

Ischemic Stroke Orders Only Appears If: **SB IP AND NON-ED PATIENTS**

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

General

Nursing

Vital Signs

Vital Signs Q4H

Priority: **[Routine]** [STAT]
Frequency: **[Every 4 hours]** [Q1H] [Q2H] [Q4H] [Per Unit Protocol]
Comments:
Phase of Care:

Activity

Strict bed rest

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Until Discontinued] [Q Shift] [Daily]
Comments: Turn every 2 hours.
Phase of Care:

Bed rest with bathroom privileges

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Until Discontinued] [Q Shift] [Daily]
Comments:
Phase of Care:

Questions:

Bathroom Privileges: **[with bathroom privileges]** [with bedside commode]

Ambulate with assistance

Priority: **[Routine]**
Frequency: **[3 times daily]** [Until Discontinued] [Q Shift] [Daily]
Comments:
Phase of Care:

Questions:

Specify: [in hall] [in room] **[with assistance]** [with assistive device]

Up in chair, Up with assistance

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Until Discontinued] [Q Shift] [Daily]
Comments:
Phase of Care:

Questions:

Specify: [Activity as tolerated] [Up ad lib] [Out of bed] **[Up in chair] [Up with assistance]** [Other activity (specify)]
Additional modifier: [for meals] [in cardiac chair]

Out of bed, Up in chair for meals

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Until Discontinued] [Q Shift] [Daily]
Comments:
Phase of Care:

Questions:

Specify: [Activity as tolerated] [Up ad lib] **[Out of bed] [Up in chair]** [Up with assistance] [Other activity (specify)]
Additional modifier: **[for meals]** [in cardiac chair]

Activity as tolerated

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Until Discontinued] [Q Shift] [Daily]
Comments:
Phase of Care:

Questions:

Specify: **[Activity as tolerated]** [Up ad lib] [Out of bed] [Up in chair] [Up with assistance] [Other activity (specify)]

Nursing

NIH Stroke Scale

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: Perform on Admission
Phase of Care:

NIH Stroke Scale

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: Perform every shift.
Phase of Care:

NIH Stroke Scale

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: Perform on day of discharge.
Phase of Care:

Dysphagia screen

Priority: **[Routine]** [STAT]
Frequency: **[Once For 1 Occurrences]** [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Comments: 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.
Phase of Care:

Provide ischemic stroke education

Priority: **[Routine]**
Frequency: **[Once]** [Prior to Discharge]
Comments: Ischemic Stroke Patient Education
Phase of Care:

Provide risk factor education for ischemic strokes from FHIR

Priority: **[Routine]**
Frequency: **[Once]** [Prior to Discharge]
Comments: Provide risk factor education for ischemic strokes from FHIR
Phase of Care:

Telemetry (Selection Required)

Telemetry monitoring

Priority: **[Routine]** [STAT]
Frequency: **[Continuous For 3 Days]** [Continuous]
Comments:
Phase of Care:

Questions:

Order: [SPO2] **[Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)]** [Place in Centralized Telemetry Monitor] [EKG Monitoring Only (Telemetry Box)]
Reason for telemetry: [Acute Coronary Syndrome (within last 24-48 hrs)] [Atrial Fibrillation – new or hemodynamically unstable or symptomatic] [Acute Decompensated Heart Failure] [Stroke] [Electrolyte Disturbance] [Syncope of Suspected Cardiac Origin]
Can be off of Telemetry for tests and baths? **[Yes]** [No]

And

Telemetry Additional Setup Information

Priority: **[Routine]** [STAT]
Frequency: **[Continuous]** [Q1H] [Q2H] [Q4H] [Q8H]
Comments:
Phase of Care:

Questions:

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

Priority: **[Routine]** [STAT]
Frequency: **[Once For 1 Occurrences]** [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Comments: Obtain height, measure and record weight (not stated weight) on admission.
Phase of Care:

[] Intake and output for 48 hours

Priority: **[Routine]** [STAT]
Frequency: **[Every shift For 48 Hours]** [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Comments: For 48 hours, then discontinue
Phase of Care:

[] Intake and output

Priority: **[Routine]** [STAT]
Frequency: **[Every shift]** [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Comments:
Phase of Care:

[] Neurological assessment

Priority: **[Routine]** [STAT]
Frequency: **[Every 4 hours]** [Once] [Q3H] [Q4H] [Q Shift] [Daily]
Comments:
Phase of Care:

Questions:

Assessment to Perform: [Cranial Nerves] [Glasgow Coma Scale] [Level of Consciousness] [Level of Sedation] [Pupils] [Spinal exams]

[] Hold PT/OT

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Once] [Until Discontinued]
Comments: If Systolic BP greater than *** or Diastolic BP greater than ***.
Phase of Care:

[X] Patient position: elevate weak side

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Once] [Until Discontinued]
Comments: Elevate patient's weak side.
Phase of Care:

Questions:

Position: [flat] [Fowler's] [high Fowler's] [semi-Fowler's] [Trendelenberg] [reverse Trendelenberg] [prone] [supine] [left lateral recumbent] [right side-lying] [left side-lying]
Additional instructions: [heels off bed] [do not reposition] [log roll] [maintain body alignment] [no pressure on heels] [tilt side to side] **[elevate extremity]** [lumbar sacral support] [elevate foot of bed]
Extremity: [RUE] [RLE] [LUE] [LLE]

[X] Head of bed 30 degrees

Priority: **[Routine]** [STAT]
Frequency: **Until discontinued, Starting S**
Comments:
Phase of Care:

Questions:

Head of bed: [flat] **[30 degrees]** [45 degrees] [60 degrees]

[X] Limb precautions: No BP, injection, venipuncture on weak arm

Comments: **On weak arm**
Process Instructions:
Phase of Care:

Questions:

Location: [Left Arm] [Right Arm] [Left Leg] [Right Leg]
Precaution: **[No venipuncture] [No blood pressure] [No injections]** [No IV] [No ART line]

[] Insert nasogastric feeding tube

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q4H] [Q Shift] [Daily]
Comments: Complete tube feeding order form. Nasogastric feeding tube for medications only.

Phase of Care:

Tobacco cessation education

Priority: **[Routine]**
Frequency: **[Once]** [Prior to Discharge]
Comments:
Phase of Care:

Oral care

Priority: **[Routine]** [STAT]
Frequency: **[2 times daily]** [BID] [Q8H] [Q Shift]
Comments:
Phase of Care:

Stroke Coordinator Tracking

Stroke coordinator tracking

Priority: **[Routine]**
Frequency: **[Until discontinued, Starting S]** [Until Discontinued]
Comments: This order serves to populate patient on the Stroke Coordinators' patient list. Discontinuation of this order will remove patient from the list. No action is needed by nursing.
Phase of Care:

Notify

Notify Physician

Priority: Routine
Frequency: **[Until discontinued, Starting S]** [Until Discontinued] [Once]
Comments: If Systolic BP GREATER than *** bpm or Diastolic BP GREATER than *** bpm
Phase of Care:

Notify Physician (Specify)

Priority: Routine
Frequency: **[Until discontinued, Starting S]** [Until Discontinued] [Once]
Comments: If Systolic BP LESS than *** bpm or Diastolic BP LESS than *** bpm
Phase of Care:

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

Priority: Routine
Frequency: **[Until discontinued, Starting S]** [Until Discontinued] [Once]
Comments: For temperature GREATER than or EQUAL to 100.4 F (38 C)
Phase of Care:

Notify Physician if blood glucose is GREATER THAN 180 mg/dL x 2

Priority: Routine
Frequency: **[Until discontinued, Starting S]** [Until Discontinued] [Once]
Comments: Notify Physician if blood glucose is GREATER THAN 180 mg/dL x 2
Phase of Care:

Urinary Incontinence

Insert and maintain Foley (Selection Required)

Insert Foley catheter

Priority: **[Routine]** [STAT]
Frequency: **[Once]** [Q4H] [Q Shift] [Daily]
Comments: Foley catheter may be removed per nursing protocol.
Phase of Care:

Questions:

Type: [2 Way] [3 Way] [Coude] [Temperature Sensing]
Size: [14 French] [16 French] [18 French]
Urinometer needed: [Yes] [No]

Foley Catheter Care

Priority: **[Routine]** [STAT]
Frequency: **[Until discontinued, Starting S]** [Until Discontinued] [Daily]
Comments: To bedside drainage.
Phase of Care:

Questions:

Orders: [to gravity] [to leg bag] [flush] [flush until clear] [Site care Qshift & PRN] **[Maintain]** [Irrigate urinary catheter PRN] [Do not manipulate]

Apply condom catheter

Priority: **[Routine]** [STAT]

Frequency: **[Once]**

Comments:

Phase of Care:

External female catheter

Priority: **[Routine]**

Frequency: **[Until discontinued, Starting S]** [Once] [Until Discontinued]

Comments:

Phase of Care:

Diet

NPO except ice chips for 24 hours

Frequency: **[Diet effective now, Starting S For 24 Hours]** [Effective Midnight] [Effective Now] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective _____]

Comments: With supervision only for aspiration precautions.

Process Instructions: An NPO order without explicit exceptions means nothing can be given orally to the patient.

Phase of Care:

Questions:

NPO: [Except meds] **[Except ice chips]** [Except Sips with meds] [Except Sips of clear liquids]

Pre-Operative fasting options:

Diet - Dysphagia

Frequency: **[Diet effective now, Starting S]** [Effective Now] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]

Comments:

Phase of Care:

Questions:

Diet(s): **[Dysphagia]** [Regular] [Clear Liquids] [Full Liquids] [Easy to digest (GERD)] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [2000 Kcal/225 gm Carbohydrate] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [Bariatric] [Other Diabetic/Cal] [Other Protein]

IDDSI Solid Consistency: [Level 3 Liquidized] [Level 4 Pureed] [Level 5 Minced & Moist] [Level 6 Soft & Bite Sized]

Advance Diet as Tolerated? [Yes] [No]

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]

Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]

Foods to Avoid:

Diet - Regular

Frequency: **[Diet effective now, Starting S]** [Effective Now] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]

Comments:

Phase of Care:

Questions:

Diet(s): **[Regular]** [Clear Liquids] [Full Liquids] [Easy to digest (GERD)] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [2000 Kcal/225 gm Carbohydrate] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [Bariatric] [Other Diabetic/Cal] [Other Protein]

Advance Diet as Tolerated? [Yes] [No]

IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]

Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]

Foods to Avoid:

Diet - Diabetic

Frequency: **[Diet effective now, Starting S]** [Effective Now] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]

Comments:

Phase of Care:

Questions:

Diet(s): [Regular] [Clear Liquids] [Full Liquids] [Easy to digest (GERD)] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [2000 Kcal/225 gm Carbohydrate] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [Bariatric] **[Other Diabetic/Cal]** [Other Protein]

Diabetic/Calorie: [1600 Kcal/180 gm Carbohydrate] [1800 Kcal/202 gm Carbohydrate] [Gestational 2200 Kcal/285 gm Carbohydrate] [New

Direction Wt. Program]
Advance Diet as Tolerated? [Yes] [No]
IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]
Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]
Foods to Avoid:

[] Diet - Low Fat, 2 GM Sodium

Frequency: **[Diet effective now, Starting S]** [Effective Now] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]
Comments:
Phase of Care:

Questions:

Diet(s): [Regular] [Clear Liquids] [Full Liquids] [Easy to digest (GERD)] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [2000 Kcal/225 gm Carbohydrate] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] **[Low Fat]** [2 GM Potassium] [Neutropenic/Low Bacteria] **[2 GM Sodium]** [IDDSI/Dysphagia] [Bariatric] [Other Diabetic/Cal] [Other Protein]
Advance Diet as Tolerated? [Yes] [No]
IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]
Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]
Foods to Avoid:

[] Diet

Frequency: **[Diet effective now, Starting S]** [Effective Now] [Effective 0500 (Breakfast)] [Effective 1000 (Lunch)] [Effective 1400 (Dinner)] [Effective Midnight] [Effective _____] [Effective tomorrow]
Comments:
Phase of Care:

Questions:

Diet(s): [Regular] [Clear Liquids] [Full Liquids] [Easy to digest (GERD)] [No Carbohydrate Clear Liquid] [Low Carbohydrate Full Liquid] [Renal (80GM Pro, 2-3GM Na, 2-3GM K)] [2000 Kcal/225 gm Carbohydrate] [Heart Healthy] [Fiber Restricted] [Post Gastrectomy] [Post Transplant] [Post Esophagectomy] [Low Fat] [2 GM Potassium] [Neutropenic/Low Bacteria] [2 GM Sodium] [IDDSI/Dysphagia] [Bariatric] [Other Diabetic/Cal] [Other Protein]
Cultural/Special: [Kosher] [Middle Eastern] [Vegetarian] [Gluten Free] [Vegan]
Other Options: [Finger Foods] [Safety Tray]
Advance Diet as Tolerated? [Yes] [No]
IDDSI Liquid Consistency: [Level 1 Slightly Thick] [Level 2 Mildly Thick] [Level 3 Moderately Thick] [Level 4 Extremely Thick]
Fluid Restriction: [Fluid Restriction 500 ml] [Fluid Restriction 750 ml] [Fluid Restriction 1000 ml] [Fluid Restriction 1200 ml] [Fluid Restriction 1500 ml] [No Fluids]
Foods to Avoid:
Foods to Avoid:

IV Fluids

IV Fluids

() sodium chloride 0.9 % infusion

Dose:
Route: **[intravenous]**
Rate:
Duration:
Frequency: **[continuous]** [Continuous]
Frequency Start:
Number of Doses:
Phase of Care:
Administration instructions:
Indications:

Medications

Pharmacy Consult(s)

[] Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses

Priority: [Routine] **[STAT]**
Frequency: **[Until discontinued, Starting S]** [Until Discontinued]
Comments:

Questions:

Heparin Indication:
Specify: [Give initial Bolus] [No initial Bolus]
Monitoring: **[Anti-Xa]** [aPTT]

Medications - Aspirin

(X) aspirin 325 mg oral tablet or 300 mg rectal suppository (Selection Required)

aspirin (ECOTRIN) enteric coated tablet

Dose: **[325 mg]** [650 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[daily]** [Once] [Daily] [Q4H PRN] [Q6H PRN]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [rheumatic fever] [acute rheumatic carditis] [myocardial reinfarction prevention] [myocardial infarction prevention] [cerebral thromboembolism prevention] [Kawasaki disease] [dysmenorrhea] [rheumatoid arthritis] [juvenile idiopathic arthritis] [osteoarthritis] [tendonitis] [tenosynovitis] [bursitis] [fever] [pain] [headache disorder] [synovitis] [prevention of transient ischemic attack] [thrombosis prevention after PCI]

Or

aspirin tablet

Dose: **[325 mg]** [650 mg]

Route: **[feeding tube]** [oral]

Rate:

Duration:

Frequency: **[daily]** [Once] [Daily]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: Administer if patient has feeding tube

Indications: [rheumatic fever] [acute rheumatic carditis] [acute myocardial infarction] [myocardial reinfarction prevention] [myocardial infarction prevention] [acute coronary syndrome] [unstable angina pectoris] [cerebral thromboembolism prevention] [transient cerebral ischemia] [peripheral arterial thromboembolism prevention] [Kawasaki disease] [dysmenorrhea] [rheumatoid arthritis] [juvenile idiopathic arthritis] [osteoarthritis] [fever] [pain] [headache disorder] [prevention of transient ischemic attack] [thrombosis prevention after PCI] [acute thromboembolic stroke]

Or

aspirin suppository

Dose: **[300 mg]**

Route: **[rectal]**

Rate:

Duration:

Frequency: **[daily]** [Once] [Daily]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: Administer suppository if patient unable to take oral tablet

Indications: [rheumatic fever] [acute rheumatic carditis] [myocardial reinfarction prevention] [myocardial infarction prevention] [cerebral thromboembolism prevention] [Kawasaki disease] [dysmenorrhea] [rheumatoid arthritis] [juvenile idiopathic arthritis] [osteoarthritis] [tendonitis] [tenosynovitis] [bursitis] [fever] [pain] [headache disorder] [synovitis] [prevention of transient ischemic attack] [thrombosis prevention after PCI]

() aspirin 81 mg oral tablet or 300 mg rectal suppository (Selection Required)

aspirin chewable tablet

Dose: **[81 mg]** [162 mg] [243 mg] [324 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[daily]** [Once] [Daily]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial infarction prevention] [prevention of cerebrovascular accident] [peripheral arterial thromboembolism prevention]

Or

aspirin chewable tablet

Dose: **[81 mg]** [162 mg] [243 mg] [324 mg]

Route: **[feeding tube]** [oral]

Rate:

Duration:

Frequency: **[daily]** [Once] [Daily]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: Administer if patient has feeding tube

Indications: [myocardial infarction prevention] [prevention of cerebrovascular accident] [peripheral arterial thromboembolism prevention]

Or

aspirin suppository

Dose: [300 mg]

Route: [rectal]

Rate:

Duration:

Frequency: [daily] [Once] [Daily]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: Administer suppository if patient unable to take oral tablet.

Indications: [rheumatic fever] [acute rheumatic carditis] [myocardial reinfarction prevention] [myocardial infarction prevention] [cerebral thromboembolism prevention] [Kawasaki disease] [dysmenorrhea] [rheumatoid arthritis] [juvenile idiopathic arthritis] [osteoarthritis] [tendonitis] [tenosynovitis] [bursitis] [fever] [pain] [headache disorder] [synovitis] [prevention of transient ischemic attack] [thrombosis prevention after PCI]

Anti-platelet

[] clopidogrel (PLAVIX) tablet 300 mg once

clopidogrel (PLAVIX) tablet

Dose: [300 mg (Max: 300 mg)] [75 mg] [150 mg] [300 mg] [600 mg]

Route: [oral]

Rate:

Duration:

Frequency: [once] [Once] [Daily]

Frequency Start:

Number of Doses: 1 Doses

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [myocardial infarction prevention] [acute coronary syndrome] [cerebral thromboembolism prevention] [peripheral arterial thromboembolism prevention] [thrombosis prevention after PCI]

Or

clopidogrel (PLAVIX) tablet

Dose: [300 mg (Max: 300 mg)] [75 mg] [150 mg] [300 mg] [600 mg]

Route: [feeding tube] [oral]

Rate:

Duration:

Frequency: [once] [Once] [Daily]

Frequency Start:

Number of Doses: 1 Doses

Phase of Care:

Administration instructions: Administer if patient has feeding tube

Indications: [myocardial reinfarction prevention] [myocardial infarction prevention] [acute coronary syndrome] [cerebral thromboembolism prevention] [peripheral arterial thromboembolism prevention] [thrombosis prevention after PCI]

[] clopidogrel (PLAVIX) tablet 75 mg daily

clopidogrel (PLAVIX) tablet

Dose: [75 mg] [150 mg] [300 mg] [600 mg]

Route: [oral]

Rate:

Duration:

Frequency: [daily] [Once] [Daily]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [myocardial reinfarction prevention] [myocardial infarction prevention] [acute coronary syndrome] [cerebral thromboembolism prevention] [peripheral arterial thromboembolism prevention] [thrombosis prevention after PCI]

Or

clopidogrel (PLAVIX) tablet

Dose: [75 mg] [150 mg] [300 mg] [600 mg]

Route: [feeding tube] [oral]

Rate:

Duration:

Frequency: [daily] [Once] [Daily]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: Administer if patient has feeding tube

Indications: [myocardial reinfarction prevention] [myocardial infarction prevention] [acute coronary syndrome] [cerebral thromboembolism prevention] [peripheral arterial thromboembolism prevention] [thrombosis prevention after PCI]

Hypertensive Urgency - PRN Orders

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

Dose: [2.5 mg] [5 mg] [**10 mg**] [15 mg] [20 mg] [40 mg] [80 mg]

Route: [**intravenous**]

Rate:

Duration:

Frequency: every 6 hours PRN

PRN comment: [**high blood pressure**]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

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.

Indications: [pheochromocytoma adjunct therapy] [hypertension] [angina]

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

Dose: [2.5 mg] [5 mg] [**10 mg**] [20 mg]

Route: [**intravenous**]

Rate:

Duration:

Frequency: every 6 hours PRN

PRN comment: [**high blood pressure**]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

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)

Indications: [hypertension] [chronic heart failure]

Questions:

BP HOLD parameters for this order: [BP Hold Parameters requested] [ONCE or PRN Orders - No Hold Parameters Needed]

Contact Physician if:

Antihyperlipidemics

atorvastatin (LIPITOR) tablet 40 mg or 80 mg nightly

atorvastatin (LIPITOR) tablet 40 mg nightly

atorvastatin (LIPITOR) tablet

Dose: [10 mg] [20 mg] [**40 mg**] [80 mg]

Route: [**oral**]

Rate:

Duration:

Frequency: [**nightly**] [Nightly]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [hypercholesterolemia] [homozygous familial hypercholesterolemia] [hypertriglyceridemia] [mixed hyperlipidemia] [primary dysbetalipoproteinemia] [hyperlipidemia] [myocardial infarction prevention] [treatment to slow progression of coronary artery disease] [prevention of cerebrovascular accident] [atherosclerotic cardiovascular disease] [prevention of transient ischemic attack] [heterozygous familial hypercholesterolemia] [increased risk of atherosclerotic cardiovascular disease]

Or

atorvastatin (LIPITOR) tablet

Dose: [10 mg] [20 mg] [**40 mg**] [80 mg]

Route: [**feeding tube**] [oral]

Rate:

Duration:

Frequency: [**nightly**] [Nightly]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: Administer if patient has feeding tube

Indications: [hypercholesterolemia] [homozygous familial hypercholesterolemia] [hypertriglyceridemia] [mixed hyperlipidemia] [primary dysbetalipoproteinemia] [hyperlipidemia] [myocardial infarction prevention] [treatment to slow progression of coronary artery disease] [prevention of cerebrovascular accident] [atherosclerotic cardiovascular disease] [prevention of transient ischemic attack] [heterozygous familial hypercholesterolemia] [increased risk of atherosclerotic cardiovascular disease]

[\(\) atorvastatin \(LIPITOR\) tablet 80 mg nightly](#)

[atorvastatin \(LIPITOR\) tablet](#)

Dose: [10 mg] [20 mg] [40 mg] **[80 mg]**

Route: **[oral]**

Rate:

Duration:

Frequency: **[nightly]** [Nightly]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [hypercholesterolemia] [homozygous familial hypercholesterolemia] [hypertriglyceridemia] [mixed hyperlipidemia] [primary dysbetalipoproteinemia] [hyperlipidemia] [myocardial infarction prevention] [treatment to slow progression of coronary artery disease] [prevention of cerebrovascular accident] [atherosclerotic cardiovascular disease] [prevention of transient ischemic attack] [heterozygous familial hypercholesterolemia] [increased risk of atherosclerotic cardiovascular disease]

Or

[atorvastatin \(LIPITOR\) tablet](#)

Dose: [10 mg] [20 mg] [40 mg] **[80 mg]**

Route: **[feeding tube]** [oral]

Rate:

Duration:

Frequency: **[nightly]** [Nightly]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: Administer if patient has feeding tube

Indications: [hypercholesterolemia] [homozygous familial hypercholesterolemia] [hypertriglyceridemia] [mixed hyperlipidemia] [primary dysbetalipoproteinemia] [hyperlipidemia] [myocardial infarction prevention] [treatment to slow progression of coronary artery disease] [prevention of cerebrovascular accident] [atherosclerotic cardiovascular disease] [prevention of transient ischemic attack] [heterozygous familial hypercholesterolemia] [increased risk of atherosclerotic cardiovascular disease]

[\(\) rosuvastatin \(CRESTOR\) tablet 20 mg nightly](#)

[rosuvastatin \(CRESTOR\) tablet](#)

Dose: [5 mg] [10 mg] **[20 mg]** [40 mg]

Route: **[oral]**

Rate:

Duration:

Frequency: **[nightly]** [QAM] [Nightly]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions:

Indications: [hypercholesterolemia] [homozygous familial hypercholesterolemia] [hypertriglyceridemia] [mixed hyperlipidemia] [primary dysbetalipoproteinemia] [hyperlipidemia] [myocardial infarction prevention] [prevention of cerebrovascular accident] [atherosclerotic cardiovascular disease] [prevention of transient ischemic attack] [heterozygous familial hypercholesterolemia] [increased risk of atherosclerotic cardiovascular disease]

Or

[rosuvastatin \(CRESTOR\) tablet](#)

Dose: [5 mg] [10 mg] **[20 mg]** [40 mg]

Route: **[feeding tube]** [oral]

Rate:

Duration:

Frequency: **[nightly]** [QAM] [Nightly]

Frequency Start:

Number of Doses:

Phase of Care:

Administration instructions: Administer if patient has feeding tube

Indications: [hypercholesterolemia] [homozygous familial hypercholesterolemia] [hypertriglyceridemia] [mixed hyperlipidemia] [primary dysbetalipoproteinemia] [hyperlipidemia] [myocardial infarction prevention] [prevention of cerebrovascular accident] [atherosclerotic cardiovascular disease] [prevention of transient ischemic attack] [heterozygous familial hypercholesterolemia] [increased risk of atherosclerotic cardiovascular disease]

VTE

Labs

Labs Today - Panels

[\[\] Basic metabolic panel](#)

Frequency: **[Once]** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

[Comprehensive metabolic panel](#)

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

[GGT](#)

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

[Hepatic function panel](#)

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

[Lipid panel](#)

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

[Hemoglobin A1c](#)

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

[Lupus anticoagulant panel](#)

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

[Urine drugs of abuse screen](#)

Frequency: **Once** [STAT] [AM Draw] [Timed] [Add-on]

Comments:

Phase of Care:

[Labs Routine](#)

[CBC with differential](#)

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

[Prothrombin time with INR](#)

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

[Partial thromboplastin time](#)

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments: Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

Phase of Care:

[Basic metabolic panel](#)

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

[Bedside glucose](#)

Priority: **Routine** [STAT]

Frequency: **Every 4 hours** [Once] [Daily] [Q4H] [Q6H] [AC only] [AC & HS] [User Schedule]

Comments: If patient is receiving continuous enteral tube feedings, TPN, or NPO. Notify MD for blood glucose less than 70 or greater than 180.

Phase of Care:

[Vitamin B12](#)

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

[Folate](#)

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

Sedimentation rate

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

Antinuclear antibodies (ANA) with reflex to titer and pattern, immunofluorescence

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

Cardiolipin antibody

Frequency: **Once** [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

Fibrinogen

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

Hemoglobinopathy evaluation

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

Prothrombin gene mutation

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

Questions:

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

Troponin T

Frequency: **Once** [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

POC occult blood stool

Frequency: [Once] **Daily** [Every Stool] [x 3]

Comments: If anticoagulated.

Phase of Care:

Urinalysis screen and microscopy, with reflex to culture

Frequency: **Once** [STAT] [AM Draw] [Timed] [Add-on]

Comments: Specimen must be received in the laboratory within 2 hours of collection.

Phase of Care:

Questions:

Specimen Source: **Urine**

Specimen Site: [Catheterized] [Clean catch] [Cystoscopy] [Foley] [Ileal conduit] [Kidney] [Koch pouch] [Midstream] [Nephrostomy] [Pediatric bag] [Random void] [Stint] [Suprapubic] [Ureteral] [VB1] [VB2] [VB3]

Labs AM

CBC and differential

Frequency: **AM draw, Starting S+1 For 1 Occurrences** [Once] [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

Basic metabolic panel

Frequency: **AM draw, Starting S+1 For 1 Occurrences** [Once] [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

Lipid panel

Frequency: **AM draw, Starting S+1 For 1 Occurrences** [Once] [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]

Comments:

Phase of Care:

Labs AM Repeat

CBC and differential

Frequency: **AM draw repeats, Starting S+1 For 3 Occurrences** [Once] [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

Basic metabolic panel

Frequency: **AM draw repeats, Starting S+1 For 3 Occurrences** [Once] [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

Lipid panel

Frequency: **AM draw repeats, Starting S+1 For 3 Occurrences** [Once] [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

Microbiology

Blood culture x 2

Blood culture, aerobic and anaerobic x 2

Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

Blood Culture Best Practices - <https://formweb.com/files/houstonmethodist/documents/blood-culture-stewardship.pdf>

Blood culture, aerobic & anaerobic

Frequency: **Once** [STAT] [AM Draw] [Timed]
Specimen type: Blood
Specimen source:
Comments: Collect before antibiotics given. Blood cultures should be drawn from a 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.
Phase of Care:

And

Blood culture, aerobic & anaerobic

Frequency: **Once** [STAT] [AM Draw] [Timed]
Specimen type: Blood
Specimen source:
Comments: Collect before antibiotics given. Blood cultures should be drawn from a 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.
Phase of Care:

Cardiology

Cardiology

Electrocardiogram, 12-lead

Priority: Routine
Frequency: **Once For 1 Occurrences** [STAT] [Once] [Conditional] [Daily]
Comments:
Phase of Care:

Questions:

Clinical Indications: Other:
Other: Altered Mental Status
Interpreting Physician:

CV Holter monitor 24 hour

Priority: **Routine** [STAT]
Frequency: **Once**
Comments:
Phase of Care:

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 Stroke Brain Wo Contrast

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once]
Comments:
Phase of Care:

MRI Brain Wo Contrast

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once]
Comments:
Phase of Care:

MRI Brain W Wo Contrast

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once]
Comments: Perfusion Brain MRI
Phase of Care:

MRA Head Wo Contrast

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once]
Comments:
Phase of Care:

MRA Neck Wo Contrast

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once]
Comments:
Phase of Care:

MRI Brain Venogram

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once]
Comments:
Phase of Care:

MR POST THROMBOLYTIC BRAIN wo contrast

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once]
Comments: Perform between 22 and 26 hours AFTER thrombolytic infusion and PRIOR to starting antiplatelets or anticoagulants. Confirm with nurse when thrombolytic infusion was completed and schedule MRI Stroke Brain Wo Contrast between 22 and 26 hours after this time.
Phase of Care:

Neuro IR

IR Angiogram Cerebral

Priority: [Routine] [STAT]
Comments:
Phase of Care:

Questions:

What is the expected date for Procedure?
Please select the preferred Artery access for this procedure, if known? (leave blank for Physician Performing procedure to decide): [Radial Access] [Femoral Access]
Is the patient pregnant? [Yes] [No] [Unknown]
What is the patient's sedation requirements? [None] [PO Sedation] [IV Sedation] [General Anesthesia] [Unknown]
Physician contact number:
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): [Immediate] [Manual release] [Block release]

CT

CT Stroke Brain Wo Contrast

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once] [Conditional]
Comments: For neurologic worsening greater than 2 points NIH Stroke Scale
Phase of Care:

CTA Stroke Head W Wo Contrast

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once]
Comments:
Phase of Care:

CTA Stroke Neck W Wo Contrast

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once]
Comments:
Phase of Care:

CT POST THROMBOLYTIC Brain wo contrast

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once] [Conditional]
Comments: Perform between 22 and 26 hours AFTER thrombolytic infusion and PRIOR to starting antiplatelets or anticoagulants. Confirm with nurse when thrombolytic infusion was completed and schedule MRI Stroke Brain Wo Contrast between 22 and 26 hours after this time.
Phase of Care:

X-Ray Only Appears If: SB IP ORDERSET NOT HMSL HMWB HMCY

Chest 1 Vw Portable

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once]
Comments:
Phase of Care:

Chest 2 Vw

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once]
Comments:
Phase of Care:

X-Ray Only Appears If: SB IP ORDERSET HMSL HMWB HMCY

Chest Stroke 1 Vw Portable

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once]
Comments:
Phase of Care:

Chest 2 Vw

Priority: [Routine] [STAT]
Frequency: [1 time imaging, Starting S at 1:00 AM For 1] [Once]
Comments:
Phase of Care:

US

PV carotid duplex bilateral

Priority: [Routine] [STAT]
Frequency: 1 time imaging, Starting S at 1:00 AM
Comments: Include vertebral.
Phase of Care:

PV Transcranial Doppler intracranial arteries complete

Priority: [Routine] [STAT]
Frequency: 1 time imaging, Starting S at 1:00 AM
Comments:
Phase of Care:

Transthoracic Echocardiogram Complete, (w contrast, Strain and 3D if needed)

Priority: [Routine] [Today] [STAT]
Frequency: 1 time imaging, Starting S at 1:00 AM
Comments:
Phase of Care:

Echocardiogram transesophageal

Priority: [Routine] [Today] [STAT]
Frequency: 1 time imaging, Starting S at 1:00 AM
Comments: NPO 6 hours prior to exam
Phase of Care:

Echo TEE and Cardiology Consult (For hospitals that require Cardiology consult when ordering TEE) (Selection Required)

Consult Cardiology

Referral Info:
Referral Facility:
Referral # of Visits: 1
Expires: Y+1
Phase of Care:
Comments:
Process Instructions:

Questions:

Reason for Consult?

Conditional Questions:

If (Class is not HMH Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/Clinical information communicated? [Face to face] [Secure text] [Telephone] [Answering service notified] [Consultant not contacted]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [Face to face] [Secure text] [Telephone] [Answering service]

[] Echocardiogram transesophageal

Priority: **[Routine]** [Today] [STAT]
Frequency: 1 time imaging, Starting S at 1:00 AM
Comments: NPO 6 hours prior to exam
Phase of Care:

Other Studies

Other Diagnostic Studies

[] EEG (routine)

Priority: **[Routine]** [STAT]
Frequency: **[Once]**
Comments:
Phase of Care:

Questions:

Clinical Indication: [Altered Mental Status] [Brain Lesion] [Brain Tumor] [Confusion] [Convulsion] [CVA] [CVA vs. TIA] [Dementia] [Headaches] [Possible Seizure] [Seizure] [Syncope] [TIA] [Vertigo] [Other]
Testing Location: [At Bedside (Patients Room)] [In Neurophysiology Dept] [Pre-Op Area]
Testing Duration: [Routine (< 41 Min)] [Extended (41 - 60 Min)]

[] Continuous EEG monitoring

Priority: **[Routine]** [STAT]
Frequency: Daily imaging For 7 Days
Frequency Duration: 7 Days
Comments:
Phase of Care:

Questions:

Clinical Indication: [Altered Mental Status] [Brain Lesion] [Brain Tumor] [Confusion] [Convulsion] [CVA] [CVA vs. TIA] [Dementia] [Headaches] [Possible Seizure] [Seizure] [Syncope] [TIA] [Vertigo] [Other]
Testing Location: **[At Bedside (Patients Room)]**
Record Video? **[Yes]** [No]

Respiratory

Respiratory

[] Pulse oximetry check

Priority: **[Routine]** [STAT]
Frequency: [Once] **[Daily]** [Q PM] [Continuous] [HS only]
Comments:
Phase of Care:

Questions:

Current FIO2 or Room Air: [Current FIO2] [Room Air]

[] Pulse oximetry

Priority: **[Routine]** [STAT]
Frequency: **[Every 4 hours]** [Once] [Daily] [Q PM] [Continuous] [HS only]
Comments:
Phase of Care:

Questions:

Current FIO2 or Room Air: [Current FIO2] [Room Air]

[\[\] Pulse oximetry](#)

Priority: **[Routine]** [STAT]
Frequency: [Once] [Daily] [Q PM] **[Continuous]** [HS only]
Comments: If O2 sat is less than 94%.
Phase of Care:

Questions:

Current FIO2 or Room Air: [Current FIO2] [Room Air]

Rehab

Consults

For Physician Consult orders use sidebar

Physician Consults

[\[\] Consult Physical Medicine Rehab](#)

Referral Info:
Referral Facility:
Referral # of Visits: 1
Expires: Y+1
Phase of Care:
Comments:
Process Instructions:

Questions:

Reason for Consult?

Conditional Questions:

If (Class is not HMH Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [Face to face] [Secure text] [Telephone] [Answering service notified] [Consultant not contacted]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [Face to face] [Secure text] [Telephone] [Answering service]

[\[\] Consult Neurology](#)

Referral Info:
Referral Facility:
Referral # of Visits: 1
Expires: Y+1
Phase of Care:
Comments:
Process Instructions:

Questions:

Reason for Consult? [Carotid stenosis] [Ischemic stroke] [Seizure] [Venous sinus thrombosis] [Dissections/intracranial stenosis] [Intracranial Hemorrhage (intracerebral) - Routine] [Thrombectomy (>24 hours after procedure)] [Syncope] [Dizziness/Vertigo] [Intractable Headaches] [Encephalopathy] [Demyelinating Disease] [Inflammatory neuropathy] [Other Reasons]

Conditional Questions:

If (Class is not HMH Hospital Performed) And (Class is not HMSL Hospital Performed) And (Class is not HMSJ Hospital Performed) And (Class is not HMSTJ Hospital Performed) And (Class is not HMTW Hospital Performed):

Patient/clinical information communicated? [Face to face] [Secure text] [Telephone] [Answering service notified] [Consultant not contacted]

If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):

Patient/Clinical information communicated? [Face to face] [Secure text] [Telephone] [Answering service]

Consults Only Appears If: **SB IP ORDERSET NOT HMW HMSTJ**

[\[\] Consult to Social Work](#)

Phase of Care:
Comments:

Questions:

Reason for Consult: [Adoption] [Chemical Dependency] [Deaf] **[Discharge Planning]** [Fetal Demise] [Discharge Placement] [Hospice Referral] [SNF] [Suspected Abuse] [Suspected Domestic Violence] [Teen Pregnancy] [Human Trafficking] [Dialysis Placement] [SDOH] [Other Specify]

[\[X\] Consult to PT eval and treat](#)

Phase of Care:
Comments: Mobility, DMD, Safety education.

Questions:

Reasons for referral to Physical Therapy (mark all applicable): [Unsuccessful mobility attempts with Nursing personnel] [Post Neuromuscular or Musculoskeletal Surgery Care.] [**New functional deficits, not expected to spontaneously recover with medical modalities**] [History of recent falls (non-syncopal)] [Recommendations for post-acute hospital placement] [Mobility Program for Ventilated patients] [**Other**]
Specify: **Stroke**
Are there any restrictions for positioning or mobility? [Yes] [No]
Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Weight Bearing Status: [LLE] [RLE] [LUE] [RUE]

[\[X\] Consult OT Eval and Teat](#)

Phase of Care:
Comments: ADL, DME, Safety education

Questions:

Reason for referral to Occupational Therapy (mark all that apply): [**Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming)**] [Post-operative instruction or treatment necessary prior to discharge] [Decrease in functional cognition from patient's baseline] [Needs home safety recommendations prior to discharge] [Increased falling (non-syncopal).] [Patient lives alone and is deconditioned (post-surgery or extensive hospital stay)] [**Other**]
Specify: **Stroke**
Are there any restrictions for positioning or mobility? [Yes] [No]
Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Weight Bearing Status: [LLE] [RLE] [LUE] [RUE]

[\[\] Consult to Nutrition Services](#)

Phase of Care:
Comments:

Questions:

Reason For Consult? [MD order Diet Consult] [Transplant Evaluation] [Diet Education] [Wound] [Other (Specify)]
Purpose/Topic:

[\[\] Consult to Spiritual Care](#)

Phase of Care:
Comments:

Questions:

Reason for consult? [Spiritual Support] [End of Life Support] [Pre-Surgical Prayer] [Catholic-Holy Communion] [Catholic Priest] [Advance Directive] [Other Specify]

[\[X\] Consult to Speech Language](#)

Priority: **[Routine]**
Frequency: **[Once]**
Comments:
Phase of Care:

Questions:

Consult Reason: [**Dysphagia**] [Aphasia] [**Dysarthria**] [Communication] [**Other specify**]
Specify: **Stroke**

[\[\] Consult to Respiratory Therapy](#)

Phase of Care:
Comments:

Questions:

Reason for Consult?

[\[\] Music Therapy/Art therapy consult - eval & treat](#)

Priority: **[Routine]**
Comments:
Phase of Care:

Questions:

Request Date: TODAY
Therapy Requested: [Music Therapy] [Art Therapy]
Please Indicate REASON FOR REFERRAL (check all that apply): [Physical] [Psychoemotional reason]

Consults Only Appears If: **SB IP ORDERSET HMW HMSTJ**

Consult to Social Work

Phase of Care:
Comments:

Questions:

Reason for Consult: [Adoption] [Chemical Dependency] [Deaf] [**Discharge Planning**] [Fetal Demise] [Discharge Placement] [Hospice Referral] [SNF] [Suspected Abuse] [Suspected Domestic Violence] [Teen Pregnancy] [Human Trafficking] [Dialysis Placement] [SDOH] [Other Specify]

Consult to PT eval and treat

Phase of Care:
Comments: Mobility, DMD, Safety education.

Questions:

Reasons for referral to Physical Therapy (mark all applicable): [Unsuccessful mobility attempts with Nursing personnel] [Post Neuromuscular or Musculoskeletal Surgery Care.] [**New functional deficits, not expected to spontaneously recover with medical modalities**] [History of recent falls (non-syncopal)] [Recommendations for post-acute hospital placement] [Mobility Program for Ventilated patients] [**Other**]
Specify: Stroke
Are there any restrictions for positioning or mobility? [Yes] [No]
Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Weight Bearing Status: [LLE] [RLE] [LUE] [RUE]

Consult OT Eval and Teat

Phase of Care:
Comments: ADL, DME, Safety education

Questions:

Reason for referral to Occupational Therapy (mark all that apply): [**Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming)**] [Post-operative instruction or treatment necessary prior to discharge] [Decrease in functional cognition from patient's baseline] [Needs home safety recommendations prior to discharge] [Increased falling (non-syncopal).] [Patient lives alone and is deconditioned (post-surgery or extensive hospital stay)] [**Other**]
Specify: Stroke
Are there any restrictions for positioning or mobility? [Yes] [No]
Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Weight Bearing Status: [LLE] [RLE] [LUE] [RUE]

Consult to Nutrition Services

Phase of Care:
Comments:

Questions:

Reason For Consult? [MD order Diet Consult] [Transplant Evaluation] [Diet Education] [Wound] [Other (Specify)]
Purpose/Topic:

Consult to Spiritual Care

Phase of Care:
Comments:

Questions:

Reason for consult? [Spiritual Support] [End of Life Support] [Pre-Surgical Prayer] [Catholic-Holy Communion] [Catholic Priest] [Advance Directive] [Other Specify]

Consult to Speech Language

Priority: [**Routine**]
Frequency: [**Once**]
Comments:
Phase of Care:

Questions:

Consult Reason: **[Dysphagia]** [Aphasia] **[Dysarthria]** [Communication] **[Other specify]**
Specify: **Stroke**

[\[\] Consult to Respiratory Therapy](#)

Phase of Care:
Comments:

[Questions:](#)

Reason for Consult?

[Additional Orders](#)