

✓	STROKE ORDERS - INTRACEREBRAL HEMORRHAGE CRITICAL CARE	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: Diagnosis: Intracerebral hemorrhage		
<input checked="" type="checkbox"/> Admit to ICU as inpatient		
Code Status: For DNAR status complete separate DNAR Physician Orderset		
Nursing:		
<input checked="" type="checkbox"/> Bed rest until cleared by neurosurgeon		
<input checked="" type="checkbox"/> Complete NIHSS on admission and at discharge		
<input checked="" type="checkbox"/> Assess neurologic status, Glasgow Coma Scale, Q 1 Hr and Prn		
<input checked="" type="checkbox"/> Bedside swallow screen by RN on admission prior to any Po intake		
<input checked="" type="checkbox"/> Vital signs Q 1 Hr		
<input checked="" type="checkbox"/> Cardiac Monitor		
<input checked="" type="checkbox"/> Blood Glucose point-of-care measurement. If > 150 mg/dL, notify MD to initiate Subcutaneous Insulin Orders.		
<input type="checkbox"/> Intracranial pressure monitor; drain height _____		
<input checked="" type="checkbox"/> I&O Q 1 Hr		
<input checked="" type="checkbox"/> Elevate head of bed at 30 degrees and keep head midline		
<input type="checkbox"/> Pulmonary capillary wedge pressure		
<input type="checkbox"/> Antiembolic stockings, knee high		
<input checked="" type="checkbox"/> Sequential venous compression devices, thigh high, to lower extremities while in bed		
<input type="checkbox"/> Oral Gastric (OG) tube connected to low continuous suction		
<input type="checkbox"/> PRAFO boots. Alternate between right and left foot every 2 Hrs		
<input type="checkbox"/> Place urinary catheter if intubated; Reason: _____		
On placement of urinary catheter, send urine for UA to Reflex to Culture (UATC)		
<input checked="" type="checkbox"/> Notify neurosurgeon, 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"/> Diet: 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 type="checkbox"/> Initiate ROM within 48 Hrs of admission		
Lab/Procedures:		
<input checked="" type="checkbox"/> Type and screen		
<input type="checkbox"/> Blood gas, arterial (SBGA)		
<input type="checkbox"/> Platelet Function Assay (PFA)		
<input type="checkbox"/> Fibrinogen (FIB)		
<input type="checkbox"/> Albumin, serum (ALG)		
<input type="checkbox"/> Osmolality, serum (OSMO)		
<input type="checkbox"/> CBC with diff (CBC)		
12-hour Chart Check _____		RN DATE: ____ / ____ / ____ TIME: _____
T.O. _____		Taken by: _____ / ____ / ____, TIME: _____
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Lab/Procedures (Continued):		
<input type="checkbox"/> CMP <input type="checkbox"/> Lipid Panel (LPP) <input type="checkbox"/> Phenytoin level (PTN) <input type="checkbox"/> Transfusion, fresh frozen plasma <input type="checkbox"/> CXR (1View) Portable on arrival in unit; Reason: _____ <input type="checkbox"/> Electroencephalogram (EEG); Reason: _____ <input type="checkbox"/> 12-lead EKG; Reason: _____ <input type="checkbox"/> Radiograph, swallowing function, with cineradiography and/or videoradiography <input type="checkbox"/> MRI, head without contrast. Reason: _____ <input type="checkbox"/> MRA, head and neck without contrast. Reason: _____ <input type="checkbox"/> CT, head or brain without contrast. Reason: _____		
Referrals:		
<input type="checkbox"/> Case Management <input type="checkbox"/> Dietitian <input checked="" type="checkbox"/> Occupational Therapy evaluation and treatment for ADLs when cleared by neurosurgeon <input checked="" type="checkbox"/> Physical Therapy evaluation and treatment for strengthening and mobility when cleared by neurosurgeon <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Social Services <input checked="" type="checkbox"/> Speech Therapy for swallow evaluation <input type="checkbox"/> Speech and Language evaluation and treatment <input checked="" type="checkbox"/> Outpatient 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)		
<u>Increased ICP management:</u>		
<input type="checkbox"/> Use Mannitol or Hypertonic Saline (Select one Mannitol order or Hypertonic Saline order below), or <input type="checkbox"/> Alternate Mannitol and Hypertonic Saline (Select one Mannitol order AND Hypertonic Saline order below) – start with Mannitol and alternate with Hypertonic Saline after 2 Hrs. <input type="checkbox"/> Mannitol (0.25 Gm/Kg) = _____ Gms IVPB over 30 min Q 4 Hrs Prn ICP > 20 mmHg. Keep serum osmo < 315 and maintain euvolemia. Hold Mannitol if serum sodium is ≥ 155. (use a 1.2-micron filter), or <input type="checkbox"/> Mannitol (0.5 Gm/Kg) = _____ Gms IVPB over 30 min Q 4 Hrs Prn ICP > 20 mmHg. Keep serum osmo < 315 and maintain euvolemia. Hold Mannitol if serum sodium is ≥ 155. (use a 1.2-micron filter), or <input type="checkbox"/> Mannitol (1 Gm/Kg) = _____ Gms IVPB over 30 min Q 4 Hrs Prn ICP > 20 mmHg. Keep serum osmo < 315 and maintain euvolemia. Hold Mannitol if serum sodium is ≥ 155. (use a 1.2-micron filter), or <input type="checkbox"/> Hypertonic Saline (Sodium Chloride 3%) 200 mL over 20 min Q 4 Hrs Prn ICP > 20 mmHg. Hold if serum sodium < 134 or > 160 mEq/dL		
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<u>Preferred Antihypertensive Treatment:</u>		
<input type="checkbox"/> Labetalol 10 mg IV Push x 1 over 2 min Prn SBP > 150 mmHg. May repeat 20 mg IV Push Q 10 min Prn SBP > 150. If SBP remains > 150 after 70 mg, contact physician for alternative orders. Maximum total dose = 300 mg/24 Hrs. Hold for HR < 50 BPM and notify physician, or <input type="checkbox"/> Labetalol 10 mg IV Push x 1 over 2 min Prn SBP > 150, then start labetalol IV drip at 2 mg/min. Titrate by 1 mg/min Q 10 min to a Max of 8 mg/min to keep SBP < 150, 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 < 150 mmHg. Hold for HR < 50 BPM and notify physician.		
<u>Other Antihypertensive Treatment:</u>		
<input type="checkbox"/> _____		
<u>Vasoactive Agents:</u>		
MD – state target/goal SBP range here: _____		
<input type="checkbox"/> Phenylephrine (Neo-Synephrine) IV drip at 20 mCg/Kg/min. Titrate per drip titration guidelines to maintain SBP within target/goal range as noted above, or <input type="checkbox"/> Dopamine IV drip at 2 mCg/Kg/min. Titrate per drip titration guidelines to maintain SBP within target / goal range as noted above.		
<u>Treatment for patients with ICH with elevated INR AND on warfarin. Give if Not given in ED. (Select only one)</u>		
For INR 1.8 to 3.9 (Select one only):		
<input type="checkbox"/> Transfuse 2 units of Thawed Plasma (TPL), or <input type="checkbox"/> Transfuse 4 units of Thawed Plasma (TPL), or <input type="checkbox"/> Vitamin K 1 mg IVPB over 15 min x 1 dose, or <input type="checkbox"/> Vitamin K 2 mg IVPB over 15 min x 1 dose, or <input type="checkbox"/> Vitamin K 10 mg IVPB over 15 min x 1 dose, or Other: _____		
For INR 4 or greater (Select only one)		
<input type="checkbox"/> Transfuse 3 units of Thawed Plasma (TPL), or <input type="checkbox"/> Transfuse 4 units of Thawed Plasma (TPL), or <input type="checkbox"/> Vitamin K 2 mg IVPB over 15 min x 1 dose, or <input type="checkbox"/> Vitamin K 10 mg IVPB over 15 min x 1 dose, or Other: _____		
<u>Treatment for patients with ICH who are NOT on warfarin: Give if Not given in ED.</u>		
<input type="checkbox"/> Transfuse _____ units of Thawed Plasma (TPL), <input type="checkbox"/> Transfuse _____ units of platelets Other: _____		
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<u>Antiepileptics:</u>		
<input type="checkbox"/> If not given in ED – give Phenytoin (Dilantin) (15 mg/Kg) = _____ mg in NS 150 mL IVPB x 1 dose. (Rate not to exceed 50 mg/min, if patient is > 65 years, rate not to exceed 25 mg/min), then <input type="checkbox"/> Phenytoin (Dilantin) 100 mg IV Push Q 6 Hrs or Q _____ Hrs		
<u>Antipyretics / Analgesics:</u> (Total acetaminophen not to exceed 4,000 mg/24 Hrs)		
<input type="checkbox"/> Acetaminophen (Tylenol) 650 mg via NGT Q 6 Hrs Prn Temp > 99.6°F or 37°C. If pt unable to take via NGT, give Acetaminophen 650 mg suppository PR Q 6 Hrs Prn Temp > 99.6°F or 37°C, or <input type="checkbox"/> Acetaminophen (Tylenol) 650 mg Po Q 6 Hrs Prn Temp > 99.6°F or 37°C. <input type="checkbox"/> Morphine 1 mg IV Push Q 30 min Prn moderate pain (scale 4-6) <input type="checkbox"/> Morphine 2 mg IV Push Q 30 min Prn severe pain (scale 7-10), or <input type="checkbox"/> Morphine drip at 2 mg/Hr. Titrate by 1 mg Q 1 Hr to a Max of 10 mg/Hr to achieve a pain scale < 4 <input type="checkbox"/> Other: _____		
<u>Sedatives:</u> (Use only in mechanically ventilated patients)		
<input type="checkbox"/> Refer to "Sedation Orders For Intubated Patients" order form. Apply BIS monitor		
<u>Paralytic:</u> (Use only in mechanically ventilated patients if needed for ICP or Ventilator Control)		
<input type="checkbox"/> Vecuronium IV drip at 1 mCg/Kg/min. Titrate up by 0.25 mCg/Kg/min or down by 50% after each train of four test to maintain train of four with neuromuscular stimulator goal 1-2 of 4 (Max dose = 1.75 mCg/Kg/min). Train of four Q 1 Hr and Prn. Keep BIS 40-60. Dose obese patients based upon ideal body weight. (IBW for males = 50 Kg + 2.3 Kg for each inch over 5 feet. IBW for females = 45.5 Kg + 2.3 Kg for each inch over 5 feet)		
<u>VTE Prophylaxis:</u>		
<input type="checkbox"/> Enoxaparin (Lovenox) 40 mg SubQ daily. Start on day 3. Pharmacy to reduce dose to 30 mg SubQ daily for creatinine clearance < 30 mL/min. RECONFIRM with Neurosurgeon prior to starting enoxaparin (Lovenox).		
<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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