


✓	STROKE ORDERS - ISCHEMIC, THROMBOLYTIC 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: Ischemic Stroke with thrombolytics		
<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 neurologist		
<input checked="" type="checkbox"/> Assess neurologic status with complete NIHSS Q shift		
<input checked="" type="checkbox"/> Assess neurologic status, Glasgow Coma Scale, Q 1 Hr and Prn		
<input checked="" type="checkbox"/> Vital signs with neuro checks (abbreviated NIHSS) Q 15 min x 2 Hrs, then Q 30 min x 6 Hrs, then Q 1 Hr x 16 Hrs		
<input checked="" type="checkbox"/> Bedside swallow screen by RN on admission prior to any Po intake		
<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 checked="" type="checkbox"/> Elevate head of bed at 30 degrees and keep head midline		
<input checked="" type="checkbox"/> Sequential venous compression devices, thigh high, to lower extremities while in bed		
<input type="checkbox"/> NG/OG tube insertion and management		
<input type="checkbox"/> Insert small bore feeding tube		
<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"/> Diet: NPO		
<input checked="" type="checkbox"/> Continuous pulse oximetry		
<input checked="" type="checkbox"/> Oxygen per Resp. Therapy Oxygen protocol (RT667) to maintain oxygen saturation > 90%		
<input type="checkbox"/> Initiate ROM within 48 Hrs of admission		
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 (CMP)		
<input type="checkbox"/> 12-lead EKG; Reason: _____		
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)	




**STROKE ORDERS - ISCHEMIC,
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Lab/Procedures (Continued):		
<input type="checkbox"/> Echocardiogram, transesophageal; Reason: _____		
<input type="checkbox"/> Echocardiogram, transthoracic; Reason: _____		
<input type="checkbox"/> Ultrasound, carotid, Doppler, bilateral; Reason: _____		
<input type="checkbox"/> CXR (1 View) Portable on arrival in unit; Reason: _____		
<input type="checkbox"/> CXR (2 View) Portable 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"/> Case Management		
<input type="checkbox"/> Dietitian		
<input checked="" type="checkbox"/> Occupational Therapy evaluation and treatment for ADLs when cleared by neurologist		
<input checked="" type="checkbox"/> Physical Therapy evaluation and treatment for strengthening and mobility when cleared by neurologist		
<input type="checkbox"/> Respiratory Therapy		
<input type="checkbox"/> Social Services		
<input checked="" type="checkbox"/> Speech Therapy for swallow evaluation and treat		
<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)		
<u>Preferred Antihypertensive Treatment:</u>		
<input type="checkbox"/> Labetalol 10 mg IV Push over 2 min Q 15 min Prn SBP > 185 mmHg or DBP > 110 mmHg. Maximum total dose = 300 mg/24 Hrs. Hold for HR < 50 BPM and notify physician, or <input type="checkbox"/> Labetalol 10 mg IV Push over 2 min Q 15 min Prn SBP > 180 mmHg or DBP > 100 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 < 185 mmHg or DBP < 110 mmHg. Hold for HR < 50 BPM and notify physician, or <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 < 180 mmHg or DBP < 100 mmHg. Hold for HR < 50 BPM and notify physician.		
12-hour Chart Check _____		RN DATE: ____ / ____ / ____ TIME: _____
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St. Joseph Hospital
 ST. JOSEPH
 HEALTH SYSTEM
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<u>Other Antihypertensive Treatment:</u> <input type="checkbox"/> _____		
<u>Antipyretics: (Total acetaminophen not to exceed 4,000 mg/24 Hours)</u> <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.		
<u>Anti-platelet Agent:</u> should be given by hospital day 2 but NO SOONER THAN 24 HOURS after thrombolytic <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> should be given by hospital day 2 but NO SOONER THAN 24 HOURS after thrombolytic <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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 ST. JOSEPH HOSPITAL ST. JOSEPH HEALTH SYSTEM STROKE ORDERS - ISCHEMIC, THROMBOLYTIC CRITICAL CARE PAGE 3 OF 3		PATIENT ID _____