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<th><strong>Unit Profile – Neuro ICU, 4D</strong></th>
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<tr>
<td><strong>Nurse Manager</strong></td>
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<td><strong>Clinical Nurse Supervisor</strong></td>
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<td><strong>Clinical Nurse Specialist</strong></td>
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<td><strong>Educational Nurse Coordinator</strong></td>
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<td><strong>Brief Description of the Unit</strong></td>
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| **Common/Important Medications** | 1. Nimodipine...Ca channel blocker to help decrease risk of Vasospasm  
2. Dilantin, Keppra...anti epileptic  
3. Mag sulfate drip...used to decrease risk of vasospasm  
4. 5 % Albumin drip...used to increase BP/CVP to help treat vasospasm  
5. Phenobarbital...anti-epileptic  
6. Decadron...used to help treat cerebral edema  
7. Mannitol IVP...urgent/emergent treatment for increased cerebral edema  
8. Kefzol IVPB...prophylaxis for ICP monitors  
9. 3% or 1.8 % NACl drip...used to correct Na levels  
10. Ativan/Propofol/Fentanyl...sedation  
11. Nicardipine/Nipride/Esmelol/Dopamine/Cardiazem (IV)  
12. IvIg  
13. tPA (IV and IntraArterial) |
| **Common Patient Procedures** | 1. ICP (ventric/Codman) placement, ICP pressure monitoring, control  
2. Angiogram for diagnosis, treatment of aneurysms, vasospasm  
3. Intubation/Extubation, occas bedside trach  
4. Portable Head CT |
5. Transcranial dopplers  
6. Central line placement, CVP monitoring  
7. Neuro Checks (Glasgow, Neuro Motor, pupils)  
8. EEG, Seizure monitoring, CCTV  
9. Art line placement  
10. Traction (spinal)  
11. Swallow screening  
12. Plasmaphoresis

| Common Unit Practices | 1. Rounding Standards......Service rounds 6:00 am, again later in day ~ 4 – 5 pm. Intensivist Rounds, 9:00 am daily nursing expected to participate with each of their patients, families encouraged to participate (offer input, ask questions). Thursday mornings, 11:00 am Multi-disciplinary Rounds/Discharge Planning rounds for neurosurgery patients.  
2. Communication Standards (i.e. SBAR) ....When transferring patient to 4A, NICU nurse is expected to take patient and help settle into room, introduce to new nurse  
3. Shift to Shift Rituals....Bedside report with bedside neuro check to be done at every hand off/shift change with off going nurse to be sure no “end of shift” neuro changes  
4. Process and Contacts for calling a Patient Care Conference |
| Common Medical Diagnoses (primary and secondary) | 1. SAH, ruptured, unruptured  
2. ICH, IVH, IPH  
3. Seizures: status/ATL/monitoring  
4. Grid placement  
5. Meningitis/encephalitis/vasculitis  
6. Large spinal fusions (deformities, tumors, vascular problems, injuries)  
7. Brain Tumor resection  
8. Stroke |
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| **Common Precautions and Safety Measures** | **9. Shunt malfunction**  
**10. Head/Spinal injury after a fall**  
**11. Myastenia Gravis**  
**12. Guillian Barre**  
**13. Status Epilepticus** |
| 1. Seizure precautions | 2. SAH precautions |
| 3. Various isolations, including pandemic, please be sure students are ‘fit tested’ | 4. Fall precautions |
| 5. When giving medications that have been re-labeled by pharmacy, be sure they are labeled correctly. | 6. If a patient has a drain coming out of their head or a ventric, do not get the patient out of bed or adjust the head of the bed without clamping the drain or the ventric. |