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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Patient is located in a bed in Founders 5 or Rhoads 5?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Central line or swan ganz catheter in place?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Absence of severe CHF or volume overload?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ICP ≥ 20 mmHg?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Serum Na⁺ &lt; 160 mmol/L?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Approved by NeuroCritical Care or Surgical Critical Care service attending</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Absence of diabetes insipidus (DI)?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Absence of chronic hyponatremia?</td>
</tr>
</tbody>
</table>

**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<20 mmHg): ____________  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**