Unique Plan Description: Vascular Lumbar Drain Protocol
Plan Selection Display: Vascular Lumbar Drain Protocol
PlanType: Subphase
Version: 8
Begin Effective Date:
End Effective Date: Current
Available at: ***EMMC***
Plan Comment:

Vascular Lumbar Drain Protocol
Vital Signs

☑ Vital Signs (Frequent)
Every 1 hour, Check mean arterial pressure (MAP), cerebrospinal fluid (CSF) pressure and calculate spinal cord perfusion pressure (SCPP): MAP-CSF pressure =SCPP

Patient Care

☑ Drain Care
Lumbar Drain, Maintain MAP 80-100 mmHg, CSF 10 or less, SCPP 70 mmHg or greater
Comments: If CSF pressure 10 mmHg or less, do not drain.
If CSF pressure is greater than 10 mmHg, open drain for up to 15 minutes or until no more than 20 mL of fluid has been obtained, then reclamp.
If CSF still greater than 10 mmHg, calculate SCPP.
If SCPP is less than 70 mmHg, titrate phenylephrine per medication order if already infusing or nurse to initiate order from Vascular Lumbar Drain Protocol PowerPlan.
Do not drain more than 150 mL of CSF in 24 hours.

☑ Notify If
Notify surgeon if
Comments: Notify surgeon if pressure goals cannot be met (MAP 80-100 mmHg, CSF 10 or less, SCPP 70 mmHg or greater) or for changes in neurological exam. Notify surgeon if hemoglobin less than 10 mg/dL. Notify anesthesia and surgeon if CSF becomes bloody and clamp drain.

☑ Provider Communication
Level transducer at L-4

☑ Provider Communication
Nurse to discontinue Vascular Lumbar Drain Protocol PowerPlan if drain has been removed and PowerPlan still active

☑ Head of Bed Elevation
15 Degrees or less

Medications

Avoid anticoagulants while lumbar drain in place except for unfractionated heparin 5000 units subcutaneous twice daily for VTE prophylaxis.(NOTE)*

☐ Notify If
Notify provider if an anticoagulant other than unfractionated heparin 5000 units for VTE prophylaxis is order while the lumbar drain is in place

If SCPP is less than 70, nurse to initiate phenylephrine if not already infusing.(NOTE)*

☐ phenylephrine 20 mg/250 mL NS (premade)
Tot Vol: 250 mL, Titrate, Soln, IV
Comments: Start at 0.2 mcg/kg/min OR if infusion already running, continue current dose and titrate accordingly:
Titrate by 0.1 - 0.5 mcg/kg/min every 1-5 minutes to maintain MAP between 80-100 mmHg and spinal cord perfusion pressure (SCPP) of 70 mmHg or greater.
Notify provider if dose exceeds 3 mcg/kg/min and MAP, CSF and SCPP goals cannot be met.
Usual Dose Range = 0.2 - 2 mcg/kg/min
Max Dose = 8 mcg/kg/min
Concentration = 80 mcg/mL
For peripheral or central use

Laboratory

☑ Hemoglobin
BLOOD, Expedite, Start: T;N, ONCE

Non Categorized

Providers must exercise independent clinical judgment when using order sets.(NOTE)*

***Report Legend:**
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase