

Inpatient Orders for Stroke/TIA

Orders preceded with a must be checked to be initiated. Draw a line through unwanted orders. All other orders will be initiated.

Date/Time	
	<p>LABORATORY</p> <p>1. <input type="checkbox"/> CBC, PT/PTT with INR, Blood Glucose, Electrolytes, BUN, Creatinine ESR, C-Reactive Protein, Albumin, Fibrinogen UA – Culture – if not done in the ER</p> <p>2. <input type="checkbox"/> AM Following admission: Fasting Lipid Profile, (unless already done this hospitalization) PLAC test</p> <p>3. <input type="checkbox"/> Patients less than or equal to 55 years of age also order Factor V Leiden ANA, Anti-phospholipid antibodies, Protein C, Protein S, Antithrombin III</p> <p>4. <input type="checkbox"/> Other Labs _____ _____</p>
	<p>MEDICAL IMAGING</p> <p>5. <input type="checkbox"/> Portable Chest X-Ray (if not done in ER)</p> <p>6. <input type="checkbox"/> Brain CT scan non-contrast (done in ER)</p> <p>7. <input type="checkbox"/> Brain CT scan non-contrast at 24 hours for t-PA patients</p> <p>8. <input type="checkbox"/> Brain MRI non-contrast; evaluate for _____</p> <p>9. <input type="checkbox"/> Brain MRI contrast; evaluate for _____</p> <p>10. <input type="checkbox"/> MRA of _____ contrast; evaluate for _____</p> <p>11. <input type="checkbox"/> CT Angiogram of _____; evaluate for _____</p> <p>12. <input type="checkbox"/> Carotid Duplex by Medical Imaging; evaluate for _____</p>
	<p>TECH SERVICES</p> <p>13. <input type="checkbox"/> 12 Lead ECG</p> <p>14. <input type="checkbox"/> 2-D Transthoracic Echocardiography with saline contrast for _____</p> <p>15. <input type="checkbox"/> Carotid Duplex by Tech Services for _____</p>
	<p>FOOD AND NUTRITION</p> <p>16. Nursing Dysphagia Screen prior to ANY oral intake including medications. Diet will be based on results of Nursing Dysphagia Screen or Bedside Swallow Study completed by Speech Pathology.</p> <p>17. Diet: _____</p>
	<p>REHAB MODALITIES/EDUCATION</p> <p>18. <input type="checkbox"/> Speech Pathology Consult: day one; date initiated _____</p> <p>19. <input type="checkbox"/> Physical Therapy Consult: day one; date initiated _____</p> <p>20. <input type="checkbox"/> Occupational Therapy Consult: day one; date initiated _____</p> <p>21. <input type="checkbox"/> Social Services/PCC for discharge planning: date initiated _____</p> <p>22. <input type="checkbox"/> Physiatry Consult Dr. _____; Day one; date initiated _____</p> <p>23. Stroke Education: date initiated _____</p>

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	<p>NURSING</p> <p>24. Notify Stroke Coordinator of Admit if not done in ED – Pager Number 883-0161</p> <p>25. Nursing Dysphagia Screen. Must be done within 8 hours of admission.</p> <p>26. ICU vitals and Neuro checks: every 15 minutes until stable, every 1 hour x 24 hours, then every 2 hours x 24 hours, then every assessment</p> <p style="text-align: center;"><u>If Patient has received t-PA vital signs and neuro checks every 15 minutes for 2 hours after start of t-PA infusion; every 30 minutes x 6 hours; then every hour x 18 hours</u></p> <p>27. Floor Admit: Vital signs and NIH Score every 4 hours x 48 hours</p> <p>28. Input and Output every 8 hours x 48 hours</p> <p>29. <input type="checkbox"/> Cardiac Monitor (If no arrhythmia after 24 hours may discontinue)</p> <p>30. ICU ONLY - NIH Stroke Scale Score (NIHSS) every 8 hours x 6. Call Neurology for Stroke Scale that worsens by 3 or more points</p> <p>31. <input type="checkbox"/> O₂ at 2 liters/minute per Nasal Cannula x 12 hours. Check pulse oximetry and discontinue Oxygen if FiO₂ is greater than 94%</p> <p>32. Activity: <input type="checkbox"/> Bedrest <input type="checkbox"/> Bathroom Privileges <input type="checkbox"/> Ambulate with assistance <input type="checkbox"/> Ambulate Independently</p> <p>33. <input type="checkbox"/> Initiate Adult Diabetes Management Protocol</p> <p>34. Call Dr _____ for the following: a. SBP greater than 220 mmHg or DBP greater than 120 mmHg For patients who have received t-PA call for SBP greater than 185 mmHg or DBP greater than 110 mmHg b. Temperature greater than 100 degrees Fahrenheit c. SaO₂ less than 94% d. NIHSS worsened by 3 points or acute change in mental status</p> <p>35. <input type="checkbox"/> Initiate Nicotine Replacement Therapy for Inpatients Orders (If not done in ED)</p> <p>36. <input type="checkbox"/> Initiate DVT/PE Prophylaxis Orders – Adult Patients (If not done in ED)</p> <p>PHARMACY</p> <p>Intravenous Fluids</p> <p>37. IV 0.9% Sodium Chloride at _____ mL/hour <input type="checkbox"/> Other IV: _____ at _____ mL/hour</p> <p>Anti-platelet Agents (<i>Patient should be discharged on anti-platelet medication unless discharged on an anti-coagulant. ANY Contraindication MUST be clearly documented</i>)</p> <p>38. Contraindication to Anti-Platelet Medication: _____</p> <p>39. <input type="checkbox"/> Aspirin 81 mg PO daily. Start on _____ / _____ / _____</p> <p>40. <input type="checkbox"/> Aspirin 325 mg PO daily. Start on _____ / _____ / _____</p> <p>41. <input type="checkbox"/> Aspirin Suppository 300 mg PR daily. Start on _____</p> <p>42. <input type="checkbox"/> Aggrenox (aspirin/extended release dipyridamole 25/200mg) 1 capsule PO twice daily. Start on _____</p> <p>43. <input type="checkbox"/> Plavix (clopidogrel) 75 mg PO daily. Start on _____ / _____ / _____</p>

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