

✓	STROKE - INTRACEREBRAL HEMORRHAGE EMERGENCY DEPARTMENT	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: Intracerebral hemorrhage _____		
Nursing:		
<input checked="" type="checkbox"/> Assess neurologic status, Glasgow Coma Scale (GCS), pupil check, and vital signs Q 15 min. <input checked="" type="checkbox"/> Elevate head of bed at 30 degrees and keep head midline. <input checked="" type="checkbox"/> NG/OG tube insertion/management if intubated <input checked="" type="checkbox"/> Ensure 2 peripheral IVs are present. One must be at least 18 gauge. <input type="checkbox"/> Place urinary catheter if intubated; Reason: _____ On placement of urinary catheter, send urine for UA to Reflex to Culture (UATC)		
Lab/Procedures:		
<input checked="" type="checkbox"/> Type and screen <input checked="" type="checkbox"/> Platelet Function Assay (PFA) <input type="checkbox"/> Fibrinogen (FIB) <input type="checkbox"/> Blood gas, arterial (SBGA)		
Referrals:		
<input type="checkbox"/> Respiratory Therapy		
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>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 (Must admit to critical care), 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. (Must admit to critical care)		
<u>Other Antihypertensive Treatment:</u> _____		
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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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.		
Treatment for patients with ICH with elevated INR AND on warfarin. (Select only one)		
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: _____		
Treatment for patients with ICH who are NOT on warfarin:		
<input type="checkbox"/> Transfuse _____ units of Thawed Plasma (TPL) <input type="checkbox"/> Transfuse _____ units of platelets <input type="checkbox"/> Other: _____		
Antiepileptic:		
<input type="checkbox"/> 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) <input type="checkbox"/> Other: _____		
Antipyretics / Analgesics: (Total acetaminophen not to exceed 4,000 mg/24 Hours).		
<input type="checkbox"/> Acetaminophen (Tylenol) 650 mg suppository PR Q 6 Hrs Prn Temp > 99.6°F or 37°C. <input type="checkbox"/> Morphine 1 mg IV Push Q 5 min Prn moderate pain (scale 4-6) <input type="checkbox"/> Morphine 2 mg IV Push Q 5 min Prn severe pain (scale 7-10) <input type="checkbox"/> Other: _____		
Diuretics (For Patients Posturing or with Fixed Non-reactive Pupils):		
<input type="checkbox"/> Mannitol (1 Gm/Kg) = _____ Gms IVPB x 1 dose over 20 min (use a 1.2-micron filter) <input type="checkbox"/> Hypertonic Saline (Sodium Chloride 3%) 200 mL IVPB x 1 dose over 20 min		
Sedation:		
<input type="checkbox"/> Midazolam (Versed) 2 mg IV Push Q 15 min Prn agitation to achieve a Riker Scale of 4 or _____. If patient is > 65 years, give 1 mg IV Push Q 15 min Prn agitation to achieve a Riker Scale noted above. <input type="checkbox"/> Propofol IV drip (must be intubated and admitted to Critical Care unit for propofol drip)Start at 10 mCg/Kg/min, may increase by 5 mCg/Kg/min every 5 min to a maximum of 50 mCg/Kg/min to achieve a Riker Scale of 4 or _____.		
12-hour Chart Check _____		RN DATE: ____ / ____ / ____ TIME: _____
T.O. _____		Taken by: _____ / ____ / ____, TIME: _____
TRANSCRIBED BY: _____ / ____ / ____, TIME: _____		NOTED BY: _____ / ____ / ____, TIME: _____
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