Craniotomy Postoperative Care

General

To see related evidence/reminders, click on the link.

Admit to Service Order

☐ CVU

☐ ICU

Transfer Patient Order

☐ CVU

☐ ICU

☒ Diagnosis:

Vital signs

☒ Every 15 minutes for 1 hour, every 30 minutes for 1 hour, every hour for 4 hours, then every 4 hours

☐ every 4 hours

Resuscitation status

☒ Attempt CPR, Full Code

☐ No CPR, May Intubate

☐ No CPR, CPAP/BIPAP Only

☐ DNR, Palliative Care Only

VTE Risk

☐ High risk - surgery, 40-60 years of age, major trauma, spinal injury, 3 or more additional risk factors present

☐ Low risk - minor surgery, less than 40 years of age, patient is ambulatory, no additional risk factors present

☐ Moderate risk - minor surgery, 40-60 years of age, 1-2 additional risk factors present

☒ VTE prophylaxis not necessary, patient is ambulatory (may not use for the SCIP patient)

Contraindications to pharmacologic therapy

☒ Comfort care measures

☐ Medical Contraindication - blood coagulation disorder, abnormal aPTT, platelets less than 50,000/dL, recent intracranial bleed, uncontrolled hypertension, active bleed, history of Heparin Induced Thrombocytopenia

☒ Surgical Contraindication - spinal tap or epidural within 12 hours, head trauma, head or eye surgery less than 3 months old

☐ Patient refused

☐ Enrolled in clinical trial

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Physician/Date/Time: ____________________ Nurse/Date/Time: ____________________ Secretary/Date/Time: ____________________
Contraindications for mechanical therapy
- Edema of leg
- Patient refused
- Comfort care measures
- History of lower limb amputation
- Dermatitis
- Deformity of leg
- Peripheral vascular disease
- DVT

Pneumatic Comp Device (foot)
- Both
- Left
- Right

Pneumatic Comp Device (calf)
- Both
- Left
- Right
- Other _______________________________________________________________________

Diet
- CLEAR LIQUIDS DIET
- Other _______________________________________________________________________

Activity
- Bed rest, may sit up in bed POD two
- Ambulate with assistance as tolerated next morning
- Elevate head of bed 30 degrees
- ACT, restrictions - avoid neck flexion
- Other _______________________________________________________________________

Medications

**Analgesics/Antipyretics - for Pain Level 1 - 3**
- acetaminophen 650 milligram orally EVERY 4 HOURS AS NEEDED TEMP GREATER THAN 101F/38.3C /PAIN SCALE 1-3
- acetaminophen 650 milligram rectally EVERY 4 HOURS AS NEEDED TEMP GREATER THAN 101.5F/38.6C /PAIN SCALE 1-3

**Analgesics - for Pain Level 4 - 6**
- oxyCODONE-acetaminophen 5 mg-325 mg tab 1 tablet orally EVERY 4 HOURS AS NEEDED FOR PAIN SCALE 4-6

**Analgesics - for Pain Level 7 - 10**
- morphine 2 milligram intravenously EVERY 2 HOURS AS NEEDED FOR PAIN SCALE 7-10
- morphine 4 milligram intravenously EVERY 2 HOURS AS NEEDED FOR PAIN SCALE 7-10

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**Physician/Date/Time:** ____________________________  **Nurse/Date/Time:** ____________________________  **Secretary/Date/Time:** ____________________________

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Full page of orders requires only one physician, one nurse and one clerical signature/date/time.
Antidotes and Rescue Agents
- naloxone 0.2 milligram intravenously EVERY 2 MINUTES AS NEEDED FOR OPIATE REVERSAL if respiratory rate is less than 10 breaths per minute or patient is difficult to arouse

Antibacterial Prophylactic Agents: Cephalosporins
- ceFAZolin - if patient has penicillin allergy order vancomycin and discontinue cefazolin 1 gram intravenously every 8 hours for 3 doses and to be given within 24 hours of anesthesia end time

Antibacterial Prophylactic Agents: Glycopeptides
- vancomycin - if penicillin allergy 500 milligram intravenously every 8 hours for 2 doses and to be given within 24 hours of anesthesia end time

Antiemetics
- ondansetron 4 milligram intravenously EVERY 6 HOURS AS NEEDED FOR NAUSEA AND VOMITING

Corticosteroids
- dexamethasone 10 milligram intravenously once initial dose
- dexamethasone 4 milligram intravenously every 6 hours intermediate dose
- dexamethasone 3 milligram orally 3 times a day maintenance dose

Laxatives
- docusate sodium 100 milligram orally 2 times a day
- senna 8.6 mg oral tablet 2 tablet orally once a day, at bedtime
- bisacodyl 1 suppository rectally AS NEEDED FOR CONSTIPATION once a day
- ENEMA PHOSPHATE (REGULAR) 133 ML EA 1 unit rectally AS NEEDED FOR CONSTIPATION once a day if no bowel movement after 2 doses of bisacodyl

Stress Ulcer Prophylaxis Agents: Cytoprotective Agents
- sucralfate 1 gram orally every 6 hours

Stress Ulcer Prophylaxis Agents: Histamine-2 Receptor Antagonists
- famotidine 20 milligram intravenously every 12 hours

Vasoactive Agents: Adrenergic
- phenylephrine 100 microgram/minute intravenously CONTINUOUS initial dose
- phenylephrine 40 microgram/minute intravenously CONTINUOUS maintenance dose

Vasodilators: Peripheral Arterial
- hydrALAZINE 20 milligram intravenously every 4 hours; use with caution in older adults (based on 2012 AGS Beers Criteria)

Vasodilators: Peripheral Arterial and Venous Vasodilators
- nitroprusside 0.3 microgram/kilogram per minute intravenously CONTINUOUS
- Other ________________________________
Respiratory
- O2 TO MAINTAIN O2 SAT @ 90%
- Incentive spirometry
  - every 2 hours, while awake
- Pulse oximetry
  - CONTINUOUS for 24 hours or until no changes are made in oxygen for 8 hours
- Other ________________________________

Laboratory
Blood Bank
- TYPE/XMATCH RBC UNITS , _____ units

Cardiac Markers
- Creatine kinase, MB isoenzyme (CK-MB)
- Creatine kinase, total (CK-total)
- Troponin-I

Chemistry
- Myoglobin
- Osmolality, serum

Hematology
- Complete blood cell count with automated white blood cell differential

Panels
- Basic metabolic panel
- Comprehensive metabolic panel
- Electrolyte panel

Therapeutic Drug Levels/Toxicology
- Phenytoin level, free
- Phenytoin level, total

Urine Studies
- Osmolality, urine
- Urinalysis (UA) with microscopy
- Other ________________________________

Radiology
Computed Tomography
- CT,BRAIN W/WO CONTRAST
- CT,BRAIN W/O IV

Magnetic Resonance Studies
- MRI,HEAD W/WO CONTRAST
- MRI,HEAD W/O CONTRAST

Physician/Date/Time: ________________________________
Nurse/Date/Time: ________________________________
Secretary/Date/Time: ________________________________

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<table>
<thead>
<tr>
<th>Provider Orders</th>
</tr>
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<tbody>
<tr>
<td><strong>Reminder:</strong> ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY</td>
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<td><strong>DO NOT USE ABBREVIATIONS</strong></td>
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</table>

**PROVIDER ORDERS**

**CRANIOTOMY POSTOPERATIVE CARE**

**Ultrasonography**
- US, INTRACRANIAL ARTERIES COMP
- Other ____________________________

**Diagnostic Tests**

**Cardiology**
- 12-lead ECG
- Other ____________________________

**Consults**
- Consult to anesthesiology
- Consult to cardiology
- Consult to neurology
- OCCUPATIONAL THERAPY PT. ORDER
- PHYSICAL THERAPY PT. ORDER
- SPEECH THERAPY PT. ORDER
- Other ____________________________

**Nursing Orders**

**Assessments**
- Assess for bleeding
- Assess neurologic status
- Cardiac monitor
- Intracranial pressure monitor
- Strict Intake and Output

**Interventions**
- Apply padding to side rails
- Seizure precautions
- Urinary catheter initiation/management 🚫
  - 24 hr urine - incontinent patient
  - Neurogenic bladder
  - Patient request - End of Life care
  - Post-operative: urology/gynecology/perineal
  - Healing open sacral/perineal wound
  - Monitor strict output - ICU/CVU patient
  - Prolonged immobilization related to unstable thoracic or lumbosacral spine
  - Acute urine retention or bladder obstruction
- Indwelling Cath Remove Protocol
- Catheter, Straight Insert Order
  - EVERY 6 HOURS AS NEEDED FOR URINARY RETENTION
- Wound care
- Other ____________________________

**Physician/Date/Time:**

**Nurse/Date/Time:**

**Secretary/Date/Time:**

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Original to Patient’s Chart

Original: 10/2013  Revised:  Reviewed:  Form #: 18.1-001

Fax to Pharmacy
Reminder: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY
DO NOT USE ABBREVIATIONS

PROVIDER ORDERS
CRANIO TOMY POSTOPERATIVE CARE

Patient/Caregiver Education
☐ Education, incentive spirometry
☐ Education, wound care
☐ Other ________________________________

Physician/Date/Time: ____________________________
Nurse/Date/Time: ______________________________
Secretary/Date/Time: __________________________

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Original to Patient’s Chart
Original: 10/2013
Rev 3/ 07/2014
Reviewed: ____________________________

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