



PHYSICIAN'S ORDERS

* A GENERICALLY OR THERAPEUTICALLY EQUIVALENT DRUG AS APPROVED BY THE PHARMACY COMMITTEE MAY BE DISPENSED UNLESS OTHERWISE SPECIFICALLY STATED.

Table with columns: START HERE, DATE, TIME, DRUG SENSITIVITY (1, 2, 3, 4)

UNSAFE ABBREVIATIONS

Table with columns: DO NOT USE, U or u, .1 mg, .10 mg or 1.0 mg, µg, MS or MSO4, MgSO4, IU, QD, QOD, AD, AS. USE → 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) AND TIA ADMISSION ORDERS

- 1. Admit as inpatient: [] Stroke MD []
2. Diagnosis: [] Left brain stroke [] Right brain stroke [] TIA []
3. Condition: [] Good [] Fair [] Serious [] Critical
4. Bed type: [] ICU (prefer 3100) [] Telemetry (prefer 3000)
5. Telemetry: x 24 hours, then call MD for further orders
6. Activity: [] Bed Rest, HOB may be 20-30° [] OOB in Chair [] BRP with assistance
7. Diet: Strict NPO (no meds, ice or sips) until swallow screen.
8. Stroke Swallow Screen by RN. Place completed form in progress notes. If passes, start _____ diet.
9. Oxygen: Pulse Ox q 4 hr. Call for Sat < 92%.
10. Vitals: q 2 hr x 12 hr, then q 4 hr
Goal Temperature less than 100.5 at all times. May use cooling blanket if not controlled with Acetaminophen.
11. Neurochecks: q 2 hr x 12 hr, then q 4 hr (use Neuro Flow Sheet)
12. CBGs: [] ac & hs [] q 6 hr, change to ac & hs when diet started
Keep CBG less than 140 [] Glucommander [] Hyperglycemia Protocol
13. Precautions: [] Seizure [] Fall
14. 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
Pulse less than 50 or greater than 120 Blood Glucose greater than 200 or less than 50
15. I/O q shift Avoid use of indwelling bladder catheter
16. Labs (if not done in ED)
[] CBC [] PTT [] Cardiac enzymes [] Urine Drug Screen [] Pregnancy test
[] CMET [] UA [] Fasting Lipid profile in AM [] ETOH [] ABG
[] PT/INR [] HgbA1c [] Fasting Homocysteine in AM
17. 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
18. Consults: [] Physical Therapy [] Speech Therapy Language/Cognition Evaluation
[] Occupational Therapy [] Physical Medicine and Rehabilitation (call 27658)
19. Brain Attack Booklet
20. Smoking cessation counselor if patient has smoked at any time within past year
21. Medications: [] Normal Saline @ _____ ml/hr
[] Aspirin 300 mg PR daily (if NPO or swallow screen not done)
[] Aspirin 325 mg PO daily (if passed swallow screen)
[] Metoclopramide (Reglan) 10 mg IV q 8 hr PRN nausea/vomiting
[] Acetaminophen (Tylenol) 650 mg PO/PR q 4 hr PRN temperature or pain
[] LOC

- 22. DVT Prophylaxis: [] Enoxaparin 40 mg sq daily [] SCDs
23. Patient education on risk factors: [] Hypertension [] Diabetes [] Tobacco abuse [] BMI > 24
[] Hyperlipidemia [] ↑ Triglycerides [] Hypercoagulopathy [] Atrial fibrillation [] PFO
[] Sedentary lifestyle [] Carotid Stenosis [] Excessive EtOH [] ↑ Homocysteine [] Sleep apnea
[] Verbal/telephone orders read back and verified.

NURSING SECRETARY _____ R.N. _____ PHYSICIAN _____ DATE _____

24 HOUR CHART CHECK _____

2-Hole 1/4 2 3/4 - 3-Hole 1/4 4 1/4



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16. Labs: CBC, PTT, Cardiac enzymes, Urine Drug Screen, Pregnancy test, CMET, UA, Fasting Lipid profile in AM, ETOH, ABG, PT/INR, HgbA1c, Fasting Homocysteine in AM
17. Tests: CT of head, EKG, 2D echocardiogram, Carotid Dopplers, Transcranial Dopplers, CT Angiogram Head, CT Angiogram Neck, MRI of brain, MRA of brain, MRA of neck, Catheter cerebral angiogram, EEG, CXR
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2-Hole 1/4 2 3/4 - 3-Hole 1/4 4 1/4