**MAHASARAKHAM DOCTOR,S ORDER,S SHEET for**

**HYPERTENSIVE INTRACEREBRAL HEMORRHAGE**

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| **PROGRESS NOTE** | **DATE**    **HOUR** | **ORDER FOR ONE DAY** | | **DATE**    **HOUR** | **ORDER FOR CONTINUATION** |
| ประวัติอย่างย่อ………………  …………………………………  U/D……………………………………………………………  GCS แรกรับ  E..........V...........M........  Pupil  Rt.…………mm………….  Lt………….mm…………  Motor power |  | Post op ordre for  🗌Craniotomy with ICH Removal  🗌 Venticulostomy  Post op ward . …………..  🗌 CBC, E’lyte  🗌0.9%NaCl 1,000 ml iv drip 80 ml / hr  🗌MO 3 mg iv prn for pain q 4 hr  🗌 If SBP >140 mmHg ให้ยา  Nicardipine 20mg +0.9%Nss 100ml iv  10 ml/hr . titrate q 5-15min ครั้งละ5 ml/hr until SBP <140 mmhg (Max75ml/hr )  🗌Observe neurosigns  If GCS drop > 2,  M drop > 1  Pupil dilate or unequal please notify  🗌DTX stat then q 6 hr Keep 80-200 mg%  If 201-250 mg% ให้ RI 4 u Sc  251-300 mg% ให้ RI 6 u sc  301-350 mg % ให้ RI 8 u sc. If  DTX< 80 mg %, >350 mg%  please notify | |  | NPO  HOB 30-45 degree  🗌Record V/S, I/O, N/S  🗌cold pack บริเวณศีรษะและซอกคอ2ข้าง  **Medication**  - Cefazolin 1gm iv q 6 hr  - Vit K10 mg +0.9%NSS100 ml  iv OD  - Transamine 500 mg +0.9%NSS100 ml iv drip in30นาที q 8 hr  -Dilantin100 mg+0.9%NSS100 ml iv drip in 30นาที q 8 hr  -Losec 40 mg vien OD |
| **Name of patient** | | | **Hospital Number** | |
| **Department** | | **Ward** | **Attending Physician** | |