



STAT PHARMACY ORDER

(Place X in Box)

DATE	TIME	DOCTOR'S ORDER SHEET	RM#
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CATASTROPHIC BRAIN INJURY GUIDELINES (Adult)

Contact Life Alliance Organ Recovery Agency before initiation of Order Sheet
1-800-255-GIVE

MANAGEMENT PRIOR TO OBTAINING CONSENT FOR DONATION

- Does the patient meet clinical criteria for Brain Death?
- Confirm that Social Work Services have been consulted.
- Consult Pastoral Care Services if necessary.
- Review with managing physician status of current medications / IV fluids and vasoactive drips, tube feeding (to stop or continue). Consider treatment intervention for the following conditions, as they may negatively impact patient's organ function: Hypotension, Acidosis, Hypernatremia, Diabetes Insipidus, Hypoxemia, Hypo/Hyperthermia, Hypokalemia, DIC
(Please re-write all medications to be stopped or continued on separate doctor's order form for clarification)

Test / Labs:

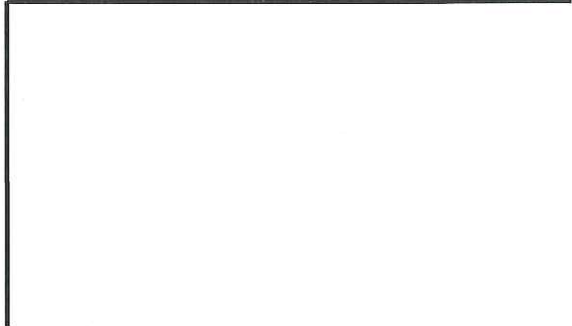
- EKG daily
- PCXR daily
- ABG daily
- CBC, CMP, pT, pTT every 12 hours – call managing physician if abnormal.
- If HCT less than 30% - Give 1 unit of PRBC (CMV negative if possible) recheck CBC one hour post transfusion.
- Type and Cross Match

Intravenous Fluids:

- Change main IV fluids to **0.45 Normal Saline** and titrate IV fluid rate hourly to replace urine output ml for ml. Collaborate with managing physician for IV fluid replacement if hourly urine output is greater than 200 ml/hour.
- If Central Venous Line is present, monitor CVP. Maintain CVP > 5mmHg.

Blood Pressure:

- If needed initiate fluid bolus(es) to maintain SBP greater than 100 mmHg and/or CVP greater than 5 mmHg.
- If already on vasopressor drips(s), give fluid boluses before increasing the vasoactive drip.
- Start with **Normal Saline** 500 ml IV over 15 minutes for a total of 1 liter. If no response then give **Albumin 5%** 250 ml IV over 15 minutes for a total of 1 liter. If still no response, may start vasopressor drip selected below or increase existing vasoactive drip.
 - Dopamine** drip from 0.5-20 mcg/kg/min (400mg/500 ml) to keep SBP greater than 100 mmHg.
 - Neosynephrine** drip from 5-200 mcg/min (20mg/250ml) to keep SBP greater than 100mmHg.
 - Other:**





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		ORGAN PRESERVATION MANAGEMENT ORDERS (Adult) Contact Life Alliance Organ Recovery Agency before initiation of Order Sheet 1-800-255-GIVE	
MANAGEMENT PRIOR TO OBTAINING CONSENT FOR DONATION <i>continued</i>			
Temperature:			
<input type="checkbox"/> Keep Normothermic (97°F to 99°F). Warm or cool body temperature using warm air blanket or hypo/hyperthermia machine.			
Urine Output:			
<input type="checkbox"/> If urine output is greater than 400 ml/hr x 2 hours, send urine for osmolality.			
<input type="checkbox"/> May give DDAVP 2 mcg IVP every 12 hours for a total of 2 doses for a urine output of greater than 400ml/hr x 2 hours and/or a urine osmolality of less than 200 to maintain urine of 100-200 ml/hr.			
<input type="checkbox"/> If increased urine output continues, start Pitressin drip IV (40 units/250 ml) and titrate 0.04-0.1 units/minute to maintain above urine output parameters.			
Oxygenation:			
<input type="checkbox"/> Continue ventilator settings of: _____			
<input type="checkbox"/> Pulmonologist/Intensivist to adjust PEEP to at least +5 mmHg, if not already on PEEP			
<input type="checkbox"/> Pulmonologist/Intensivist to maintain pO2 greater than 100 mmHg.			
<input type="checkbox"/> Confirm ABG daily – call Pulmonologist if abnormal.			
<input type="checkbox"/> Confirm PCXR are done daily.			

Attending Physician's Signature _____

Print Name: _____ I.D #: _____

