

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked <input type="checkbox"/>	Physician's Orders
CODE STROKE PROTOCOL (Onset Within 3 Hours)		
<input type="checkbox"/> Pharmacist may dispense generic equivalents unless box is checked		
Height: _____ Weight: _____		
Diagnosis: _____		
Allergies: _____		
Vital Signs: Baseline NIHSS Score Vital Signs (Minimum every 30 minutes) Repeat NIHSS Score prior to discharge		
NURSING: Determine and record time of Stroke Onset on T-sheet Page Code Stroke		
<input type="checkbox"/> NPO		
<input type="checkbox"/> ER STROKE Order Set (/ERST at OE Procedure Prompt) which includes:		
<ul style="list-style-type: none"> - RAD Head CT without Contrast STAT - LAB CBC without Automated Diff - LAB Basic Metabolic Profile - LAB Cardiac Profile - LAB PT w/ INR - LAB PTT - RES EKG - RAD Portable Chest X-ray (Do not delay CT or labs for CXR) 		
<input type="checkbox"/> LAB HCG if indicated (not included in order set, add manually as needed)		
<input type="checkbox"/> Oxygen at 2 Liters per Minute via Nasal Cannula Titrate as needed to keep O2 Sat above 96%		
<input type="checkbox"/> Measure Finger Stick Blood Glucose and record on T-sheet		
IV FLUIDS:		
<input type="checkbox"/> Saline Lock (If patient does not already have IV access)		
<input type="checkbox"/> Other (specify): _____		
MEDICATIONS: NO heparin / No Warfarin / No Aspirin		
If telephone/verbal order, order(s) read back to and confirmed by prescriber.		
T.O/V.O.: _____		Patient Label
MD Signature: _____		
Date: _____ Time: _____		