

✓	STROKE ORDERS - ISCHEMIC, NON-THROMBOLYTIC GENERAL	ROOM NO. _____
ALLERGIES (list reactions): _____		HT _____ (Cm) WT _____ (Kg)
A <input checked="" type="checkbox"/> indicates a selected order. If a defaulted order is not appropriate or there is a change to an order, draw a line through the order and initial.		
Diagnosis: Ischemic Stroke without thrombolytics		
<input type="checkbox"/> Admit to ICU as inpatient <input type="checkbox"/> Admit to telemetry as inpatient		
Isolation (check all that apply):		
<input type="checkbox"/> Airborne precautions <input type="checkbox"/> Contact precautions <input type="checkbox"/> Droplet precautions		
Reason for isolation: _____		
Code Status: For DNAR status complete separate DNAR Physician Orderset		
Nursing:		
<input checked="" type="checkbox"/> Assess neurologic status with complete NIHSS on admission and Q shift <input checked="" type="checkbox"/> Vital signs with neuro checks (abbreviated NIHSS) every 2 Hrs x 24 Hrs, then per unit routine <input checked="" type="checkbox"/> Bedside swallow screen by RN on admission prior to any Po intake <input checked="" type="checkbox"/> Cardiac monitor <input type="checkbox"/> May leave floor without cardiac monitor <input type="checkbox"/> Blood Glucose point-of-care measurement Q 6 Hrs if patient NPO, or <input type="checkbox"/> Blood Glucose point-of-care measurement before each meal and at bedtime <input checked="" type="checkbox"/> If patient is diabetic, start Subcutaneous Insulin Orders, Low Dose Novolog Insulin for sliding scale coverage <input type="checkbox"/> Elevate head of bed at 30 degrees and keep head midline <input checked="" type="checkbox"/> Orthostatic BP prior to first time getting out of bed <input checked="" type="checkbox"/> Sequential venous compression devices, thigh high, to lower extremities while in bed <input type="checkbox"/> Insert small bore feeding tube <input type="checkbox"/> NG/OG tube insertion and management <input type="checkbox"/> Place urinary catheter; Reason: _____ On placement of urinary catheter, send urine for UA to Reflex to Culture (UATC) <input checked="" type="checkbox"/> Notify neurologist, Dr. _____ if change in neuro status-worsening headache, change in level of consciousness, unexplained vomiting, change in pupil size/reactivity, or increased agitation <input checked="" type="checkbox"/> Notify physician if respiratory rate < 8 per min or > 24 per min <input checked="" type="checkbox"/> Notify physician if Oxygen saturation is < 92% <input checked="" type="checkbox"/> Diet: NPO until swallow screen or swallow eval complete <input type="checkbox"/> Diet: _____ <input type="checkbox"/> Aspiration precautions, have suction available <input checked="" type="checkbox"/> HOB at 90° while eating (once patient no longer NPO) <input checked="" type="checkbox"/> Continuous pulse oximetry <input checked="" type="checkbox"/> Oxygen per Resp. Therapy Oxygen protocol (RT-667) to maintain oxygen saturation > 92% <input checked="" type="checkbox"/> Incentive spirometry Q 2 Hrs while awake		
12-hour Chart Check _____ RN DATE: ____ / ____ / ____ TIME: _____		
T.O. _____ Taken by: _____ / ____ / ____, TIME: _____		
TRANSCRIBED BY: _____ / ____ / ____, TIME: _____ NOTED BY: _____ / ____ / ____, TIME: _____		
PHYSICIAN SIGNATURE: _____ DATE: _____ TIME: _____		
PRINTED NAME/ID#: _____	(COUNTER-SIGN ALL T.O. ORDERS WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)	



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Lab/Procedures:		
<input checked="" type="checkbox"/> Lipid Panel (LPP) <input type="checkbox"/> Troponin-I (TROP) <input type="checkbox"/> Hemoglobin A1c (HbA1c) <input type="checkbox"/> Homocysteine, serum (HMCY) <input type="checkbox"/> CBC with diff (CBC) <input type="checkbox"/> ESR <input type="checkbox"/> BMP <input type="checkbox"/> Comprehensive metabolic panel <input type="checkbox"/> 12-lead EKG; Reason: _____ <input type="checkbox"/> Echocardiogram, transesophageal; Reason: _____ <input type="checkbox"/> Echocardiogram, transthoracic; Reason: _____ <input type="checkbox"/> Ultrasound, carotid, Doppler, bilateral; Reason: _____ <input type="checkbox"/> CXR (1View) Portable on arrival in unit; Reason: _____ <input type="checkbox"/> CXR (2View) on arrival in unit; Reason: _____ <input type="checkbox"/> CT angiography, neck with and without contrast. Reason: _____ <input type="checkbox"/> CT angiography, head with and without contrast. Reason: _____ <input type="checkbox"/> MRI, head without contrast. Reason: _____ <input type="checkbox"/> MRA, head and neck without contrast. Reason: _____		
Referrals:		
<input type="checkbox"/> Cardiology: Dr. _____ <input type="checkbox"/> Case Management <input type="checkbox"/> Dietitian <input checked="" type="checkbox"/> Occupational Therapy evaluation and treatment for ADL <input checked="" type="checkbox"/> Physical Therapy evaluation and treatment for strengthening and mobility <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Social Services <input checked="" type="checkbox"/> Speech Therapy for swallow evaluation and treatment <input type="checkbox"/> Speech and Language evaluation and treatment <input checked="" type="checkbox"/> Outpatient Physical Rehabilitation		
Medications:		
<u>IV Fluids:</u>		
<input type="checkbox"/> 0.9% Sodium Chloride IV @ 100 mL/Hr, or Other _____ to run at _____ mL/Hr <input type="checkbox"/> Saline Lock IV if tolerating fluids, temperature is < 100.4°F, HCT > 30, and not requiring PCA. Flush per protocol (Clinical IV 366)		
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<u>Preferred Antihypertensive Treatment:</u>		
<input type="checkbox"/> Labetalol 10 mg IV Push x 1 over 2 min Prn SBP > 220 mmHg or DBP > 120 mmHg. May repeat x 1 Prn SBP > 220 mmHg or DBP > 120 mmHg. Hold for HR < 50 BPM and notify physician, <input type="checkbox"/> Labetalol 10 mg IV Push x 1 over 2 min Prn SBP > 220 mmHg or DBP > 120 mmHg. May repeat 20 mg IV or Push Q 10 min Prn SBP > 220 mmHg or DBP > 120 mmHg. Maximum total dose = 300 mg/24 Hrs. Hold for HR < 50 BPM and notify physician, or		
<u>Alternative Antihypertensive Treatment:</u>		
<input type="checkbox"/> niCARdipine (Cardene) IV drip at 5 mg/Hr. Titrate by 2.5 mg/Hr Q 15 min to a Max of 15 mg/Hr to keep SBP < 220 mmHg or DBP < 120 mmHg. Hold for HR < 50 BPM and notify physician. (ICU only)		
<u>Other Antihypertensive Treatment:</u>		
<input type="checkbox"/> _____		
<u>Antipyretics:</u> (Total acetaminophen not to exceed 4,000 mg/24 Hrs).		
<input type="checkbox"/> Acetaminophen (Tylenol) 650 mg Po Q 6 Hrs Prn mild pain (scale 1-3) or fever > 99.6°F or 37°C, or <input type="checkbox"/> Acetaminophen (Tylenol) 650 mg via NGT Q 6 Hrs Prn mild pain (scale 1-3) or fever > 99.6°F or 37°C.		
<u>Anti-platelet Agent:</u>		
<input type="checkbox"/> Do not give Anti-platelet agent. Document reason here: _____, or <input type="checkbox"/> Aspirin 325 mg Po/NG daily. If pt unable to take Po/NG give Aspirin suppository 300 mg PR daily, or <input type="checkbox"/> Aspirin _____ mg Po/NG daily. If pt unable to take Po/NG give Aspirin suppository 120 mg PR daily		
<u>VTE Prophylaxis:</u>		
<input type="checkbox"/> Enoxaparin (Lovenox) 40 mg SubQ daily. Pharmacy to reduce dose to 30 mg SubQ daily for Creatinine clearance < 30 mL/min		
<u>Lipid-Regulating:</u>		
<input type="checkbox"/> Do not start statin therapy. Document reason here: _____, or <input type="checkbox"/> Simvastatin 20 mg Po daily in the evening		
<u>General medication orders:</u>		
<input type="checkbox"/> Ondansetron (Zofran) 4 mg IV Push Q 12 Hrs Prn nausea/vomiting <input type="checkbox"/> Famotidine (Pepcid) 20 mg IV Push Q 12 Hrs to prevent ulcers. Change to 20 mg Po Q 12 Hrs when taking Po diet. Pharmacy to reduce dose to 20 mg Po/IV daily for creatinine clearance < 50 mL/min. <input type="checkbox"/> Docusate sodium (Colace) 100 mg Po Bid (stool softener). Hold for loose stools. <input type="checkbox"/> Maalox suspension 30 mL Po Q 4 Hrs Prn dyspepsia (Product contains magnesium salts). <input type="checkbox"/> MOM 30 mL Po daily Prn constipation (Product contains magnesium salts), or <input type="checkbox"/> Bisacodyl (Dulcolax) 5 mg Po daily Prn constipation, or <input type="checkbox"/> Bisacodyl (Dulcolax) 10 mg suppository PR daily Prn constipation		
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