

STROKE ICH NON-CRITICAL CARE

Stroke Orders- Intracerebral Hemorrhage Non-Critical Care

VTE PROPHYLAXIS ORDERS

A VTE Risk Assessment and appropriate treatment or a contraindication to treatment is required for all patients.

Patient has the following VTE Risk:

- Low VTE Risk (No prophylaxis needed)
- Moderate VTE Risk (Please Order EITHER mechanical (SCD) or pharmacological prophylaxis)
- High VTE Risk (Please Order BOTH mechanical (SCD) or pharmacological prophylaxis)

Contraindications

Reason for withholding Mechanical VTE prophylaxis (check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Hypervolemia | <input type="checkbox"/> Congestive/Chronic heart failure | <input type="checkbox"/> Sensory neuropathy |
| <input type="checkbox"/> Edema of leg | <input type="checkbox"/> Palliative care | <input type="checkbox"/> Refusal of treatment by patient |
| <input type="checkbox"/> Surgical procedure on lower extremity | <input type="checkbox"/> Injury of lower extremity | <input type="checkbox"/> At risk for falls |
| <input type="checkbox"/> Comfort measures | <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Skin graft disorder |
| <input type="checkbox"/> Amputee-limb | <input type="checkbox"/> Peripheral ischemia | <input type="checkbox"/> Peripheral vascular disease |
| <input type="checkbox"/> Deep vein thrombosis of lower extremity | <input type="checkbox"/> Deformity of leg | <input type="checkbox"/> History of occlusive arterial disease of lower extremity |
| <input type="checkbox"/> Suspected deep vein thrombosis | <input type="checkbox"/> Treatment not tolerated | |
| | <input type="checkbox"/> Vascular insufficiency of limb | |

Reason for withholding Pharmacologic VTE prophylaxis (check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Blood coagulation disorders | <input type="checkbox"/> Palliative care (for end of life) | <input type="checkbox"/> At risk for falls |
| <input type="checkbox"/> Bleeding or at risk for bleeding | <input type="checkbox"/> Comfort measures | <input type="checkbox"/> Hemorrhagic cerebral infarction |
| <input type="checkbox"/> Renal impairment | <input type="checkbox"/> Anticoagulant allergy | <input type="checkbox"/> Medications refused |
| <input type="checkbox"/> Anticoagulation not tolerated | <input type="checkbox"/> Platelet count below ref | |

- Leg compression device to be placed within 4 hours of Admission.

DIAGNOSIS: Intracerebral hemorrhage

ADMIT

- Admit as Inpatient. Preferred unit: Medical Telemetry

CODE STATUS

REMINDER - For DNAR status complete separate DNAR Physician Order Set

SKIN TREATMENT AND PREVENTION

- Initiate designated skin set: If Braden score of 18 or less initiate Skin Treatment and Prevention short set. For any other skin issues initiate designated skin order set(s).

NURSING

REMINDER: GCS score/ICH score/SAPS [Evidence](#)

- Initiate Full NIH Stroke Scale on admission and at discharge
- Neuro checks Q 2 Hrs x 4, then Q 4 Hrs
- RN bedside swallow screen on admission prior to any Po intake [Evidence](#)
- Notify Neurosurgeon/ Neurologist (if neither then Attending) If:
 - change in neuro status,
 - change in pupil size/reactivity,
 - change in level of consciousness,
 - worsening headache,

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MEDITECH MNEMONIC: NE.STIH

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- unexplained vomiting,
- increased agitation
- Blood glucose monitoring (BGM) on admission one time only. If > 150 mg/dL, notify MD to initiate subcutaneous insulin orders.
- Blood glucose monitoring (BGM)-Q 6 Hrs if patient NPO
- Blood glucose monitoring (BGM)-AC and HS
- Apply antiembolism stockings
- Apply foot drop (Prevalon) boots. Alternate between right and left foot Q 2 Hrs
- Insert post pyloric tube
- Insert nasogastric or orogastric tube and connect to low continuous suction
- Insert indwelling urinary catheter; Reason: Comfort Measures
- Aspiration precautions
- Apply telemetry monitoring
- May leave floor without telemetry monitoring

ACTIVITY

REMINDER: If there are no restrictions nursing will ambulate the patient at least four times a day per policy PC-112

- Activity Restrictions: Bed rest until cleared by neurosurgeon
- Elevate head of bed at 30 degrees and keep head midline

RESPIRATORY

- Apply O2 w/ defined parameters: to maintain oxygen saturation > 92%
- Continuous pulse oximetry

NUTRITION

- NPO until swallow screen/evaluation
- Cardiac 2 Gram Sodium Diet
- Diabetic 1800 Calorie Diet
- Diabetic 2200 Calorie Diet

IV FLUIDS

- Sodium Chloride 0.9% IV to run at 100 mL/Hr.
- Saline lock IV if tolerating Po fluids, Temp < 100.4° F, HCT > 30, and PCA not required. Saline Flush Peripheral IV with 2 mL IV Push Q 8 Hrs and after each IV medication dose. RN to contact Pharmacy to DC IV Fluid order(s) when IV Fluid is converted to saline lock.

MEDICATIONS

Analgesic/Antipyretic medications: Mild Pain/Fever [Evidence](#)

REMINDER: Sources of fever should be treated. [Evidence](#)

- Acetaminophen (Tylenol) 650 mg Po Q 6 Hrs Prn mild pain (scale 1-3) or Temp > 99.6 °F or 37°C. *Total Acetaminophen not to exceed 4,000 mg/24 Hrs*
- Acetaminophen (Tylenol) liquid 650 mg NG Q 6 Hrs Prn mild pain (scale 1-3) or Temp > 99.6 °F or 37°C. If patient is unable to take Po acetaminophen (if ordered) and has an NG tube. *Total Acetaminophen not to exceed 4,000 mg/24 Hrs*
- Acetaminophen Supp (Tylenol) 650 mg PR Q 6 Hrs Prn mild pain (scale 1-3) or Temp > 99.6 °F or 37°C. If patient is unable to take Po/NG acetaminophen (if ordered). *Total Acetaminophen not to exceed 4,000 mg/24 Hrs*

Analgesic medications: Moderate Pain

- MorphINE 1 mg IV Push Q 30 mins Prn moderate pain (scale 4-6)

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Analgasic medications: Severe Pain

- MorphINE 2 mg IV Push Q 30 mins Prn severe pain (scale 7-10)

Anticoagulation reversal medications (For patients with elevated INR AND on warfarin)

REMINDER: An antiplatelet agent may be considered for preventing ischemic stroke for patients with a relatively lower risk of cerebral infarction (eg, atrial fibrillation without a history of ischemic stroke) and a relatively higher risk of amyloid angiopathy (eg, older patients with lobar intracerebral hemorrhage) or very poor overall neurologic function. [Evidence](#)

REMINDER: For patients with a very high risk of thromboembolism, consider restarting warfarin 7 to 10 days following the onset of symptoms. [Evidence](#)

For INR 1.8 to 3.9 *Physician to select ONE dose only*

- Vitamin K 1 mg IVPB over 15 mins x 1 dose. Do not give if given in ED.
- Vitamin K 2 mg IVPB over 15 mins x 1 dose. Do not give if given in ED.
- Vitamin K 10 mg IVPB over 15 mins x 1 dose. Do not give if given in ED.

For INR 4 or greater *Physician to select ONE dose only*

- Vitamin K 2 mg IVPB over 15 mins x 1 dose. Do not give if given in ED.
- Vitamin K 10 mg IVPB over 15 mins x 1 dose. Do not give if given in ED.

CNS medications: Antiepileptics

REMINDER: Appropriate antiepileptic therapy should be used to treat clinical seizures. [Evidence](#)

REMINDER: For patients with lobar intracerebral hemorrhage, consider the use of a brief period of antiepileptic prophylaxis to decrease the risk of early seizures. [Evidence](#)

- Phenytoin (Dilantin) (17 mg/Kg) = _____mg in NS 150 mL IVPB x 1 dose if not given in ED (Rate not to exceed 50 mg/min, if patient is > 65 years, rate not to exceed 25 mg/min.)
- Phenytoin (Dilantin) 100 mg IV Push Q 8 Hrs. Start 8 Hrs after completion of loading dose (if ordered).

Cardiac medications: Anti-hypertensives [Evidence](#)

- LaBETalol (Trandate) 20 mg IV Push over 2 mins Q 10 min Prn SBP > 150. If SBP remains > 150 after 60 mg (3 doses), contact MD for alternative orders. Hold for HR < 50 and notify MD. Maximum total dose = 300 mg/24 Hrs.
- HydrALAZINE (Apresoline) 10 mg IV push over 2 mins Q 1 Hr Prn SBP > 150 if unable to give laBETalol. ** For Critical Care, Med Tele, and Cardiac Renal use only. DC when transferred out of these units.**

GI medications: Anti-emetics

- Ondansetron (Zofran) 4 mg IV Push Q 12 Hrs Prn N&V. If ineffective after 30 mins, give proCHLORperazine if ordered. May give IM if no IV access.
- ProCHLORperazine (Compazine) 10 mg IV Push Q 6 Hrs Prn N&V. If ondansetron Prn is also ordered, give ondansetron first. If ondansetron ineffective after 30 mins, give ProCHLORperazine as ordered. May give IM if no IV access.

GI medications: Stress Ulcer Prophylaxis/Antacids *Physician to select ONE order only*

- Famotidine (Pepcid) 20 mg Po BID. RN to contact pharmacy to enter IV order if pt unable to take Po. Pharmacy to adjust per renal dosing protocol.
- Famotidine (Pepcid) 20 mg IV Push BID. RN to contact pharmacy to enter Po order if pt able to take Po. Pharmacy to adjust per renal dosing protocol.

GI medications: Laxatives/Stool Softeners/etc

- Docusate sodium (Colace) 100 mg Po BID. Hold for loose stools.
- Maalox Plus (aluminum/magnesium/simethicone) 30 mL Po Q 4 Hrs Prn indigestion (product contains magnesium salt)

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- Milk of Magnesia (MOM) 30 mL Po Q 6 Hrs Prn constipation (product contains magnesium salts)
- Bisacodyl (Dulcolax) suppository 10 mg PR daily Prn constipation if Milk of Magnesia (MOM) (if ordered) not effective.
- Fleet enema adult 1 bottle (133 mL) PR daily Prn constipation if Milk of Magnesia (MOM) (if ordered) and Bisacodyl (Dulcolax) (if ordered) not effective. (product contains phosphate salts)

Endocrine medications: Diabetic Therapy

REMINDER: For Subcutaneous Insulin Orders - Use Subcutaneous Insulin Short Set/Order Form

Other medications: _____

***All labs/diagnostics will be drawn/done routine now unless otherwise specified**

BLOOD BANK

REMINDER: For patients with an elevated INR, consider the use of clotting factors or fresh frozen plasma, with or without vitamin K [Evidence](#)

Type and screen

****For INR 1.8 to 3.9 (Select only one) for patients with elevated INR AND on warfarin**

Transfuse 2 units of Thawed Plasma (TPL). Indication for transfusion: Coumadin reversal

Transfuse 4 units of Thawed Plasma (TPL). Indication for transfusion: Coumadin reversal

****For INR 4 or greater (Select only one) for patients with elevated INR AND on warfarin**

Transfuse 3 units of Thawed Plasma (TPL). Indication for transfusion: Coumadin reversal

Transfuse 4 units of Thawed Plasma (TPL). Indication for transfusion: Coumadin reversal

****For patients who are NOT on warfarin**

Transfuse _____ unit(s) of Thawed Plasma (TPL). Indication for transfusion: Blood loss

Transfuse _____ unit(s) of platelets. Indication for transfusion: Blood loss

LABORATORY - Hematology

Complete Blood Count (CBC) - In AM

Platelet Function Assay (PFA) - In AM

Fibrinogen (FIB) - In AM

LABORATORY - Chemistry

Complete metabolic panel (CMP) - In AM

Albumin, serum (ALB) - In AM

Lipid Panel (LPP) - In AM

Osmolality, serum (OSMO) - In AM

LABORATORY - Blood Gas

Arterial Blood gas (ABG)

LABORATORY - Toxicology

Phenytoin level (Dilantin)-In AM

DIAGNOSTICS - Cardiology

Electrocardiogram (12-lead EKG); Reason: Intracerebral hemorrhage

DIAGNOSTICS - Radiology

Chest X-ray 1 View (CXR), Portable Reason: Intracerebral hemorrhage

Radiograph, swallowing function dysphagia with cineradiography and/or videoradiography; Reason: Intracerebral hemorrhage [Evidence](#)

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DIAGNOSTICS - CT

- CT of brain without contrast. Reason: Intracerebral hemorrhage- In AM [Evidence](#)

DIAGNOSTICS - MRI

- MRI Angiogram cerebral without contrast. Reason: Intracerebral hemorrhage [Evidence](#)
 MRI, brain without contrast. Reason: Intracerebral hemorrhage [Evidence](#)206076

DIAGNOSTICS - Neurology

- Electroencephalogram (EEG): Reason: Intracerebral hemorrhage

DIAGNOSTICS - Ultrasonography

- Ultrasound (VIH) Carotid Doppler, bilateral; Reason: Intracerebral hemorrhage

MD CONSULTS

REMINDER: Consider specialty referral (Neurosurgery, Neurology) [Evidence](#)

- Consult MD Dr. _____
 Consult MD, Dr. _____

REQUEST FOR SERVICE

- Consult Occupational Therapy evaluation and treatment for activities of daily living
 Consult Physical Therapy evaluation and treatment for strengthening and mobility
 Outpatient Physical Therapy Rehabilitation Referral
 Consult Speech Therapy for swallow evaluation
 Consult Speech Therapy for speech evaluation and treatment
 Consult Social Services
 Consult Nutritional Services

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