

# Ischemic Stroke Orders [1443]

For patient safety please ensure swallowing screening is ordered and performed prior to initiation of oral medication and/or intake.

## General

## Nursing

### Vital Signs (Single Response)

(X) Vital Signs Q4H	Routine, Every 4 hours
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### Activity

[ ] Strict bed rest	Routine, Until discontinued, Starting S Turn every 2 hours.
[ ] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
[ ] Ambulate with assistance	Routine, 3 times daily Specify: with assistance
[ ] Up in chair, Up with assistance	Routine, Until discontinued, Starting S Specify: Up in chair, Up with assistance Additional modifier:
[ ] Out of bed, Up in chair for meals	Routine, Until discontinued, Starting S Specify: Out of bed, Up in chair Additional modifier: for meals
[ ] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated

### Nursing

[X] NIH Stroke Scale	Routine, Once Perform on Admission
[ ] NIH Stroke Scale	Routine, Once Perform every shift.
[X] NIH Stroke Scale	Routine, Once Perform on day of discharge.
[X] Dysphagia screen	Routine, Once For 1 Occurrences On admission with Dysphagia Screening tool. If screen is failed, keep patient NPO and contact physician for consult to speech language therapy for bedside swallow eval.
[X] Provide ischemic stroke education	Routine, Once Ischemic Stroke Patient Education
[ ] Provide risk factor education for ischemic strokes from FHIR	Routine, Once Provide risk factor education for ischemic strokes from FHIR
[ ] Telemetry	<b>"And" Linked Panel</b>
[ ] Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
[ ] Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94

[X] Height and weight	Routine, Once For 1 Occurrences Obtain height, measure and record weight (not stated weight) on admission.
[ ] Intake and output for 48 hours	Routine, Every shift For 48 Hours For 48 hours, then discontinue
[ ] Intake and output	Routine, Every shift
[ ] Neurological assessment	Routine, Every 4 hours Assessment to Perform:
[ ] Hold PT/OT	Routine, Until discontinued, Starting S If Systolic BP greater than *** or Diastolic BP greater than ***.
[X] Patient position: elevate weak side	Routine, Until discontinued, Starting S Position: Additional instructions: elevate extremity Extremity: Elevate patient's weak side.
[X] Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30 degrees
[X] Limb precautions: No BP, injection, venipuncture on weak arm	Location: Precaution: No venipuncture, No blood pressure, No injections On weak arm
[ ] Insert nasoenteric feeding tube	Routine, Once Complete tube feeding order form. Nasoenteric feeding tube for medications only.
[ ] Tobacco cessation education	Routine, Once

#### Notify

[ ] Notify Physician	Routine, Until discontinued, Starting S, If Systolic BP GREATER than *** bpm or Diastolic BP GREATER than *** bpm
[ ] Notify Physician (Specify)	Routine, Until discontinued, Starting S, If Systolic BP LESS than *** bpm or Diastolic BP LESS than *** bpm
[X] 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 blood glucose is GREATER THAN 180 mg/dL x 2	Routine, Until discontinued, Starting S, Notify Physician if blood glucose is GREATER THAN 180 mg/dL x 2

#### Urinary Incontinence

[ ] Insert and maintain Foley	
[ ] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
[ ] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain To bedside drainage.
[ ] Apply condom catheter	Routine, Once
[ ] External female catheter	Routine, Until discontinued, Starting S

#### Diet

[ ] NPO except ice chips for 24 hours	Diet effective now, Starting S For 24 Hours NPO: Except Ice chips Pre-Operative fasting options: With supervision only for aspiration precautions.
[ ] Diet - Dysphagia	Diet effective now, Starting S Diet(s): Dysphagia Solid Consistency: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:

<input type="checkbox"/> Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - Diabetic	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet - Low Fat, 2 GM Sodium	Diet effective now, Starting S Diet(s): Low Fat,2 GM Sodium Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:

## IV Fluids

### IV Fluids (Single Response)

( ) sodium chloride 0.9 % infusion	intravenous, continuous
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## Medications

### Pharmacy Consult(s)

<input type="checkbox"/> Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa
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### Medications - Aspirin (Single Response)

( ) aspirin chewable tablet	81 mg, oral, daily
(X) aspirin 325 mg oral tablet or 300 mg rectal suppository	<b>"Or" Linked Panel</b>
[X] aspirin (ECOTRIN) enteric coated tablet	325 mg, oral, daily
[X] aspirin suppository - if patient is NPO	300 mg, rectal, daily Administer suppository if patient unable to take oral tablet.

### Anti-platelet

<input type="checkbox"/> clopidogrel (PLAVIX) tablet	300 mg, oral, once, For 1 Doses
<input type="checkbox"/> clopidogrel (PLAVIX) tablet	75 mg, oral, daily

### 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 PRN Systolic Blood Pressure GREATER than *** mmHg and/or Diastolic Blood Pressure GREATER than *** mmHg Administer at 2 mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM.
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[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 PRN Systolic Blood Pressure GREATER than *** mmHg and/or Diastolic Blood Pressure GREATER than *** mmHg Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) HOLD parameters for this order: Contact Physician if:
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#### Antihyperlipidemics (Single Response)

( ) atorvastatin (LIPITOR) 40 mg tablet	40 mg, oral, nightly
( ) atorvastatin (LIPITOR) 80 mg tablet	80 mg, oral, nightly
( ) rosuvastatin (CRESTOR) 20 mg tablet	20 mg, oral, nightly

## Labs

#### Labs Today - Panels

[ ] Basic metabolic panel	Once
[ ] Comprehensive metabolic panel	Once
[ ] GGT	Once
[ ] Hepatic function panel	Once
[X] Lipid panel	Once
[X] Hemoglobin A1c	Once
[ ] Lupus anticoagulant panel	Once
[ ] Urine drugs of abuse screen	Once

#### Labs Routine - HMH

[ ] CBC with differential	Once
[ ] Prothrombin time with INR	Once
[ ] Partial thromboplastin time	Once
[ ] Basic metabolic panel	Once
[ ] Bedside glucose	Routine, Every 4 hours If patient is receiving continuous enteral tube feedings, TPN, or NPO. Notify MD for blood glucose less than 70 or greater than 180.
[ ] Vitamin B12	Once
[ ] Folate	Once
[ ] Sedimentation rate	Once
[ ] ANA	Once
[ ] Cardiolipin antibody	Once
[ ] Fibrinogen	Once
[ ] Hemoglobin electrophoresis with HGB HCT and RBC	Once
[ ] Prothrombin gene mutation	Once
[ ] Troponin	Once
[ ] HIV Ag/Ab combination	Once
[ ] Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once
[ ] POC occult blood stool	Daily If anticoagulated.
[ ] Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:

#### Labs Routine - HMSL/HMW

[ ] CBC with differential	Once
[ ] Prothrombin time with INR	Once
[ ] Partial thromboplastin time	Once
[ ] Basic metabolic panel	Once

[ ] Bedside glucose	Routine, Every 4 hours If patient is receiving continuous enteral tube feedings, TPN, or NPO. Notify MD for blood glucose less than 70 or greater than 180.
[ ] Vitamin B12	Once
[ ] Folate	Once
[ ] Sedimentation rate	Once
[ ] ANA	Once
[ ] Cardiolipin antibody	Once
[ ] Fibrinogen	Once
[ ] Hemoglobin electrophoresis with HGB HCT and RBC	Once
[ ] Prothrombin gene mutation	Once
[ ] Troponin	Once
[ ] Rapid HIV 1 & 2	Once
[ ] Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once
[ ] POC occult blood stool	Daily If anticoagulated.
[ ] Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:

#### Labs Routine - HMSTJ, HMTW, HMSJ, HMWB

[ ] CBC with differential	Once
[ ] Prothrombin time with INR	Once
[ ] Partial thromboplastin time	Once
[ ] Basic metabolic panel	Once
[ ] Bedside glucose	Routine, Every 4 hours If patient is receiving continuous enteral tube feedings, TPN, or NPO. Notify MD for blood glucose less than 70 or greater than 180.
[ ] Glucose level	Every 4 hours
[ ] Glucose level	Once AC and HS.
[ ] Vitamin B12	Once
[ ] Folate	Once
[ ] Sedimentation rate	Once
[ ] ANA	Once
[ ] Cardiolipin antibody	Once
[ ] Fibrinogen	Once
[ ] Hemoglobin electrophoresis with HGB HCT and RBC	Once
[ ] Prothrombin gene mutation	Once
[ ] Troponin	Once
[ ] HIV 1, 2 antibody	Once
[ ] Syphilis treponema screen with RPR confirmation (reverse algorithm)	Once
[ ] POC occult blood stool	Daily If anticoagulated.
[ ] Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:

#### Labs AM

[ ] CBC and differential	AM draw, Starting S+1 For 1 Occurrences
[ ] Basic metabolic panel	AM draw, Starting S+1 For 1 Occurrences
[ ] Lipid panel	AM draw, Starting S+1 For 1 Occurrences

#### Labs AM Repeat

[ ] CBC and differential	AM draw repeats, Starting S+1 For 3 Occurrences
[ ] Basic metabolic panel	AM draw repeats, Starting S+1 For 3 Occurrences

[ ] Lipid panel

AM draw repeats, Starting S+1 For 3 Occurrences

## Microbiology

[ ] Blood culture x 2	"And" Linked Panel
[ ] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[ ] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

## Cardiology

### Cardiology

[X] Electrocardiogram, 12-lead	Routine, Once For 1 Occurrences Clinical Indications: Other: Other: Altered Mental Status Interpreting Physician:
[ ] CV Holter monitor 24 hour	Routine, Once

## Imaging

Select CT if Imaging Procedure will be performed After Hours

### MRI/MRA

Place CT Orders instead of MRI/MRA if order is needed AFTER HOURS.

[ ] MRI Brain Wo Contrast	STAT, 1 time imaging For 1
[ ] MRI Brain W Wo Contrast	STAT, 1 time imaging For 1 Perfusion Brain MRI
[ ] MRA Head Wo Contrast	STAT, 1 time imaging For 1
[ ] MRA Neck Wo Contrast	STAT, 1 time imaging For 1
[ ] MRI Brain Venogram	STAT, 1 time imaging For 1
[ ] MR POST TPA BRAIN wo contrast	Routine, 1 time imaging For 1 Perform between 22 and 26 hours AFTER alteplase (tPA) infusion and PRIOR to starting antiplatelets or anticoagulants. Confirm with nurse when alteplase (tPA) infusion was completed and schedule MRI Stroke Brain Wo Contrast between 22 and 26 hours after this time.

### Neuro IR

[ ] IR Angiogram Cerebral	Routine, 1 time imaging For 1
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### CT

[ ] CT Stroke Brain Wo Contrast	STAT, 1 time imaging For 1 For neurologic worsening greater than 2 points NIH Stroke Scale
[ ] CTA Head W Wo Contrast	STAT, 1 time imaging For 1
[ ] CTA Neck W Wo Contrast	STAT, 1 time imaging For 1
[ ] CT POST TPA Brain wo contrast	Routine, 1 time imaging For 1 Perform between 22 and 26 hours AFTER alteplase (tPA) infusion and PRIOR to starting antiplatelets or anticoagulants. Confirm with nurse when alteplase (tPA) infusion was completed and schedule MRI Stroke Brain Wo Contrast between 22 and 26 hours after this time.

### X-Ray

<input type="checkbox"/> Chest 1 Vw Portable	Routine, 1 time imaging For 1
<input type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging For 1

## X-Ray

<input type="checkbox"/> Chest Stroke 1 Vw Portable	Routine, 1 time imaging For 1
<input type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging For 1

## US

<input type="checkbox"/> PV carotid duplex bilateral	Routine, 1 time imaging Include vertebral.
<input type="checkbox"/> PV Transcranial Doppler intracranial arteries complete	Routine, 1 time imaging
<input type="checkbox"/> Transthoracic Echocardiogram Complete, (w contrast, Strain and 3D if needed)	Routine, 1 time imaging
<input type="checkbox"/> Echocardiogram transesophageal	Routine, 1 time imaging NPO 6 hours prior to exam
<input type="checkbox"/> Echo TEE and Cardiology Consult (For hospitals that require Cardiology consult when ordering TEE) (Selection Required)	
<input type="checkbox"/> Consult Cardiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
<input type="checkbox"/> Echocardiogram transesophageal	Routine, 1 time imaging NPO 6 hours prior to exam

## Other Studies

### Other Diagnostic Studies

<input type="checkbox"/> EEG (routine)	Routine, Once Clinical Indication: Testing Location: Testing Duration:
<input type="checkbox"/> Continuous EEG monitoring	Routine, Daily imaging For 7 Days, For 7 Days Clinical Indication: Testing Location: Record Video? Yes

## Respiratory

### Respiratory

<input type="checkbox"/> Pulse oximetry check	Routine, Daily Current FIO2 or Room Air:
<input type="checkbox"/> Pulse oximetry	Routine, Every 4 hours Current FIO2 or Room Air:
<input type="checkbox"/> Pulse oximetry	Routine, Continuous Current FIO2 or Room Air: If O2 sat is less than 94%.

## Rehab

### Consults

For Physician Consult orders use sidebar

### Consults

<input type="checkbox"/> Consult to Social Work	Reason for Consult: Discharge Planning
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<input checked="" type="checkbox"/> 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: Mobility, DMD, Safety education.
<input checked="" type="checkbox"/> Consult OT Eval and Teat	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: ADL, DME, Safety education
<input type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult?
<input checked="" type="checkbox"/> Consult to Speech Language	Routine, Once Consult Reason: Dysphagia, Dysarthria, Other specify Specify: Stroke
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult?

## Additional Orders