



COMMUNITY HEALTH NETWORK

SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER

PHYSICIAN ORDERS

SPINAL CORD INJURY ADMIT ORDERS CRITICAL CARE and 4B ONLY (Page 1 of 2)

NAME

DOB

MRN

PCP

Patient ID / Addressograph

Directions: Place a checkmark (✓) or complete as appropriate.

CURRENT WEIGHT: \_\_\_\_\_ kg  estimate  actual

ADMIT TO:  Critical Care Unit (4E, 5E or 5R)  4B

ADMITTING SERVICE:  Neurosurgery  Trauma

Attending \_\_\_\_\_ Resident/ Intern \_\_\_\_\_

CONSULT SERVICE:  Neurosurgery  Orthopedics

DIAGNOSIS: Spinal Cord Injury -  Cervical  Thoracic  Lumbar  Sacral

Indicate level of injury (i.e. C5-6) - \_\_\_\_\_

CONDITION:  Good  Fair  Poor  Serious  Critical

ALLERGIES:  NKA \_\_\_\_\_

PRECAUTIONS: \_\_\_\_\_

ACTIVITY:  Bed Rest & Log Roll q 2 hours  RotoRest Bed (Requires Special Bed Order)

Abdominal binder and elastic (Ace) bandages to lower extremities when out of bed

\_\_\_\_\_

MEDICATIONS:

Methylprednisolone 30 mg/ kg IV over 15 minutes Start time \_\_\_\_\_ by \_\_\_\_\_ (initials)

Within 0-3 hrs of injury, Methylprednisolone 5.4 mg/ kg/ hr IV for 23 hrs Start time \_\_\_\_\_ by \_\_\_\_\_ (initials) (Begin continuous infusion 45 minutes after completion of bolus, if ordered)

Within 3-8 hrs of injury, Methylprednisolone 5.4 mg/ kg/ hr IV for 47 hrs Start time \_\_\_\_\_ by \_\_\_\_\_ (initials) (Begin continuous infusion 45 minutes after completion of bolus, if ordered)

Famotidine 20 mg IV BID

Docusate 100 mg PO/ NG BID

Bisacodyl Suppository 10 mg PR once daily (Administer at same time each day with rectal digital stimulation)

Albuterol 2.5 mg in 3 mL NS, per nebulizer, every 6 hours (ICU Resident Initial- \_\_\_\_\_)

Dopamine drip 2 - 10 mcg/ kg/ min IV to keep MAP > \_\_\_\_\_ (Critical Care Units only)

\_\_\_\_\_

DVT PROPHYLAXIS:

Enoxaparin 30 mg SQ BID or  Other \_\_\_\_\_

SCD with Antiembolic Stockings (Remove every shift but for no longer than 30 minutes)

ORDERS CONTINUE ON PAGE 2

Date \_\_\_\_\_ Time \_\_\_\_\_ Physician \_\_\_\_\_ / \_\_\_\_\_ CHN # \_\_\_\_\_  
Print name Signature

Date \_\_\_\_\_ Time \_\_\_\_\_ LVN/ Unit Clerk \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ RN \_\_\_\_\_

