150 ml of 5% NaCl solution and 3% NaCl solution for Treatment of Severe Intracranial Hypertension (ICP≥20 mmHg)

Does the patient meet **ALL** criteria for use of 150 ml of 5% NaCl solution or 3% NaCl solution?

Please check off whether or not the following criteria are met:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Criteria</th>
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<tbody>
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<td>Patient is located in a bed in Founders 5 or Rhoads 5?</td>
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<td>Central line or swan ganz catheter in place?</td>
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<td>Absence of severe CHF or volume overload?</td>
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<td>ICP ≥ 20mmHg?</td>
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<td>Serum Na⁺ &lt; 160 mmol/L?</td>
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<td>Approved by NeuroCritical Care or Surgical Critical Care service attending</td>
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<td>Absence of diabetes insipidus (DI)?</td>
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<td>Absence of chronic hyponatremia?</td>
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**NOTE:** If **ALL** criteria are not met, the hypertonic saline should not be administered. Promptly return to the pharmacy.

**150 ml of 5% NaCl**

1. **Approved by Neuro or Surgical Critical Care Attending:** Yes ____________________ No -Return to pharmacy

   **Physician Name**

2. Baseline cerebral hemodynamics obtained prior to administration and recorded on flowsheet (ICP, CPP, PbtO2, SjvO2)

3. Placed on Alaris pump & delivered via central line. Yes No (Do not administer)

4. Time **150 ml of 5% NaCl solution** bolus started: ______________

5. Time from start of infusion to effect on ICP (ICP<20mmHg): ______________

   No effect on ICP

6. Serum sodium 2 hours post **150 ml of 5% NaCl** bolus: Yes No- List why not:

   Date _______  Signature of RN administering 150 ml of 5% NaCl solution

**3% NaCl**

1. **Approved by Neuro or Surgical Critical Care Attending:** Yes ____________________ No -Return to pharmacy

   **Physician Name**

2. Baseline cerebral hemodynamics obtained prior to administration and recorded on flowsheet (ICP, CPP, PbtO2, SjvO2)

3. Placed on Alaris pump & delivered via central line. Yes No (Do not administer)

4. Serum sodium q 2 hours during **3% NaCl** infusion: Yes No- List why not:

   Date _______  Signature of RN administering 3% NaCl solution

Please leave completed form in the bedside blue chart to be collected

NOT PART OF PERMANENT MEDICAL RECORD

Version: 1/04/07

JL/gr