



ORDERED		Ischemic Stroke Admission Orders (1 of 3)	TIME ORDER NOTED
DATE	TIME		
		<i>Check appropriate boxes.</i>	
		<b>Allergies:</b> _____ <b>Height:</b> _____ <b>Weight:</b> _____	
		1) <b>Patient Status:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Observation	
		2) <b>Location:</b> <input type="checkbox"/> Critical Care <input type="checkbox"/> PCU	
		3) <b>Attending Physician:</b> _____	
		4) <b>Diagnosis:</b> _____	
		5) <b>If within three hour window, <u>request orders</u> for thrombolysis</b>	
		6) <b>Call MD for any neurological changes:</b> decline in neuro checks, change in pupil reaction or size, headache, or vomiting.	
		7) <b>Diet:</b> <input type="checkbox"/> Strict NPO until patient <b>Passes Nursing Dysphagia Screen</b>	
		Passed Nursing Dysphagia Screen? <input type="checkbox"/> <b>Pass</b> <input type="checkbox"/> <b>Fail</b>	
		<b>Nurse Signature</b> _____ <b>Date/Time</b> _____	
		If patient <b>passes</b> Dysphagia Screen begin:	
		<input type="checkbox"/> Diet:	
		If patient <b>fails</b> Dysphagia Screen consult Speech Therapy <b>ASAP</b> for dysphagia evaluation and notify MD for further nutrition/hydration.	
		8) <input type="checkbox"/> <b>Diabetes Management Bundle</b>	
		9) <b>Weigh</b> on admission and daily	
		10) <b>Maintain normothermia</b> (98.6° - 99.5°). Implement cooling measures (cool room, light covering, prn medication) Notify MD if unable to normalize within 2 hours.	
		11) <b>Vital signs and neuro checks</b> q2 hours X 12 hours, then q 4 hours X 24 hours	
		12) <b>O2</b> per nasal cannula at _____ L/min or other oxygen via _____ to keep SpO <sub>2</sub> > 92%. Continuous pulse oximetry. Notify MD if unable to keep SpO <sub>2</sub> > 92%.	
		13) <b>I &amp; O.</b> Bladder scan (if no void in 4 hours). Straight cath if volume > 450 cc. <b>Notify MD after 2 straight cath episodes.</b>	
		14) <b>Fall precautions and</b>	
		<b>Other activity:</b> Turn q 2 hours if bed rest	
		<input type="checkbox"/> HOB elevated 30 degrees if SBP > 100mmHg	
		<input type="checkbox"/> Bathroom privileges	
		<input type="checkbox"/> Bedside commode with transfer training	
		<input type="checkbox"/> Up in chair TID by day 2. If pt. is eating, must be up with meals	
		Additional activity orders _____	
		15) <b>Consult Physical Therapy/Occupational Therapy/Speech Therapy</b> to evaluate and treat.	
		16) <b>Consult Social Services</b>	
		17) <b>Provide Ischemic Stroke Education Folder</b> to patient and family and begin stroke education.	
		Physician Signature: _____ Date/Time: _____	



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		<b>18) Diagnostic Studies:</b>	
		<input type="checkbox"/> <b>CT Brain:</b> <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"/> <b>MRI/MRA stroke protocol</b> <input type="checkbox"/> STAT <input type="checkbox"/> Routine scheduling	
		<input type="checkbox"/> <b>Carotid ultrasound</b> <input type="checkbox"/> Today <input type="checkbox"/> In AM	
		<input type="checkbox"/> <b>Chest X-ray</b> <input type="checkbox"/> Today <input type="checkbox"/> In AM	
		<input type="checkbox"/> <b>EKG</b> <input type="checkbox"/> Today <input type="checkbox"/> In AM	
		<input type="checkbox"/> <b>Standard Echocardiogram</b> <input type="checkbox"/> Today <input type="checkbox"/> In AM	
		<b>*Echo to be read by:</b> <input type="checkbox"/> Dr. Bart Williams	
		<input type="checkbox"/> Dr. Boland	
		<input type="checkbox"/> Other _____	
		<input type="checkbox"/> <b>Consult Cardiology for TEE:</b> <input type="checkbox"/> Dr. Bart Williams	
		<input type="checkbox"/> Dr. Boland	
		<input type="checkbox"/> Other _____	
		<b>19) Labs:</b> CMP <input type="checkbox"/> if not done in ED <input type="checkbox"/> in am	
		CBC <input type="checkbox"/> if not done in ED <input type="checkbox"/> in am	
		PT/PTT <input type="checkbox"/> if not done in ED <input type="checkbox"/> in am	
		BMP <input type="checkbox"/> if not done in ED <input type="checkbox"/> in am	
		Fasting Lipid Profile <input type="checkbox"/> in am	
		UA <input type="checkbox"/> if not done in ED	
		<b>20) Additional Labs:</b> _____	
		<input type="checkbox"/> ESR <input type="checkbox"/> ANA <input type="checkbox"/> RPR <input type="checkbox"/> Hgb A1C	
		<input type="checkbox"/> Hypercoagulability Panel with consultation	
		<input type="checkbox"/> Homocysteine	
		<input type="checkbox"/> Leiden Factor V	
		<b>21) Blood Pressure management.</b>	
		<input type="checkbox"/> <b>Do not use antihypertensives</b>	
		<input type="checkbox"/> <b>Follow parameters below</b>	
		<b>SBP greater than or equal to 220</b>	<input type="checkbox"/> Labetalol 10 mg IV over 2 min; may repeat this every 10 min x 2 doses <b>OR</b>
		<b>OR</b>	<input type="checkbox"/> Labetalol 20 mg IV over 2 min
		<b>DBP greater than 120</b>	may repeat this every 10 min (max dose 300 mg) <b>OR</b>
			<input type="checkbox"/> Nicardipine (50 mg/250 ml D5W) @ 5
			mg/hr and titrate to desired effect by
			increasing 2.5 mg/hr every 15 min to max of 15 mg/hr
		<b>If NO response to above treatment OR for DBP &gt; 140 OR for hypotension OR bradycardia notify MD</b>	
		Physician Signature:	Date/Time:



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		<b>22)</b> <input type="checkbox"/> INT <input type="checkbox"/> ½ NS at _____ ml/hr <input type="checkbox"/> NS at _____ ml/hr <input type="checkbox"/> Add 20 mEq KC1 to each liter All IV medications are to be mixed in normal saline.	
		<b>23) Prior</b> to administering <b>ANY</b> oral medications, the patient must pass the Nursing Dysphagia Screen.	
		<b>24) DVT prophylaxis:</b> <input type="checkbox"/> Apply SCDs unless fully ambulatory or: Enoxaparin Sodium (Lovenox) <input type="checkbox"/> 40 mg SQ daily <input type="checkbox"/> 30 mg SQ daily for Clcr < 30ml/min	
		<b>25) Antithrombotics/Stroke prevention:</b> <input type="checkbox"/> Aspirin 81 mg po daily <b>OR</b> <input type="checkbox"/> aspirin 325 mg po OR pr daily, start _____ <input type="checkbox"/> Clopidogrel (Plavix) 75 mg po daily <input type="checkbox"/> ASA/dipyridimole 25/200 mg (Aggrenox) 1 capsule po BID <input type="checkbox"/> Warfarin (Coumadin) _____ mg po daily <input type="checkbox"/> Enoxaparin (Lovenox) 1 mg/kg Q 12 hours (only indicated in patients with Atrial fibrillation)	
		<b>26) Statin therapy</b>	
		<b>27) Smoking cessation:</b> Nicotine patch: <input type="checkbox"/> 7 mg <input type="checkbox"/> 14 mg <input type="checkbox"/> 21 mg    daily	
		<b>28) Identify and list</b> home medications	
		<b>29)</b> <input type="checkbox"/> Pantaprozole sodium (Protonix) 40 mg PO daily <input type="checkbox"/> Sodium docusate (Colace) 100mg PO daily <input type="checkbox"/> Milk of Magnesia 30 ml PO every 6 hours prn constipation (caution in renal patients) <input type="checkbox"/> Dulcolax suppository PR every 12 hours prn if no BM by day 3 <input type="checkbox"/> Acetaminophen 650 mg PO or PR every 4 hours PRN temp. > 99.5 May alternate with: <input type="checkbox"/> Ibuprofen 400 mg PO every 6 hour prn temp. > 99.5 <input type="checkbox"/> Artificial Tears prn for dryness <input type="checkbox"/> Benzocaine/Phenol (Chloraseptic) spray prn for sore throat <input type="checkbox"/> Lip balm (Blistex) to lips prn for dryness or irritation	
		Physician Signature: _____	Date/Time: _____



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