STAT PHARMACY ORDER
(Place X in Box)

DOCTOR'S ORDER SHEET

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 (400mcg/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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**DOCTOR’S ORDER SHEET**

**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 continued**

**Temperature:**
- Keep Normothermic (97°F to 99°F). Warm or cool body temperature using warm air blanket or hypo/hyperthermia machine.

**Urine Output:**
- If urine output is greater than 400 ml/hr x 2 hours, send urine for osmolality.

- 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.

- 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:**
- Continue ventilator settings of: ____________________________
- Pulmonologist/Intensivist to adjust PEEP to at least +5 mmHg, if not already on PEEP
- Pulmonologist/Intensivist to maintain pO2 greater than 100 mmHg.
- Confirm ABG daily – call Pulmonologist if abnormal.
- Confirm PCXR are done daily.

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**Attending Physician’s Signature** ____________________________

Print Name: __________________ I.D #: __________________