Acute Code Stroke - Inpatient Only Appears If: **SB IP AND NON-ED PATIENTS**

General

Nursing

Vital Signs

[X] Vital Signs
Priority: [Routine] **[STAT]**
Frequency: **[Once For 1 Occurrences]** [Q1H] [Q2H] [Q4H] [Per Unit Protocol]
Comments:
Phase of Care:

Nursing

[X] Place on transport monitor
Priority: **[STAT]** [Routine]
Frequency: **[Until discontinued, Starting S]** [Once] [Until Discontinued]
Comments:
Phase of Care:

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

[X] Neurological assessment
Priority: [Routine] **[STAT]**
Frequency: **[Once For 1 Occurrences]** [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]

[X] Draw labs PRIOR to CT if it will not delay procedure
Priority: **[STAT]** [Routine]
Frequency: **[Once For 1 Occurrences]** [Once] [Until Discontinued]
Comments:
Phase of Care:

[X] Dysphagia screen
Priority: [Routine] **[STAT]**
Frequency: **[Once]** [Q3H] [Q4H] [Q Shift] [Daily]
Comments: No oral medications or nutrition until dysphagia screen is Passed
Phase of Care:

[X] No oral medications or nutrition until dysphagia screen is Passed
Priority: **[STAT]** [Routine]
Frequency: **[Once For 1 Occurrences]** [Once] [Until Discontinued]
Comments:
Phase of Care:

Notify

[X] 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:

IV Fluids

Medications

VTE

Labs

Labs

[ ] CBC and differential
Frequency: **[STAT For 1 Occurrences]** [Once] [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
Comments:
Phase of Care:

[ ] Partial thromboplastin time
    Frequency: **[STAT For 1 Occurrences]** [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:

[ ] Prothrombin time with INR
    Frequency: **[STAT For 1 Occurrences]** [Once] [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
    Comments:
    Phase of Care:

[ ] Hemoglobin A1c
    Frequency: **[STAT For 1 Occurrences]** [Once] [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
    Comments:
    Phase of Care:

[ ] Comprehensive metabolic panel
    Frequency: **[STAT For 1 Occurrences]** [Once] [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
    Comments:
    Phase of Care:

[ ] Lactic acid level - Now and repeat 2x every 3 hours
    Frequency: **[Now and repeat 2x every 3 hours For 3 Occurrences]** [Now and repeat 2x every 3 hours]
    Comments:
    Phase of Care:

[ ] Hepatic function panel
    Frequency: **[STAT For 1 Occurrences]** [Once] [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
    Comments:
    Phase of Care:

[ ] Lipid panel
    Frequency: **[STAT For 1 Occurrences]** [Once] [STAT] [AM Draw] [AM Draw Repeats] [Timed] [Add-on]
    Comments:
    Phase of Care:

[X] Bedside glucose
    Priority: [Routine] **[STAT]**
    Frequency: **[Once]** [Daily] [Q4H] [Q6H] [AC only] [AC & HS] [User Schedule]
    Comments: Perform prior to Thrombolytic administration.
    Phase of Care:

Cardiology

Imaging

CT

[X] CT Stroke Brain Wo Contrast (Selection Required)

( ) CT Stroke Brain Wo Contrast (LKN < 6 Hours)
    Priority: [Routine] **[STAT]**
    Frequency: **[1 time imaging, Starting S at   1:00 AM For 1   ]** [Once] [Conditional]
    Comments: If meets stroke protocol criteria, do Immediately on arrival
    Phase of Care:

( ) CT Stroke Brain Wo Contrast (LKN 6 - 24 Hours)
    Priority: [Routine] **[STAT]**
    Frequency: **[1 time imaging, Starting S at   1:00 AM For 1 Occurrences]** [Once] [Conditional]
    Comments: If meets stroke protocol criteria, do Immediately on arrival
    Phase of Care:

( ) CT Stroke Brain Wo Contrast (LKN Unknown)
    Priority: [Routine] **[STAT]**
    Frequency: **[1 time imaging, Starting S at   1:00 AM For 1   ]** [Once] [Conditional]
    Comments: If meets stroke protocol criteria, do Immediately on arrival
    Phase of Care:

( ) CT Head Wo Contrast (LKN > 24 Hours)
    Priority: [Routine] **[STAT]**
    Frequency: **[1 time imaging, Starting S at   1:00 AM For 1   ]** [Once]
    Comments: If meets stroke protocol criteria, do Immediately on arrival
    Phase of Care:

[X] CTA Stroke Head W Wo Contrast
    Priority: [Routine] **[STAT]**

Frequency: **[1 time imaging, Starting S at   1:00 AM For 1   ]** [Once]
Comments: Follow ELVO Protocol
Phase of Care:

[X] CTA Stroke Neck W Wo Contrast
Priority: [Routine] **[STAT]**
Frequency: **[1 time imaging, Starting S at   1:00 AM For 1   ]** [Once]
Comments: Neuro deficit < 24 hours
Phase of Care:

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

MRI/MRA

[ ] 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:

X-Ray

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

[ ] Chest 2 Vw
Priority: [Routine] **[STAT]**
Frequency: **[1 time imaging, Starting S at   1:00 AM For 1 Occurrences]** [Once]
Comments:
Phase of Care:

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

Other Studies

Respiratory

Respiratory

[X] Oxygen therapy
Priority: [Routine] **[STAT]**
Frequency: **[Continuous]** [PRN]
Comments:

Phase of Care:

<u>Questions:</u>

Device: **[Nasal Cannula]** [High Flow Nasal Cannula (HFNC)] [Heated High Flow] [Non-rebreather mask] [Trach Collar] [Venturi Mask]
Rate in liters per minute: [1 Lpm] **[2 Lpm]** [3 Lpm] [4 Lpm] [5 Lpm] [6 Lpm]
Titrate to keep O2 Sat Above: [88 %] [90%] [92%] [95%] **[Other (Specify)]**
Specify titration to keep O2 Sat (%) Above: 94
Indications for O2 therapy: [Hypoxemia] [Increased work of breathing] **[Respiratory distress]** [Immediate post-op period] [Acute MI] [Cluster headaches] [Other (specify)]
Device 2: [Nasal Cannula] [High Flow Nasal Cannula (HFNC)] [Non-rebreather mask] [Trach Collar] [Venturi Mask]
Device 3: [Nasal Cannula] [High Flow Nasal Cannula (HFNC)] [Non-rebreather mask] [Trach Collar] [Venturi Mask]
Indications for O2 therapy: [Hypoxemia] [Increased work of breathing] [Respiratory distress] [Immediate post-op period] [Acute MI] [Cluster headaches]

Rehab

Consults

For Physician Consult orders use sidebar

Consults

[ ] Consult Neurology

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

<u>Questions:</u>

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]

<u>Conditional Questions:</u>

<u>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):</u>

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

<u>If (Class is not HMWB Hospital Performed) And (Class is not HMW Hospital Performed) And (Class is not HMSTC Hospital Performed):</u>

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

Additional Orders