

WakeMed Inpatient Possible Acute Stroke

110026

ORDER AND PHYSICIAN'S SIGNATURE

DATE	TIME	Weight _____ kg
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ACUTE STROKE – Clearly defined onset of symptoms within 2 HOURS of presentation may include one or more of the following. One or more of the following must be “yes” to proceed.

• Numbness or weakness in face, arm or leg on one side of body	Yes	No
• New onset confusion/memory problems	Yes	No
• Has trouble producing or understanding speech	Yes	No
• Trouble seeing with one or both eyes	Yes	No
• Difficulty walking	Yes	No
• Difficulty Swallowing	Yes	No
• Feels dizzy or off-balance or sudden headache with no known cause	Yes	No

Time of symptom onset: _____ AM / PM on date: _____ (dd/mm/yy) RN sign: _____

Alternatively, the last time patient did not have these stroke symptoms was on date: _____ (dd/mm/yy) Time: _____ AM/PM

Time of initial evaluation by RN or MD: _____ AM / PM on date: _____ (dd/mm/yy) RN sign: _____

Primary Attending Physician notified of suspected stroke: Name: _____ Date/Time: _____

- If, after initial assessment, it is concluded that acute ischemic stroke (**t-PA** (Alteplase) candidate) is a possible diagnosis and patient is at least 18 years old, activate code stroke and initiate orders below.
- Consult Raleigh Neurology for acute stroke
- **NIH Stroke Scale** (see rating scale form and instructions within packet) and record here: _____
- Physician initiates **Acute Stroke Inclusion/Exclusion Criteria for t-PA** (Alteplase) (see attached).
- Request a consult with Stroke Program Coordinator by placing order in SMS.
- If not a candidate for **t-PA** (Alteplase), document reasons here and initiate **Ischemic (Non Hemorrhagic) Stroke/TIA Orders** and continue care per attending physician's orders.

1. Obtain old chart.
2. NPO including meds until dysphagia screen passed or NGT placed to allow meds to be given via NGT
3. Continuous cardiac monitor.
4. Neurochecks every 30 minutes
5. Keep Normothermic: keep temp less than 99°F (fevers detrimental to acute brains). If not effective, consider external cooling.
 - Acetaminophen** (Tylenol)* 650 mg PO/PR/NGT for temp greater than 99°F.
 - *Do not exceed 4000mg acetaminophen in 24 hours. Consider all sources.**
 - For liver impairment or chronic liver disease, do not exceed 2000 mg acetaminophen in 24 hours.**
 - (To be checked by MD) Consider all sources.**
6. Continuous pulse oximetry.
7. Oxygen at 2L/min via nasal cannula if oxygen sat less than 93%.

Orders continued on next page.

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Continued orders:	
8. Fingerstick blood glucose. Notify MD if BG less than 50 mg/dL or greater than 400 mg/dL. If BG greater than 150, initiate WakeMed Diabetes Glycemic Med Surg Orders for Non-pregnant Adults .	
9. Place 2 IV lines (preferably one 18 gauge IV catheter). Run NS at 50 mL / hr through one IV and NS medlock through the other.	
10. Draw STAT labs, send to lab prior to patient going to CT. Notify MD if unable to obtain. Lab to label ordered labs "Code Stroke".	
<input checked="" type="checkbox"/> CBC with diff <input checked="" type="checkbox"/> CMP <input checked="" type="checkbox"/> aPTT <input type="checkbox"/> Blood Alcohol	<input checked="" type="checkbox"/> PT/INR <input checked="" type="checkbox"/> Type and Screen <input checked="" type="checkbox"/> Fibrinogen <input type="checkbox"/> Drug screen
<input checked="" type="checkbox"/> Troponin <input checked="" type="checkbox"/> CK/CKMB <input checked="" type="checkbox"/> UA/UCG at bedside. If unable to obtain UCG (female patients), order serum pregnancy.	
11. Continuous blood pressure monitoring with BP obtained every 15 minutes. Notify MD for systolic BP greater than 185 mm hg or diastolic BP greater than 110 mm hg. (See medication orders below).	
12. STAT head CT without contrast. Label as "Acute Stroke Protocol".	
13. 12-lead EKG done within 45 minutes.	
14. Give <u>NO</u> antiplatelets, anticoagulants, antifibrinogens, [may include, but not limited to aspirin, NSAID's, warfarin (Coumadin), enoxaparin (Lovenox), dalteparin (Fragmin), fondaparinux (Arixtra), aspirin, NSAIDs, ticlopidine (Ticlid), clopidogrel (Plavix), dextran or hetastarch, or dipyridamole (Persantine)] 24 hours after therapy.	
<input type="checkbox"/> Portable CXR "Code Stroke", but do not delay CT or labs for CXR.	
Medication Orders:	IF systolic BP greater than 185mmHg OR diastolic BP greater than 110 mmHg, notify MD to obtain following orders: <input type="checkbox"/> Labetalol (Normodyne, Trandate) 10 mg IV x 1 over 1-2 minutes <input type="checkbox"/> If BP still elevated (SBP greater than 185 or DBP greater than 110) after 10 minutes, consult with physician for Labetalol (Normodyne, Trandate) 20 mg IV x 1 over 1- 2minutes OR <input type="checkbox"/> May apply nitroglycerin paste (Nitro-BID) 1 inch to chest wall <input type="checkbox"/> May apply nitroglycerin paste (Nitro-BID) 2 inches to chest wall OR <input type="checkbox"/> Nicardipine infusion, 5 mg/hr, titrate up by 2.5 mg/hr at 5-15 minute intervals, maximum dose 15mg/hr; when desired blood pressure attained, reduce to 3 mg/hr. If blood pressure does not decline and remains greater than 185/110mg Hg, do not administer t-PA (Alteplase).
Physician signature required: _____	Checked by (nurse): _____
Beeper # _____ -- _____	Date: _____ Time: _____

Acute Stroke Guidelines

Acute Stroke Inclusion/Exclusion Criteria for t-PA (Alteplase)

(To be completed by physician)

PHYSICIAN INITIATES THE FOLLOWING EXCLUSION CRITERIA:

All must be NO to proceed:

• The diagnosis is other than ischemic stroke causing neurological deficit measurable on the NIH Stroke Scale.	Yes	No
• The symptoms are rapidly improving spontaneously.	Yes	No
• The symptoms are minor and isolated (for example, sensory loss alone or isolated ataxia)	Yes	No
• The symptoms of stroke are suggestive of subarachnoid hemorrhage.	Yes	No
• Stroke symptoms began more than 3 hours before IV t-PA(Alteplase) could be given.	Yes	No
• The patient experienced head trauma or prior stroke within the previous 3 months.	Yes	No
• The patient had a myocardial infraction within the previous 3 months	Yes	No
• The patient had internal bleeding, such as gastrointestinal hemorrhage or urinary tract hemorrhage within the previous 21 days.	Yes	No
• The patient had major surgery within the previous 14 days.	Yes	No
• The patient had arterial puncture at a noncompressible site within the previous 7 days.	Yes	No
• The patient has history of previous intracranial hemorrhage.	Yes	No
• Systolic blood pressure is above 185 mm of mercury or diastolic blood pressure above 110 mm mercury at time of treatment.	Yes	No
• Evidence of active bleeding or acute trauma (fracture) on examination.	Yes	No
• The patient is taking an oral anticoagulant and INR is greater than or equal to 1.7	Yes	No
• The patient had been receiving heparin within the previous 48 hours and had an elevated (APTT) greater than the upper limit of normal.	Yes	No
• The patient's platelet count is less than or equal to 100,000 per cubic mm.	Yes	No
• Blood glucose concentration is less than 50mg/dL	Yes	No
• The patient had a seizure with the onset of stroke with postictal residual neurological impairments.	Yes	No
• Patient's CT scan shows a multi-lobar infraction (hypodensity more than 1/3 of cerebral hemisphere).	Yes	No
• Baseline CT scan of the brain showed evidence of intracranial hemorrhage.	Yes	No
• Patient is less than 18 years of age	Yes	No
• Patient is pregnant.	Yes	No
• The patient and family members do not understand the potential risks and benefits from treatment.	Yes	No

Acute Stroke Guidelines

Primary attending physician or Hospitalist consults with on-call Neurologist and either physician may choose to sign and initiate one of the following orders:

- Patient meets no exclusion criteria for t-PA (Alteplase) use and the benefits of t-PA (Alteplase) outweigh the risks for treatment with t-PA (Alteplase) for acute stroke therapy. The consent was reviewed with the patient/family including risks and benefits and the patient/family agree to proceed with t-PA (Alteplase) orders for acute stroke therapy. Initiate **WakeMed Thrombolytic Therapy (t-PA) (Alteplase) Acute Non-Hemorrhagic Stroke Orders** and admit to Intensivist.
- Patient is a candidate for t-PA (Alteplase) but patient/family have refused the use of t-PA (Alteplase) for treatment of the acute stroke after review of the risks and benefits of therapy. Initiate **Non-Hemorrhagic CVA/TIA Orders**.
- The patient fulfills one or more exclusion criteria, or risks exceed benefits in my opinion, therefore, continue care as per Ischemic (Non Hemorrhagic) Stroke/TIA orders or ICH orders and admit to hospitalist or other attending physician..

Signature: _____ Time: _____ AM/PM Date: _____

Patient Identification:

Revised: R12/07, 2/08
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Physician's Orders
Neurosciences Folder