



Patient Name:	MRN
Date:	Time:

TBI Order

Consultant:	Allergies:	RN
DNR: <input type="radio"/> Yes <input type="radio"/> No	ICU Admission Priority	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Lab & Cultures:		
<input type="radio"/> ABG, VBG	<input type="radio"/> LDH	<input type="radio"/> CPK, MB, Trop I
<input type="radio"/> CBC, Differential	<input type="radio"/> PT, PTT	<input type="radio"/> Serum Cortisol
<input type="radio"/> Electrolytes	<input type="radio"/> LFT	<input type="radio"/> Phosphate
		<input type="radio"/> Mg
		<input type="radio"/> Lactate
		<input type="radio"/> CXR
Brain Protection Protocol		
<input type="radio"/> Brain CT scan for every SEVERE TBI case, Repeat after 24 hrs, unless ICP is monitored <input type="radio"/> Brain CT for moderate TBI cases, <ul style="list-style-type: none"> <input type="radio"/> if no improvement after 24 hrs <input type="radio"/> in case of sudden deterioration, such as inequality of pupils <input type="radio"/> sudden increase of ICP, <input type="radio"/> no neurological <input type="radio"/> Hold sedation every 24 hrs for neurological evaluation <input type="radio"/> NO role for steroids in TBI <input type="radio"/> Control of blood sugar, < 140 <input type="radio"/> Or Tight Glucose Control <input type="radio"/> If Temperature more than 37 Paracetamol 1g IV/PO q 6h <input type="radio"/> Prophylactic Phenytoin for 7 days <input type="radio"/> Prophylactic antibiotics (Ceftriaxone) 1g BD If penetrating brain injury, compressed fracture or CSF leak.		
Sedation & Analgesia:		
<input type="radio"/> Midazolam bolus _____ mg IV stat or q _____ Min		
<input type="radio"/> Midazolam infusion @ _____ mg/hr		
<input type="radio"/> Propofol infusion @ _____ mg/hr		
<input type="radio"/> Fentanyl infusion @ _____ ug/hour		
<input type="radio"/> Morphine _____ mg bolus per _____ hour or infusion @ _____ mg/hour		
<input type="radio"/> Paralyzing Agents:		
<input type="radio"/> Daily sedation interruption at 6:00 AM		<input type="radio"/> Target Ramsy Sedation Scale: _____
ICP Management:		
<input type="radio"/> Rmmsy scale of 5		
<input type="radio"/> Straight, elevated head, 30 degrees		
<input type="radio"/> Hyperventilation with PCO2 target of 30-35, not less, for maximum of 6 hours		
<input type="radio"/> Mannitol with dose of 0.5gm/kg every 6 hour, not more than 6 doses		
<input type="radio"/> If ICP is still not controlled, Barbiturates can be given as: <ul style="list-style-type: none"> <input type="radio"/> Loading dose 10 mg/kg over 30 min; 5 mg/kg every hour for <input type="radio"/> 3 doses. Maintenance 1mg/kg/hr 		
<input type="radio"/> Hypothermia protocol		
<input type="radio"/> Consider ventricular ICP		
<input type="radio"/> Muscle relaxant to be used, if ICP is difficult to control		
<input type="radio"/> Craniectomy if ICP is not controlled with all of the above measures.		

Physician: _____
 Signature: _____
 Bleep: _____ Code: _____

Nurse: _____
 Signature: _____
 Bleep: _____



Patient Name: _____		MRN _____
Date: _____	Time: _____	

TBI Order

Resuscitation:		
<input type="checkbox"/> Oxygen to keep saturation more than 94% or _____%		
<input type="checkbox"/> If the patient is intubated, follow Mechanical Ventilation Protocol. Use the lowest possible PEEP		
<input type="checkbox"/> Obtain SvO ₂		
<input type="checkbox"/> NS or Elohes Bolus 500 ml IV q 30 minutes until the CVP is between 8 - 12.		
<input type="checkbox"/> Obtain SvO ₂ via central line only if prior SVO ₂ is less than 70%.		
<input type="checkbox"/> If the 2nd SvO ₂ remain less than 70% and MAP is less than 65 mmHg start:		
<input type="checkbox"/> Noradrenalin 0.05 mcg / kg / min. OR <input type="checkbox"/> Dopamine 2.5 mcg / kg / min		
<input type="checkbox"/> Titrate inotropes q15 min until MAP is between 65-90 mmHg or between _____ & _____ mmHg		
<input type="checkbox"/> If SvO ₂ is < 70% & Hct < 30, transfuse 1 unit PRBC to a goal of Hct > 30		
Renal:		
<input type="checkbox"/> Fluid Balance target in 24 hours _____ mls		
<input type="checkbox"/> If Urine Output is < 0.5 ml/kg for 2 hours, give NS Bolus 250 ml. Call MD if no response		
<input type="checkbox"/> Dialysis / CRRT		
Antibiotics:		
First dose should be started within one hour after cultures were taken.		
1. _____	2. _____	
3. _____	4. _____	
GIT / Diet:		
<input type="checkbox"/> Enteral Formula: _____ @ _____ ml/hour		
<input type="checkbox"/> TPN Protocol		
Prokinetics:		
<input type="checkbox"/> Metoclopramide _____ mg IV/PO q _____ h X 48h		
<input type="checkbox"/> Erythromycin _____ mg IV/PO q _____ h X 48h		
Prophylaxis:		
DVT Prophylaxis		
<input type="checkbox"/> Pneumatic Pump	<input type="checkbox"/> Enoxiparen 40 mg or 30mg sc QD	<input type="checkbox"/> Tinzaparen: 3500 IU sc QD
<input type="checkbox"/> UF Heparin Protocol	<input type="checkbox"/> Other: _____	
Stress Ulcer Prophylaxis		
<input type="checkbox"/> Ranitidine 150 mg PO BID	<input type="checkbox"/> Omeprazol 40 mg / PO QD	<input type="checkbox"/> _____
Skin / Position & Activity:		
<input type="checkbox"/> Head Up 30 Degrees	<input type="checkbox"/> Mobilization	
<input type="checkbox"/> ARDS Protocol (See ARDS Protocol)		

Physician: _____
 Signature: _____
 Bleep: _____ Code: _____

Nurse: _____
 Signature: _____
 Bleep: _____