

Hemorrhagic Stroke [1319]

Nursing

Vital Signs (Single Response)

Vital Signs Routine, Every 15 min
Every 15 minutes x 2 hours then every 1 hour.

Activity

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

Dysphagia screen Routine, Once
On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.

Bladder scan Routine, Every 4 hours
Straight cath if volume GREATER than*** mL.

Straight cath Routine, Conditional Frequency For 2 Occurrences
If unable to void, straight cath every 6 hours for two attempts.

Insert Foley catheter Routine, Conditional Frequency For 1 Occurrences
Type:
Size:
Urinometer needed:
After two attempts with straight cath.

Neurological assessment Routine, Every 15 min For 2 Hours
Assessment to Perform:

NIH Stroke Scale Routine, Once
Perform on Admission.

NIH Stroke Scale Routine, Once
Perform every shift.

NIH Stroke Scale Routine, Once
On Discharge.

Intracerebral hemorrhage score Routine, Once For 1 Occurrences

Glasgow coma scale Routine, Every shift

Insert feeding tube weighted Routine, Once

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

Place sequential compression device **"And" Linked Panel**

<input checked="" type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous
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Diet

<input checked="" type="checkbox"/> NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: Until dysphagia assessment/bedside swallow study completed successfully.
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Notify

<input checked="" type="checkbox"/> Notify Physician	Routine, Until discontinued, Starting S, If unable to void on third attempt and foley inserted
<input checked="" type="checkbox"/> 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:
<input checked="" type="checkbox"/> 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)
<input checked="" type="checkbox"/> 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

<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous
<input type="checkbox"/> sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous

Peripheral IV Access

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input checked="" type="checkbox"/> Insert peripheral IV	Routine, Once
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care

Medications

Hypertensive Urgency - Once Orders

<input checked="" type="checkbox"/> 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
<input type="checkbox"/> 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

<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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:
<input type="checkbox"/> niCARDipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, titrated

ondansetron (ZOFTRAN) oral or IV

<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> 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)

<input checked="" type="checkbox"/> 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)
<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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

<input type="checkbox"/> Electrocardiogram, 12-lead	Routine, Once For 1 Occurrences Clinical Indications: Cardiac Arrhythmia Interpreting Physician: On Admission
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Imaging

CT

<input type="checkbox"/> CTA Head W Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> CTA Neck W Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> CT Head W Wo Contrast	Routine, 1 time imaging For 1 Perform 6 hours after ICU admission
<input type="checkbox"/> CT Stroke Brain Wo Contrast	STAT, 1 time imaging For 1

Diagnostic MRI/MRA

<input type="checkbox"/> MRI Brain W Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> MRI Brain Venogram	Routine, 1 time imaging For 1
<input type="checkbox"/> MRI Stroke Brain Wo Contrast	Routine, 1 time imaging For 1
<input type="checkbox"/> 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:

Pulse oximetry check Routine, Daily
Current FIO2 or Room Air:

Rehab

Consults

For Physician Consult orders use sidebar

Consults

Consult to Social Work Reason for Consult: Discharge Planning
 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:

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