Carteret General Hospital
Morehead City, North Carolina

Patient Label

Allergies:_____

_____

Ischemic Stroke and TIA Orders

INSTRUCTIONS TO COMPLETE ORDER SET: Orders with check boxes are optional and must be specifically check marked to be considered part of the authenticated order set. **Orders without check boxes are routine** and will be automatically performed as part of the authenticated order set. All statements ending in a colon or containing a blank must be completed to be considered a valid order.

1. **Admission status:**
   - ☐ Inpatient **Level of Care:** ☐ CCU ☐ PCU ☐ Telemetry ☐ Medical floor ☐ Post-surgical floor
   - ☐ Observation **Level of Care:** ☐ CCU ☐ PCU ☐ Telemetry ☐ Medical floor ☐ Post-surgical floor
2. **Attending Physician:** Dr. _____
3. **Diagnosis:** ☐ **TIA** ☐ **CVA** **Condition:** _____
4. **Vitals** q 2 hours X 12 hours, then q 4 hours
5. **Activity:** _____
6. **Nursing:**
   - Aspiration Risk Screen per Respiratory Therapy – (if not done in ED)
   - Neuro checks q 2 hours X 12 hours, then q 4 hours
   - O_2 via _____ @ _____lpm
   - **I & O** and Daily Weights
   - ☐ FSBS Q AM
   - Initiate CVA Plan of Care
7. **Diet:** NPO until Aspiration Risk Screen
8. **Tests:** ☐ EKG ☐ PCXR ☐CT of head w/o contrast
   ☐ Carotid Dopplers ☐ 2D Echocardiogram Dr. _____ to read.
   ☐ CT Angiogram Head and Neck ☐ MRI of Brain with and without contrast
   ☐ MRA of head without contrast
9. **Labs:** (if not done in ED)
   ☐ CBCw/out diff ☐ CBC w/diff ☐ PT/INR ☐ PTT ☐CMP ☐ HgbA1C
   ☐ Fasting Lipid Profile in AM ☐ Fasting Homocystine in AM ☐ UA
10. **Consults:** ☐ Neurology ☐ Physical Therapy ☐ Speech Therapy
    ☐ AllWell-Smoking Cessation ☐ Occupational Therapy
11. **DVT Prophylaxis:** ☐ Heparin 5000 units subQ every 8 hours ☐ SCD's ☐ Lovenox 40 mg subQ daily
12. **Medications:**
    IV: ☐ Saline lock ☐ NS@ _____cc/hr
    ☐ Aspirin 325 mg PO daily ☐ Plavix 75 mg PO daily ☐ Aggrenox one PO BID

_____ _____ _____

_____ _____ _____

Other Orders:_____

_____

Physician_____ Date _____ Time_____

M.ORDERS

FO/Orders/Ischemic-Stroke MD Order
Orig Date: 10/06
Rev Date:11/06; 12/06; 2/07; 4/07; 6/07; 10/07, 11/08