

✓ <b>STROKE ORDERS - ISCHEMIC, NON THROMBOLYTIC, MEDICAL TREATMENT - EMERGENCY DEPARTMENT</b>	ROOM NO. _____
<b>ALLERGIES (list reactions):</b> _____	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.	
<b>Diagnosis:</b> Ischemic Stroke _____	
<b>Nursing:</b>	
<input checked="" type="checkbox"/> Assess neurologic status every 15 min x 4	
<b>Referrals:</b>	
<input type="checkbox"/> Case Management	
<input type="checkbox"/> Social Services	
<b>Medications:</b>	
<u>IV Fluids:</u>	
<input type="checkbox"/> IV _____ to run at _____ mL/Hr	
<u>Anti-Platelet:</u>	
<input type="checkbox"/> Do not give Aspirin. Aspirin is Contraindicated. Document reason here: _____	
<input checked="" type="checkbox"/> Aspirin 300 mg rectally X 1	
<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 MR X 1 Prn SBP > 220 mmHg or DBP > 120 mmHg. Hold for HR < 50 beats per min and notify physician.	
<b>or</b> <input type="checkbox"/> Labetalol 10 mg IV Push X 1 over 2 min Prn SBP > 220 mmHg or DBP > 120 mmHg. MR Q 10 min with 20 mg IV, up to a total of 300 mg Prn SBP > 220 mmHg or DBP > 120 mmHg. Hold for HR < 50 beats per min and notify physician.	
<b>or</b> <input type="checkbox"/> Labetalol 10 mg IV Push X 1 Prn SBP > 220 or DBP > 120, 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 < 220 and/or DBP < 120 (Must admit to Critical Care) or	
<u>Alternative Antihypertensive Treatment:</u>	
<input type="checkbox"/> niCARDipine continuous infusion at 5 mg/hour. May increase by 2.5 mg/hour Q 5 – 15 min to keep SBP < 220 mmHg and DBP < 120 mmHg. Maximum of 15 mg/Hr. Hold for HR < 50 beats per min and notify physician. (Must admit to Critical Care)	
<u>Other Antihypertensive Treatment:</u>	
<input type="checkbox"/> _____	
<b>12-hour Chart Check</b> _____ <b>RN</b> <b>DATE:</b> ____ / ____ / ____ <b>TIME:</b> _____	
<b>T.O.</b> _____ <b>Taken by:</b> _____ / ____ / ____, <b>TIME:</b> _____	
<b>TRANSCRIBED BY:</b> _____ / ____ / ____, <b>TIME:</b> _____ <b>NOTED BY:</b> _____ / ____ / ____, <b>TIME:</b> _____	
<b>PHYSICIAN SIGNATURE:</b> _____ <b>DATE:</b> _____ <b>TIME:</b> _____	
<b>PRINTED NAME/ID#:</b> _____	(COUNTER-SIGN ALL T.O. ORDERS WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)



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PATIENT ID