### Pre-Op Craniotomy Orders - John Lancon, M.D.

**Pharmacy Mnemonic:** PCRAINLB

1. **Admit as inpatient to** Dr. John Lancon
2. **Procedure:**
3. **Initiate PAG/Anesthesiology Orders**
4. **Vital Signs:**
5. **Activity:**
6. **Consent for:**
7. Hibiclens (chlorhexidine gluconate 4% topical) bath or shower the night before surgery and in a.m. of surgery.
8. **CM:** SCDs over TED hose prior to surgery. **☐ No TED hose**
9. **CM:** Hibiclens shampoo prior to arrival in OR.
10. **CM:** SCIP - Surgical Care Improvement Project *(Nursing Order – Do Not Delete)*
11. **Diet:**
12. **Lab:** CBC w/diff, CMP, PT/PTT, Urinalysis *(if not already done).*
13. **Anti-convulsant levels:**
14. **IV fluids:**
15. **CM:** SCDs over TED hose prior to surgical incision.
16. **EKG**

#### Medication: Administer medication utilizing range order guideline.

17. **Antibiotics:** Send to OR with pt.; DO NOT administer on floor. Start within one hour prior to surgical incision.
   - **☐ Ancef (cefazolin) 2 grams IVPB.** *(If patient weighs > 120kg give 3 grams)* If allergic to penicillin *(only if history of allergy includes anaphylaxis [hypotension, bronchospasm, laryngeal edema] or urticaria or angioedema)*,
   - substitute Vancocin (vancomycin) 15 mg/kg IVPB x 1 dose.

**CM: ONLY FOR PATIENTS ON ROUTINE BETA BLOCKER THERAPY** *(Preadmission Clinic – instruct patient to continue to take beta blocker pre-procedure)*

A) **Patient has taken beta blocker within 24 hours of start of planned procedure – document drug/dose and date/time taken.**
B) **Patient has not taken beta blocker within 24 hours of start of planned procedure – obtain order from the physician, fax to pharmacy and administer with a sip of water prior to procedure.**
C) **Beta blocker contraindicated due to:** **☐ Hypotension ☐ Bradycardia Other:**

18. **Decadron (dexamethasone) 4 mg IV q 6 hrs.**
   - **☐ Pepcid (famotidine) 20 mg IV q 12 hrs.**
   - **☐ Dilantin (phenytoin) 100 mg IV q 8 hrs.**

19. **CM:** Pharmacy to identify and list home meds

20. **Consults:**

21. **To ICU Post-Op.**

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Date        Time                        Physician Signature