



**แผนคำสั่งการรักษาผู้ป่วยบาดเจ็บที่ศีรษะแบบรุนแรง**

**(Severe Head Injury Standing Order Form)**

ชื่อ \_\_\_\_\_ อายุ \_\_\_\_\_ ปี HN \_\_\_\_\_ หอผู้ป่วย \_\_\_\_\_

TIME	ORDERS FOR ONE DAY	TIME	ORDERS FOR CONTINUATION
	Date ____/____/____ Diagnosis _____ <input type="checkbox"/> CBC, BUN, Cr, E'lyte, BS <input type="checkbox"/> PT/PTT/INR <input type="checkbox"/> DTX stat keep DTX 80 – 180 mg% <input type="checkbox"/> G/M PRC ___Unit, FFP ___Unit, plt ___ Unit <input type="checkbox"/> EKG 12 leads <input type="checkbox"/> CXR Portable <input type="checkbox"/> CT Brain <input type="checkbox"/> CT Whole C-Spine <input type="checkbox"/> CT Abdomen <input type="checkbox"/> CT Chest <input type="checkbox"/> On NSS 1000 ml IV drip _____ml/hr <input type="checkbox"/> 20% Mannitol _____ ml IV drip in 15 min <input type="checkbox"/> On Ventilator CMV mode RR = ____/min, TV = ____ml FiO2 = _____%, I:E = _____ PEEP = _____cmH2O <input type="checkbox"/> Set OR for Craniotomy / Craniectomy / Ventriculostomy <input type="checkbox"/> Shave head and Label head side <input type="checkbox"/> Prepare Cefazolin 2 g IV to OR <input type="checkbox"/> Monitor BP if SBP > 180 or < 90 or MAP > 130 pls notify <input type="checkbox"/> Monitor O2 sat if < 95% pls notify <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____		<input type="checkbox"/> NPO <input type="checkbox"/> Retain Foley catheter <input type="checkbox"/> Retain NG tube <input type="checkbox"/> Record V/S, I/O  <u>Medication</u> <input type="checkbox"/> Dilantin _____ mg + Nss 100 ml IV drip in 15 min stat then 100 mg IV q 8 hr <input type="checkbox"/> Ranitidine 50 mg IV q 8 hr <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____