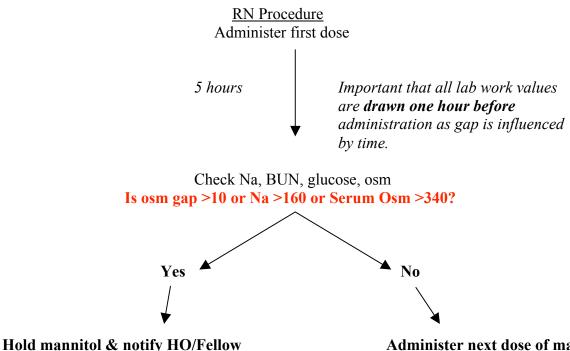
Massachusetts General Hospital

Neuro ICU Mannitol Guideline for Mannitol Rx of Increased ICP

- *MD* order for patient with ICP monitoring: Mannitol 1g/kg q6 hours p.r.n. $ICP \ge XX$. Hold for osm gap >10 or Na>160 or osm >340 and call HO/fellow.
- *MD order for patient <u>without</u> ICP monitoring* : *Mannitol 1g/kg. q6 hours. Hold for* osm gap>10 or Na >160 or osm >340 and call HO/fellow
 - Check Na, BUN, Cr, glu, osm q6 hours.
 <u>Must be drawn one hour prior to any mannitol dosing</u>
 <u>Calculate osm gap with each draw</u>



Administer next dose of mannitol If indicated by ICP

Important points:

- Osm gap = measured osm calculated osm.
- Calculated osm= 2(Na) + BUN/2.8 + Glu/18
- If **osm gap is less than zero**, this may be due to minor variation in lab values or miscalculation. Mannitol may be given if calculation is correct.
- MD may order 23.4% saline or 3% NaCl in the presence of a gap
- Unexpected gaps may be caused by alcohol or propylene glycol carrier (lorazepam, diazepam, midazolam, pentobarbital or phenobarbital)