

# UHS RSCH ICU Neurosurgical Prompt Cards

## **Craniotomy – post op patient care**

- Head of bed elevation at 30 degrees for venous drainage, unless otherwise directed
- Full GCS/pupils/limb observations as directed by neurosurgeons
- **Report any neurological deterioration immediately to nurse in charge, ICU medical team and neurosurgeon**
- Report any potential cranial nerve dysfunction –
  - Double vision/Blurred vision
  - Droopy eyelids
  - Drooling/swallow difficulties
  - Speech difficulties
- Check notes for post-op plan re: mobilisation, drain removal, etc
- Keep head bandage in situ for 24hrs post-op: observe for signs of blood leakage or CSF
- DRAINS: Ensure location documented (ie: subdural/subgaleal)  
Normally vacuum maintained 24-48hrs post-op  
Observe for over drainage  
**Report any CSF in drains to neurosurgeons**  
**Only remove drains at direction of neurosurgeon**
- Confirm and maintain BP/MAP parameters with neurosurgeons
- Monitor U&Es – particularly Na+: *risk of hypo/hyper natremia if urine outputs high or if given mannitol*
- Send serum/urine osmolarities & urinary sodium if urine output >200mls/hr for 3 consecutive hours
- Confirm whether dexamethasone prescription required: ideally give dose in morning
- Confirm Thromboprophylaxis with ICU & Neurosurgical Team