

# Hemorrhagic Stroke [1319]

## Nursing

### Vital Signs (Single Response)

(X) Vital Signs	Routine, Every 15 min Every 15 minutes x 2 hours then every 1 hour.
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### Activity

[X] Strict bed rest	Routine, Until discontinued, Starting S
[ ] Ambulate with assistance	Routine, 3 times daily Specify: with assistance

### Nursing

[ ] Intake and output	Routine, Every shift
[ ] No PO Meds until Dysphagia Assessment has been successful	Routine, Until discontinued, Starting S No PO Meds until Dysphagia Assessment has been successful
[X] Dysphagia screen	Routine, Once On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.
[X] Bladder scan	Routine, Every 4 hours Straight cath if volume GREATER than*** mL.
[X] Straight cath	Routine, Conditional Frequency For 2 Occurrences If unable to void, straight cath every 6 hours for two attempts.
[X] Insert Foley catheter	Routine, Conditional Frequency For 1 Occurrences Type: Size: Urinometer needed: After two attempts with straight cath.
[X] Neurological assessment	Routine, Every 15 min For 2 Hours Assessment to Perform:
[X] NIH Stroke Scale	Routine, Once Perform on Admission.
[ ] NIH Stroke Scale	Routine, Once Perform every shift.
[X] NIH Stroke Scale	Routine, Once On Discharge.
[X] Intracerebral hemorrhage score	Routine, Once For 1 Occurrences
[X] Glasgow coma scale	Routine, Every shift
[ ] Insert feeding tube weighted	Routine, Once
[X] Provide educational material	Routine, Once Hemorrhagic stroke education.
[ ] ICP Monitoring and Notify	
[ ] ICP monitoring	Routine, Every hour Record: Monitor and record output.
[ ] Notify Physician if Intracranial Pressure greater than or equal to 20 for more than 5 min	Routine, Until discontinued, Starting S
[ ] Ventriculostomy drain care - Clamped	Routine, Every hour Device: Clamped Level at (cm H2O):
[ ] Ventriculostomy drain care - Open	Routine, Every hour Device: Open Level at (cm H2O): If External Ventricular Drainage is present call MD if Intracerebral Pressure is greater than or equal to 20 for more than 5 min
[X] Place sequential compression device	"And" Linked Panel

Place/Maintain sequential compression device continuous

Routine, Continuous

## Diet

NPO

Diet effective now, Starting S

NPO:

Pre-Operative fasting options:

Until dysphagia assessment/bedside swallow study completed successfully.

## Notify

Notify Physician

Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted

Notify Physician if Systolic BP greater than 160 mmHg

Routine, Until discontinued, Starting S

Temperature greater than:

Temperature less than:

Systolic BP greater than: 160

Systolic BP less than:

Diastolic BP greater than:

Diastolic BP less than:

MAP less than:

Heart rate greater than (BPM):

Heart rate less than (BPM):

Respiratory rate greater than:

Respiratory rate less than:

SpO2 less than:

Notify Physician for temperature GREATER than or EQUAL to 100.4 F (38 C)

Routine, Until discontinued, Starting S, For temperature GREATER than or EQUAL to 100.4 F (38 C)

Notify Physician if O2 Sat is less than 94%

Routine, Until discontinued, Starting S, Notify Physician if O2 Sat is less than 94%

## IV Fluids

### IV Fluids

sodium chloride 0.9 % infusion

intravenous, continuous

sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion

intravenous, continuous

### Peripheral IV Access

Initiate and maintain IV

Insert peripheral IV

Routine, Once

sodium chloride 0.9 % flush

10 mL, intravenous, every 12 hours scheduled

sodium chloride 0.9 % flush

10 mL, intravenous, PRN, line care

## Medications

### Hypertensive Urgency - Once Orders

labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM

10 mg, intravenous, once, For 1 Doses  
Systolic Blood Pressure GREATER than 160 mmHg.  
Administer at 2  
Mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM

hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)

10 mg, intravenous, once, For 1 Doses  
Systolic Blood Pressure GREATER than 160 mmHg. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)  
HOLD parameters for this order:  
Contact Physician if:

### Hypertensive Urgency - PRN Orders

[X] labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg Administer at 2 mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM.
[X] hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)	10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) HOLD parameters for this order: Contact Physician if:
[ ] niCARDipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, titrated

#### ondansetron (ZOFTRAN) oral or IV

[X] ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

#### acetaminophen (TYLENOL) oral, tube, or rectal

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[X] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[X] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.
[X] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, mild pain (score 1-3), fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.

## Labs

### Cardiology

#### Cardiology

[ ] Electrocardiogram, 12-lead	Routine, Once For 1 Occurrences Clinical Indications: Cardiac Arrhythmia Interpreting Physician: On Admission
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## Imaging

### CT

[ ] CTA Head W Wo Contrast	Routine, 1 time imaging For 1
[ ] CTA Neck W Wo Contrast	Routine, 1 time imaging For 1
[ ] CT Head W Wo Contrast	Routine, 1 time imaging For 1 Perform 6 hours after ICU admission
[ ] CT Stroke Brain Wo Contrast	STAT, 1 time imaging For 1

### Diagnostic MRI/MRA

[ ] MRI Brain W Wo Contrast	Routine, 1 time imaging For 1
[ ] MRI Brain Venogram	Routine, 1 time imaging For 1
[ ] MRI Stroke Brain Wo Contrast	Routine, 1 time imaging For 1
[ ] MRA Head Wo Contrast	Routine, 1 time imaging For 1

[ ] MRA Neck Wo Contrast

Routine, 1 time imaging For 1

## X-Ray

[ ] Chest 2 Vw

Routine, 1 time imaging For 1

[ ] Chest 1 Vw Portable

Routine, 1 time imaging For 1

## Other Studies

## Respiratory

### Respiratory Therapy

[ ] Oxygen therapy - Nasal cannula

Routine, Continuous

Device: Nasal Cannula

Rate in liters per minute: 2 lpm

Rate in tenths of a liter per minute:

O2 %:

Titrate to keep O2 Sat Above: Other (Specify)

Specify titration to keep O2 Sat (%) Above: 94

Indications for O2 therapy: Respiratory distress

Device 2:

Device 3:

Indications for O2 therapy:

[X] Pulse oximetry check

Routine, Daily

Current FIO2 or Room Air:

## Rehab

## Consults

For Physician Consult orders use sidebar

### Consults

[X] Consult to Social Work

Reason for Consult: Discharge Planning

[X] Consult to PT eval and treat

Reasons for referral to Physical Therapy (mark all applicable):

New functional deficits, not expected to spontaneously recover with medical modalities, Other

Specify: Stroke

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):

Weight Bearing Status:

[ ] Consult to OT eval and treat

Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming), Other

Specify: Stroke

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):

Weight Bearing Status:

[X] Consult to Case Management

Consult Reason: Discharge Planning

[ ] Consult to Speech Language Pathology

Routine, Once

Consult Reason: Dysphagia, Dysarthria

[ ] Consult to Spiritual Care

Reason for consult?

## Additional Orders