

Ischemic (Non-Hemorrhagic Stroke) or TIA Orders 108002

Check boxes of appropriate orders

PHYSICIAN'S ORDERS	
Date:	Time:
Admit Status	<input type="checkbox"/> Observation - For Medicare/Medicaid: Only appropriate for adverse outcomes post- op/post-procedure. <input type="checkbox"/> Acute Inpatient - Document necessity of acute care and plan of care.
Admit to	Service of Dr. _____
Admit to	<input type="checkbox"/> 5B Monitored Bed <input type="checkbox"/> Other Monitored Bed <input type="checkbox"/> NICU
Diagnosis	<input type="checkbox"/> Ischemic Stroke <input type="checkbox"/> TIA <input type="checkbox"/> R/O Stroke/TIA <input type="checkbox"/> Other
Condition	<input type="checkbox"/> Stable <input type="checkbox"/> Unstable
Consults	<input type="checkbox"/> Neurology Consult with Dr. _____ <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Physical Therapy; may advance activity per consult <input checked="" type="checkbox"/> Occupational Therapy <input checked="" type="checkbox"/> Speech Language Pathology Evaluation <input type="checkbox"/> Rehab Evaluation <input checked="" type="checkbox"/> Case Management Protocol <input type="checkbox"/> Dietitian Evaluation <input checked="" type="checkbox"/> If EKG report shows atrial fibrillation, Cardiology Consult with Dr. _____ <input checked="" type="checkbox"/> Nurse deliver Stroke Education information to patient.
Labs	<input type="checkbox"/> CBC with Diff <input type="checkbox"/> CK with isoenzymes and Troponin stat and q 6hr x 1 <input type="checkbox"/> BMP <input type="checkbox"/> C-RP <input type="checkbox"/> Hepatic Function Panel <input type="checkbox"/> U/A with urine culture and sensitivity <input type="checkbox"/> PT <input type="checkbox"/> Urine Drug screen <input type="checkbox"/> PTT <input type="checkbox"/> RPR <input checked="" type="checkbox"/> Fasting Lipid Panel <input type="checkbox"/> ESR <input type="checkbox"/> Fasting Homocysteine <input type="checkbox"/> Other _____ <input type="checkbox"/> Fasting Lpa <input type="checkbox"/> In AM: _____ <input type="checkbox"/> Hemoglobin A1c Consider young stroke work-up for patients <55 years: <input type="checkbox"/> Factor V Lieden <input type="checkbox"/> Protein S activity <input type="checkbox"/> Fibrinogen Level <input type="checkbox"/> Protein C activity <input type="checkbox"/> Antithrombin III Act Assay <input type="checkbox"/> Lupus Inhibitor <input type="checkbox"/> Anticardiolipin Antibody <input type="checkbox"/> ANA <input type="checkbox"/> Prothrombin Gene Mutation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Sickle Cell Screen
Diagnostics	<input type="checkbox"/> Head CT <input type="checkbox"/> without contrast <input type="checkbox"/> with contrast <input type="checkbox"/> MRI of Brain <input type="checkbox"/> without contrast <input type="checkbox"/> with contrast <input type="checkbox"/> MRA of Brain <input type="checkbox"/> Circle of Willis <input type="checkbox"/> neck blood vessels <input type="checkbox"/> 2D Echocardiogram with bubble study– read by _____ MD <input type="checkbox"/> Carotid Ultrasound – read by _____ MD <input type="checkbox"/> EEG <input type="checkbox"/> EKG <input type="checkbox"/> CXR <input type="checkbox"/> Other: _____

Patient Identification:

Origin: 6/99
 Last Rev: R12/07i
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Nursing	<input checked="" type="checkbox"/> Vital Signs q2hrs x 24 hours then q4hrs OR Other _____ <input checked="" type="checkbox"/> Neurochecks q2hrs x 24 hours then q4hrs OR Other _____ Other: <input type="checkbox"/> Oxygen SATS q _____ <input type="checkbox"/> If Sat less than 95% on room air, start O ₂ at _____ via _____: <ul style="list-style-type: none"> • Check oxygen sats with vital signs. • If pulse oximetry is greater than 94% check sat on room air; • If room air oxygen sat greater than 93% discontinue O₂, then check sats q 2 hrs x 2. Notify MD if less than 92%. If on 6L of oxygen and SATS still less than 92% or change in resp. status, notify MD office and respiratory therapy for a bronchial hygiene evaluation consult. <input checked="" type="checkbox"/> NIH Stroke Scale done on admission and at discharge <input checked="" type="checkbox"/> Smoking Cessation Counseling if patient has smoked in the last year. <input checked="" type="checkbox"/> IF blood glucose is greater than 150mg/dL OR history of diabetes initiate WakeMed Diabetes Glycemic Med-Surg Orders for Non-pregnant Adult: Standing Regimen: <input type="checkbox"/> Home <input type="checkbox"/> Other: _____ Supplemental: (based on BMI) with <input type="checkbox"/> Lispro Insulin (Humalog) <input type="checkbox"/> Regular Insulin (Humulin R) and BG Target: _____
Activity	<input checked="" type="checkbox"/> Keep HOB elevated greater than or equal to 30 degrees <input checked="" type="checkbox"/> Fall Precautions <input type="checkbox"/> Seizure Precautions <input type="checkbox"/> Strict Bed rest <input type="checkbox"/> Advance activity level per Physical Therapy recommendation <input type="checkbox"/> OOB with assistance
Treatments	<input type="checkbox"/> IV NS _____ mL/hr with _____ mEq/L KCL <input type="checkbox"/> Saline Lock <input type="checkbox"/> Other: _____
Bladder and Bowel Mgmt	Bowel Protocol: <input type="checkbox"/> Bisacodyl (Dulcolax) 10mg PO/PR every other day in the morning AND add Docosate Sodium (Colace) 100mg PO at bedtime if taking PO (Circle Preference: CAPS or LIQUID). Hold for loose stools. <p style="text-align: center;">OR</p> <input type="checkbox"/> Docosate sodium (Colace) 100mg unit dose liquid at bedtime via feeding tube. Hold for loose stools. If no bowel movement every 3rd day, may give Bisacodyl (Dulcolax) 10mg or Sodium Biphosphate (Fleets) Enema 4.5 ounces x 1 PR. <input type="checkbox"/> Bladder scan x 1 for post voiding residual; I&O cath if greater than 150mL and prn for incontinence
Diet	<input checked="" type="checkbox"/> Aspiration Precautions <input checked="" type="checkbox"/> NPO including meds until dysphagia screen by nursing passed. Then advance diet per Speech and Language Pathology recommendations or as tolerated to _____. <input type="checkbox"/> If tube feedings indicated, start Promote at 20mL/hr and advance to 50mL/hr. Consult dietician for tube feeding goal. <input type="checkbox"/> Other: _____

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Medications	<p>Home Meds: (See Medication Reference Sheet)</p> <p><input checked="" type="checkbox"/> Call MD with the names & doses of home meds prior to administering.</p> <p><u>DVT Prophylaxis: Unless contraindicated, subcutaneously anticoagulation is recommended for DVT prophylaxis over sequential compression devices.</u></p> <p><input type="checkbox"/> Heparin: <input type="checkbox"/> 5,000 units subcutaneously Q 12hrs OR <input type="checkbox"/> 5,000 units subcutaneously Q 8hrs</p> <p><input type="checkbox"/> Enoxaparin (Lovenox) 40 mg subcutaneously daily</p> <p><input type="checkbox"/> Enoxaparin (Lovenox) 30 mg subcutaneously daily (recommended for CrCl less than 30 mL/min)</p> <p><input checked="" type="checkbox"/> Sequential Compression Device to lower extremities (if anticoagulation not ordered).</p> <p>Antiplatelet or Anticoagulation (if indicated) not sooner than 24 hours after t-PA (Alteplase), if given:</p> <p><input type="checkbox"/> Enteric Coated Aspirin, if no Aspirin allergy or active GI bleed 325 mg PO daily</p> <p><input type="checkbox"/> Aspirin Suppository 300 mg PR daily</p> <p><input type="checkbox"/> Aspirin 325 mg via NGT daily</p> <p><input type="checkbox"/> Clopidogrel (Plavix) 75 mg po/NGT daily</p> <p><input type="checkbox"/> Extended Release Dipyridamole 200mg/ Aspirin 25mg (Aggrenox) 1 capsule PO Q 12hrs.</p> <p><input type="checkbox"/> Warfarin (Coumadin) _____mg PO/NGT q day at 1800 (if patient has a documented history of prothrombotic disorder or history of atrial fibrillation).</p> <p>Urgent anticoagulation with the goal of preventing early recurrent stroke, halting neurological worsening, or improving outcomes after acute ischemic stroke is not recommended for treatment of patients with acute ischemic stroke.</p> <p>BLOOD PRESSURE MANAGEMENT:</p> <p><input type="checkbox"/> IF Systolic less than 220mm/Hg or Diastolic less than 120mm/Hg: Observe unless end organ involvement</p> <p><input type="checkbox"/> IF Systolic greater than 220mm/Hg or Diastolic 121-140mm/Hg:</p> <p style="padding-left: 40px;"><input type="checkbox"/> *Labetalol (Normodyne) 10mg IV over 1-2 minutes.</p> <p style="padding-left: 80px;">After initial dose, may repeat or double the dose q 10 minutes to up to a total dose of 300mg for a blood pressure of _____mmHg.</p> <p style="padding-left: 80px;">* Must be on a monitored bed when on Labetalol</p> <p style="text-align: center;">OR</p> <p style="padding-left: 40px;"><input type="checkbox"/> Nicardipine (Cardene) (25mg in 240 NS for concentration of 0.1 mg/mL) 5mg/hr IV infusion as initial dose and titrate up to a maximum dose of 15mg/hr for a desired blood pressure of _____mmHg by increasing 2.5mg/hr every 5 minutes</p> <p>Lipid Management:</p> <p><input type="checkbox"/> Lipitor (Atorvastatin) 80 mg PO/NGT at bedtime</p> <p><input type="checkbox"/> Other Statin _____ (specify dose/route/frequency)</p> <p>PRN Medications:</p> <p><input type="checkbox"/> Metoclopramide (Reglan) 10 mg IV/PO/NGT q 6 hrs PRN nausea/vomiting</p> <p><input type="checkbox"/> Metoclopramide (Reglan) 5 mg IV/PO/NGT q 6 hrs PRN nausea/vomiting (CrCl less than 40 mL/min)</p> <p><input type="checkbox"/> Ondansetron (Zofran) 4mg IV q 6 hrs PRN nausea</p> <p><input checked="" type="checkbox"/> Keep Normothermic: temp greater than 99°F (fevers detrimental to acute brains). If not effective, consider external cooling.</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> Acetaminophen (Tylenol)* 650mg PO/Per tube q 4hrs PRN mild to moderate pain or temp greater than or equal to 99°F (fevers detrimental to acute brains). If not effective, consider external cooling.</p> <p style="padding-left: 80px;">*Do Not Exceed 4000mg acetaminophen in 24 hours. Consider all sources.*</p> <p style="padding-left: 40px;"><input type="checkbox"/> For liver impairment or chronic liver disease, do not exceed 2000 mg acetaminophen in 24 hours. (To be checked by MD) Consider all sources.</p> <p>Other:</p>	
Physician signature required: _____	Transcribed by: _____	Checked by (Nurse): _____
Beeper #: _____	Date: _____ Time: _____	Date: _____ Time: _____

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