
Order Take	n by Signature: Date Time			
Physician S	Signature: Date Time			

PICU TRAUMATIC BRAIN INJURY (TBI) PLAN

Pati	ent	Label	Here

PHYSICIAN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND a	n "x" in the specific order deta	nil box(es) where applicable.
ORDER	ORDER DETAILS		
	levETIRAcetam (levETIRAcetam pediatric) 20 mg/kg, IVPB syr, syringe, ONE TIME		
	PHENobarbital (PHENobarbital pediatric) 20 mg/kg, IVPush, inj, ONE TIME		
	fosphenytoin (fosphenytoin pediatric) 20 mg/kg, IVPush, inj, ONE TIME		
	Maintenance Dose		
	levETIRAcetam (levETIRAcetam pediatric) 10 mg/kg, IVPB syr, syringe, q12h		
	PHENobarbital (PHENobarbital pediatric) ☐ 2.5 mg/kg, IVPush, inj, q12h ☐ 5 mg/kg, IVPush, inj, q24h ☐	4 mg/kg, IVPush, inj, q12h	
		2.5 mg/kg, IVPush, inj, q8h 4 mg/kg, IVPush, inj, q12h	
	Anti-convulsants		
	LORazepam (LORazepam pediatric) 0.1 mg/kg, IVPush, inj, q1h, PRN seizure activity Maximum recommended dose is 4 mg.		
	Intracranial Pressure Management		
	sodium chloride 3% (sodium chloride 3% Bolus) 2 mL/kg, IV, iv soln, ONE TIME, Infuse over 30 min 10 mL/kg, IV, iv soln, ONE TIME, Infuse over 30 min	4 mL/kg, IV, iv soln, ONE TIME,	Infuse over 30 min
	sodium chloride 3% (sodium chloride 3% infusion) IV, 0.1 mL/kg/hr Recommended rate is 0.1 to 1 mL/kg/hr to maintain intracranial pressure LESS than 20 mmHg and Serum Osmolality LESS than 310 mC kg. Provider order required for all rate changes. IV, 0.25 mL/kg/hr Recommended rate is 0.1 to 1 mL/kg/hr to maintain intracranial pressure LESS than 20 mmHg and Serum Osmolality LESS than 310 mC kg. Provider order required for all rate changes. IV, 0.5 mL/kg/hr Recommended rate is 0.1 to 1 mL/kg/hr to maintain intracranial pressure LESS than 20 mmHg and Serum Osmolality LESS than 310 mC kg. Provider order required for all rate changes. IV, 1 mL/kg/hr Recommended rate is 0.1 to 1 mL/kg/hr to maintain intracranial pressure LESS than 20 mmHg and Serum Osmolality LESS than 310 mC kg. Provider order required for all rate changes. Ontinued on next page		
□ то	☐ Read Back ☐ S	canned Powerchart	Scanned PharmScan
Order Take	en by Signature:	Date	Time
Physician S	Signature:	Date	Time

PICU TRAUMATIC BRAIN INJURY (TBI) PLAN

Patient Label Here

	PHYSICIAN ORDERS		
1	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		
	If both a ONE TIME and PRN mannitol 20% orders are needed, order separately		
	ONE TIME mannitol		
	mannitol (mannitol 20% intravenous solution) 0.5 g/kg, IVPB, iv soln, ONE TIME, Infuse over 30 min 2 g/kg, IVPB, iv soln, ONE TIME, Infuse over 30 min		
	PRN mannitol		
	mannitol (mannitol 20% intravenous solution) ☐ 0.5 g/kg, IVPB, iv soln, as needed, PRN other, Infuse over 30 min For intracranial pressure GREATER than 20 mmHg and Serum Osmolality LESS than 310 mOsmol/kg ☐ 1 g/kg, IVPB, iv soln, as needed, PRN other, Infuse over 30 min For intracranial pressure GREATER than 20 mmHg and Serum Osmolality LESS than 310 mOsmol/kg		
	Immunizations		
	For patients 2 months - 10 years of age - Per CDC, routine use is not recommended. Use only in patients at increased risk for meningococcal disease.		
	meningococcal conjugate vaccine (meningococcal conjugate vaccine oligosaccharide - MENVEO) 0.5 mL, IM, inj, ONE TIME		
	For patients GREATER than or EQUAL to 10 years of age.		
	meningococcal group B vaccine 0.5 mL, IM, inj, ONE TIME		
	Pneumococcal Vaccines (review recommendations)		
	Pneumococcal Vaccination Recommendations ☐ ***See Reference Text***		
	For patients 2 - 24 months of age. Certain older children may need PCV13 and/or PPSV 23 - refer to CDC Pneumococcal Vaccination Recommendations.		
	pneumococcal 13-valent conjugate vaccine (pneumococcal 13-valent conjugate vaccine intramuscular suspension) 0.5 mL, IM, inj, ONE TIME		
	For patients GREATER than 24 months of age. Certain older children may need PCV13 and/or PPSV 23 - refer to CDC Pneumococcal Vaccination Recommendations.		
	pneumococcal 23-polyvalent vaccine (pneumococcal 23-polyvalent vaccine injectable solution) 0.5 mL, IM, inj, ONE TIME		
	Laboratory		
	CSF Cell Count and Differential STAT		
	CSF Glucose Level STAT		
	CSF Protein STAT		
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan		
Order Take	n by Signature: Date Time		
Physician S	Signature: Date Time		

PICU TRAUMATIC BRAIN INJURY (TBI) PLAN

Patient L	abel Here
-----------	-----------

	,		
	PHYSICIAN ORDERS		
	Place an "X" in the Orders column to designate orders of choice AN		letail hox(es) where applicable
		Bull X III tile opeeille order t	retuil bex(es) where applicable.
	Diagnostic Tests		
	CT Head w/o		
	MRI C-Spine w/o ☐ STAT		
	MRI Brain w/o		
	STAT		
	EEG Request		
	STAT		
□то	☐ Read Back	Scanned Powerchart [Scanned PharmScan
0		L	
Order Take	n by Signature:	Date	Time
Physician Signature:		Date	Time