

UMC Health System POST NEUROINTERVENTION PLAN	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

Vital Signs
 Per Unit Standards

Perform Neurological Checks
 Special Instructions, q1h x 2, then q2h x 1, then per unit standards

Pupil Exam by Pupillometer

Notify Nurse (DO NOT USE FOR MEDS)
 If Brachial Approach: a. bed rest for 2 hrs, then up if BP stable with standing. b. leave forearm comfortable and mildly flexed. c. no circumferential dressing.

Notify Nurse (DO NOT USE FOR MEDS)
 Check peripheral pulse distal to the cath site. If pulse is absent, verify with Doppler and check Cath Lab Op Record and Progress Notes. If this is a new finding, notify provider.

Arterial Pressure Monitoring

Daily Weight

Patient Activity
 Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees, Bedrest x 2 hrs with leg straight. Patient may lie on side with leg straight. After bedrest period is over, Up ad lib, activity as tolerated, assist as needed.
 Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees, Bedrest x 2 hrs with leg straight. Patient may lie on side with leg straight. After bedrest period is over, initiate progressive mobility protocol.
 Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees, Bedrest x 6 hrs with leg straight. Patient may lie on side with leg straight. After bedrest period is over, Up ad lib, activity as tolerated, assist as needed.
 Bedrest, Bed Position: HOB Greater Than or Equal to 30 degrees, Bedrest x 6 hrs with leg straight. Patient may lie on side with leg straight. After bedrest period is over, initiate ICU progressive mobility guidelines.

Strict Intake and Output
 Per Unit Standards

Insert Urinary Catheter
 Foley, To: Dependent Drainage Bag, PRN urinary retention

Discontinue Urinary Catheter
 DC Urinary Catheter, upon arrival to unit
 DC Urinary Catheter, after completion of bedrest, post sheath removal

Discontinue Dressing
 Located: Neurointerventional puncture site dressing, discontinue 24 hours after the procedure. Keep site clean.

Nursing Swallowing Screen

Communication

Instruct Patient
 Instruct Patient On: Other Advise patient to avoid strenuous activity/exercise, and to not lift more than 10 pounds for 2 weeks

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Dietary	
NPO Diet <input type="checkbox"/> NPO <input type="checkbox"/> NPO, Except Meds, Except Ice Chips	<input type="checkbox"/> NPO, Except Meds <input type="checkbox"/> NPO After Midnight

Oral Diet <input type="checkbox"/> Regular Diet, if patient passes swallow screen <input type="checkbox"/> Carbohydrate Controlled (1600 calories) Diet, if patient passes swallow screen <input type="checkbox"/> Carbohydrate Controlled (2000 calories) Diet, if patient passes swallow screen	<input type="checkbox"/> Heart Healthy Diet, if patient passes swallow screen
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IV Solutions	
NS <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr	<input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr

NS + 20 mEq KCl/L <input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 125 mL/hr	<input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 150 mL/hr
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Medications

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

oxyCODONE <input type="checkbox"/> 5 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6)	
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Respiratory

Oxygen (O2) Therapy <input type="checkbox"/> Via: Nasal cannula, Keep sats greater than: 92%	
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...Additional Orders

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
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Patient Care

Perform Bladder Scan

Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.

Medications

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

menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)

1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat

dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)

10 mL, PO, liq, q4h, PRN cough

dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew)

15 mL, swish & spit, liq, q2h, PRN mucositis
While awake

Anti-pyretics

Select only ONE of the following for fever

acetaminophen

500 mg, PO, tab, q4h, PRN fever
Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.

1,000 mg, PO, tab, q6h, PRN fever
Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.

ibuprofen

200 mg, PO, tab, q4h, PRN fever
Do not exceed 3,200 mg in 24 hours. Give with food.

400 mg, PO, tab, q4h, PRN fever
Do not exceed 3,200 mg in 24 hours. Give with food.

Analgesics for Mild Pain

Select only ONE of the following for mild pain

acetaminophen

500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)

Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.

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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
	<input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered. <input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.
	ibuprofen <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***. Give with food.
Analgesics for Moderate Pain	
	Select only ONE of the following for moderate pain HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use ____ if ordered. <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If hydrocodone/acetaminophen contraindicated or ineffective, use ____ if ordered.
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use ____ if ordered. <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective, use ____ if ordered.
	traMADol <input type="checkbox"/> 50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use ____ if ordered. <input type="checkbox"/> 50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use ____ if ordered.
	ketorolac <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access*** If ketorolac contraindicated or ineffective, use ____ if ordered.
Analgesics for Severe Pain	
	Select only ONE of the following for severe pain morphine <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered. <input type="checkbox"/> 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) If morphine contraindicated or ineffective, use hydromorphone if ordered.

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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
	HYDRomorphone <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
Antiemetics	
	Select only ONE of the following for nausea promethazine <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered. <input type="checkbox"/> 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered.
Gastrointestinal Agents	
	Select only ONE of the following for constipation docusate <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation If docusate contraindicated or ineffective, use bisacodyl if ordered. <input type="checkbox"/> 100 mg, PO, cap, Daily Do not crush or chew.
	bisacodyl <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation
Antacids	
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.
	simethicone <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
Anxiety	
	Select only ONE of the following for anxiety ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety
	LORazepam <input type="checkbox"/> 0.5 mg, IVPush, inj, q6h, PRN anxiety <input type="checkbox"/> 1 mg, IVPush, inj, q6h, PRN anxiety
Insomnia	
	Select only ONE of the following for insomnia ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, Nightly, PRN insomnia
	LORazepam <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	zolpidem <input type="checkbox"/> 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective
Antihistamines	
	diphenhydrAMINE <input type="checkbox"/> 25 mg, PO, cap, q4h, PRN itching <input type="checkbox"/> 25 mg, IVPush, inj, q4h, PRN itching
Anorectal Preparations	
	Select only ONE of the following for hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) <input type="checkbox"/> 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment) <input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area

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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
Patient Care	
	Perform Bladder Scan <input type="checkbox"/> Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge) <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
	melatonin <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia
Analgesics for Mild Pain	
	Select only ONE of the following for Mild Pain acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	ibuprofen <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.
Analgesics for Moderate Pain	
	Select only ONE of the following for Moderate Pain HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours ****
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) ***** Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*****
Analgesics for Severe Pain	
	Select only ONE of the following for Severe Pain morphine <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
	HYDROmorphone <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
Antiemetics	

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ORDER	ORDER DETAILS
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea
Gastrointestinal Agents	
	Select only ONE of the following for constipation docusate <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation
	bisacodyl <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation
Antacids	
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.
	simethicone <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
Anti-pyretics	
	Select only ONE of the following for fever acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	ibuprofen <input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. <input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.
Anorectal Preparations	
	Select only ONE of the following for hemorrhoid care witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad) <input type="checkbox"/> 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment) <input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area

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PAIN MANAGEMENT - ALTERNATING SCHEDULED MEDS

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.	
	<p>The following scheduled orders will alternate every 4 hours.</p> <p>ibuprofen <input type="checkbox"/> 400 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.</p>
	<p>acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q8h, x 3 days To be alternated with ibuprofen every 4 hours. Do not exceed 4000 mg of acetaminophen per day from all sources.</p>
	<p>For renally impaired patients: The following scheduled orders will alternate every 4 hours.</p> <p>traMADol <input type="checkbox"/> 50 mg, PO, tab, q8h, x 3 days To be alternated with acetaminophen every 4 hours.</p>
	<p>acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q8h, x 3 days To be alternated with tramadol every 4 hours. Do not exceed 4000 mg of acetaminophen per day from all sources.</p>

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