



ORD

ORDERED		Pilot Orders Ischemic Stroke Admission Orders (1 of 3)	TIME ORDER NOTED
DATE	TIME		
		Check appropriate boxes.	
		Allergies: _____ Height: _____ Weight: _____	
		1) Patient Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Observation	
		2) Location: <input type="checkbox"/> Critical Care <input type="checkbox"/> PCU <input type="checkbox"/> 3PT <input type="checkbox"/> Telemetry	
		3) Attending Physician: _____	
		4) Diagnosis: _____	
		5) If within three hour window, request orders for thrombolysis	
		6) Diet: <input type="checkbox"/> NPO until clinical bedside swallow exam by speech pathologist	
		<input type="checkbox"/> Proceed with MBS study when patient is able to participate safely	
		(Speech pathologist to call MD on all ICU patients)	
		<input type="checkbox"/> Diet as indicated per speech therapy	
		<input type="checkbox"/> Diet: _____	
		7) Vital signs and neuro checks every 2 hours X 12 hours, then every 4 hours X 24 hours	
		(If patient on telemetry or in ICU, then VS and neuro checks every 1 hour X 24 hours)	
		8) O2 per nasal cannula at _____ L/min or other oxygen via _____	
		9) Fall precautions	
		10) Other activity: <input type="checkbox"/> Turn every 2 hours if bed rest	
		<input type="checkbox"/> HOB elevated 30 degrees	
		<input type="checkbox"/> Bathroom privileges	
		<input type="checkbox"/> Bedside commode with transfer training	
		11) Diagnostic Studies:	
		<input type="checkbox"/> CT Brain: <input type="checkbox"/> Without contrast <input type="checkbox"/> With and without contrast	
		<input type="checkbox"/> STAT <input type="checkbox"/> Today <input type="checkbox"/> In AM	
		<input type="checkbox"/> MRI/MRA stroke protocol	
		<input type="checkbox"/> STAT <input type="checkbox"/> Routine Scheduling	
		Carotid ultrasound <input type="checkbox"/> Today <input type="checkbox"/> In AM	
		Chest X-Ray <input type="checkbox"/> Today <input type="checkbox"/> In AM	
		EKG <input type="checkbox"/> Today <input type="checkbox"/> In AM	
		Standard Echocardiogram <input type="checkbox"/> Today <input type="checkbox"/> In AM	
		MD Signature:	
		Date/Time:	



ISCHEMIC STROKE ADMISSION ORDERS

▼ Patient Label ▼

