



# PHYSICIAN'S ORDERS

*A generically or therapeutically equivalent drug as approved by the Pharmacy & Therapeutics Committee may be dispensed unless specifically stated.											
DRUG SENSITIVITY / ALLERGY	1. _____					2. _____					
	3. _____					4. _____					
	<b>UNSAFE ABBREVIATIONS</b>										
<b>DO NOT USE</b>	U or u	.1 mg	.10 mg or 1.0 mg	µg	MS or MSO4	MgSO4	IU	QD	QOD	AD	AS
<b>USE</b>	Units	0.1 mg	0.1 mg or 1 mg	mcg or micrograms	Morphine	Magnesium Sulfate	International Unit	Daily	Every Other Day	Right Ear	Left Ear

## STROKE (ISCHEMIC) ADMISSION ORDERS

- Admit as inpatient:**  Stroke MD  \_\_\_\_\_
- Diagnosis:**  Left brain stroke  Right brain stroke  \_\_\_\_\_
- Place Stroke Core Measure Reminder Sheet in chart under Progress Notes tab.**
- Condition:**  Good  Fair  Serious  Critical
- Perform NIHSS: \_\_\_\_\_
- Bed type:**  ICU (3100)  Telemetry (3000)
- Telemetry:** x 24 hours, then call MD for further orders
- Activity:**  Bed Rest, HOB may be 0-30°  OOB in Chair  BRP with assistance
- Diet:** Strict NPO (no meds, ice or sips) until swallow screen.
- Stroke Swallow Screen by RN.** Place completed form in progress notes. If passes, start \_\_\_\_\_ diet.
- Oxygen:** Pulse Ox q4h. Call for Sat < 92%
- Vitals:** q2h x 12 hr, then q4h (use Post tPA Assessment Flow Sheet)  
Keep temperature less than 100.5° F at all times. May use cooling blanket if not controlled with acetaminophen.
- Neurochecks:** q2h x 12 hr, then q4h (use Neuro Flow Sheet)
- CBGs:**  ac & hs  q6h, change to ac & hs when diet started  
Keep CBG less than 140  See Glycemic Control (SSI) Order Set (MR912599)
- Precautions:**  Seizure  Fall
- Notify MD if:** Systolic BP greater than or equal to 180 or less than 100      Respiratory rate greater than 30  
Diastolic BP greater than or equal to 105 or less than 70      Temperature greater than 100.5° F  
Pulse less than 50 or greater than 120      Blood glucose greater than 200 or less than 50
- I/O** q shift. Avoid use of indwelling bladder catheter
- Labs** (Do not reorder if done in ED; Stroke Panel includes CBC, CMET, PT/INR, PTT, cardiac enzymes)  
 CBC     PTT     Cardiac enzymes     Urine Drug Screen     Pregnancy test  
 CMET     UA     Fasting Lipid profile in AM     ETOH     ABG  
 PT/INR     HgbA1c
- Tests** (If not done in ED):  
 CT of head without contrast     CT Angiogram Head     Catheter cerebral angiogram  
 EKG     CT Angiogram Neck     EEG  
 2D echocardiogram     MRI of brain without contrast     CXR (if history of lung disease)  
 Carotid Dopplers     MRA of brain without contrast  
 Transcranial Dopplers     MRA of neck with contrast
- Consults:**  Physical Therapy     Speech Therapy Language/Cognition Evaluation  
 Occupational Therapy     Physical Medicine and Rehabilitation  
 Tobacco cessation consult (patient is a current tobacco user and/or has used tobacco in the past 12 months).
- Medications:**  Normal saline @ \_\_\_\_\_ ml/hr     Saline lock  
 Aspirin 300 mg PR daily (if NPO or swallow screen not done)     Acetaminophen (Tylenol) 650 mg PO/PR q4h prn  
 Aspirin 325 mg PO daily (if passed swallow screen). Start today.      pain or temperature ≥100.5° F or \_\_\_\_\_  
 Ondansetron (Zofran) 4 mg IV q6h prn nausea/vomiting     LOC  
 \_\_\_\_\_     \_\_\_\_\_
- VTE Prophylaxis:**  Enoxaparin 40 mg sq daily (reduce dose to 30 mg if CrCl <30 ml/min or weight ≤45 kg)  
 SCDs for VTE prophylaxis if enoxaparin contraindicated  
 No VTE prophylaxis (state reason; must complete for Core Measure): \_\_\_\_\_
- Brain Attack Booklet**
- Patient education on risk factors:**  Diabetes     Tobacco abuse     BMI >24  
 Hypertension     Hyperlipidemia     Hypertriglyceridemia     Hypercoagulopathy     PFO  
 Atrial fibrillation     Sedentary lifestyle     Carotid Stenosis     Excessive EtOH     Sleep apnea

Verbal/phone order via Dr. \_\_\_\_\_ / \_\_\_\_\_ RN

Verbal orders read back for verification \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



Physician **Signature** \_\_\_\_\_ DATE/TIME \_\_\_\_\_ Physician **PRINTED** Name / Contact # \_\_\_\_\_

Nursing Secretary \_\_\_\_\_ DATE/TIME \_\_\_\_\_ RN \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
White - Chart      Yellow - Pharmacy      24 HOUR CHART CHECK \_\_\_\_\_