

✓	STROKE ORDERS – ISCHEMIC, THROMBOLYTIC THERAPY - 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: Ischemic Stroke		
Nursing:		
<input checked="" type="checkbox"/> Ischemic Stroke Thrombolytic Protocol. Assess neurologic status every 15 min X 2 hours, then Q 30 min X 6 Hrs, then Q 1 Hr X 16 Hrs. <input checked="" type="checkbox"/> If change in neuro status-worsening headache or change in level of consciousness or unexplained vomiting or change in pupil size/reactivity or increased agitation, Notify physician immediately and prepare for STAT CT of brain without contrast.		
<input type="checkbox"/> Confirm signed consent on chart for intra-arterial thrombolysis <input checked="" type="checkbox"/> Ensure 2 peripheral IVs are present. One must be at least 18 gauge.		
Referrals:		
<input type="checkbox"/> Case Management <input type="checkbox"/> Social Services		
Medications / IV:		
<input type="checkbox"/> IV _____ to run at _____ mL/Hr		
Thrombolytic Orders:		
<input type="checkbox"/> Consent for thrombolytics. Review inclusion and exclusion criteria. (<i>See t-PA Protocol for inclusion and exclusion criteria, and dosing guidelines.</i>) <input type="checkbox"/> Transfer to Interventional Radiology (IR) for Intra-arterial t-PA. or <input type="checkbox"/> IV t-PA only. Total dose of 0.9 mg/Kg = _____mg (max dose = 90 mg). Give 10% of total dose (0.09 mg/Kg, max dose = 9mg) IV bolus over 1 min, then infuse 90% of total dose (0.81 mg/Kg, max dose = 81 mg) over 60 min. Mandated double check prior to administration. or <input type="checkbox"/> IV t- PA followed by Intra-arterial t-PA in IR. (aka – bridging dose t-PA) IV t-PA total dose of 0.6 mg/Kg = _____mg (max dose = 60 mg). Give 10% of total dose (0.06 mg/Kg, max dose = 6 mg) IV bolus over 1 min, then infuse 90% of total dose (0.54 mg/Kg, max dose = 54 mg) over 30 min, then transfer to IR for Intra-arterial t-PA. Mandated double check prior to administration.		
Preferred Antihypertensive Treatment:		
<input type="checkbox"/> Labetalol 10 mg IV Push X 1 over 2 min Prn SBP > 180 mmHg or DBP > 105 mmHg. MR X 1 Prn SBP > 180 mmHg or DBP > 105 mmHg. Hold for HR < 50 beats per min and notify physician. or <input type="checkbox"/> Labetalol 10 mg IV Push X 1 over 2 minutes Prn SBP > 180 mmHg or DBP > 105 mmHg. MR Q 10 min with 20 mg IV, up to a total of 300 mg Prn SBP > 180 mmHg or DBP >105 mmHg. Hold for HR < 50 beats per min and notify physician. or <input type="checkbox"/> Labetalol 10 mg IV Push X 1 prn SBP > 180 or DBP > 105, then start a drip at 2 mg/min. Titrate by 1 mg/min Q 10 min to a max of 8 mg/min to keep SBP < 180 and/or DBP < 105 (Must admit to Critical Care) or		
Alternative Antihypertensive Treatment:		
<input type="checkbox"/> niCARdipine continuous infusion at 5 mg/Hr. May increase by 2.5 mg/Hr Q 5 – 15 min to keep SBP < 180 mmHg and DBP < 105 mmHg. Maximum of 15 mg/Hr. Hold for HR < 50 beats per min and notify physician. (Must admit to Critical Care)		
Other Antihypertensive Treatment:		
<input type="checkbox"/> _____		
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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THROMBOLYTIC THERAPY-
EMERGENCY DEPARTMENT**

PATIENT ID _____