

Ischemic Stroke Orders

Generated On: 5/20/2025 1:52 PM

EHR Id: 1443

Record Name: Ischemic Stroke Orders

Version: 25

Released: 3/7/2023

General

Nursing

Vital Signs

- ☒ **Vital Signs Q4H** Frequency: Every 4 hours Priority: Routine

Activity

- ☐ **Strict bed rest** Frequency: Until discontinued Priority: Routine Comments: Turn every 2 hours.
- ☐ **Bed rest with bathroom privileges** Frequency: Until discontinued Priority: Routine
Question(s):
Bathroom Privileges: ☐ with bathroom privileges
- ☐ **Ambulate with assistance** Frequency: 3 times daily Priority: Routine
Question(s):
Specify: ☐ with assistance
- ☐ **Up in chair, Up with assistance** Frequency: Until discontinued Priority: Routine
Question(s):
Specify: ☐ Up in chair ☐ Up with assistance
- ☐ **Out of bed, Up in chair for meals** Frequency: Until discontinued Priority: Routine
Question(s):
Specify: ☐ Out of bed ☐ Up in chair
Additional modifier: for meals
- ☐ **Activity as tolerated** Frequency: Until discontinued Priority: Routine
Question(s):
Specify: ☐ Activity as tolerated

Nursing

- ☒ **NIH Stroke Scale** Frequency: Once Priority: Routine Comments: Perform on Admission
- ☐ **NIH Stroke Scale** Frequency: Every shift Priority: Routine Comments: Perform every shift.
- ☒ **NIH Stroke Scale** Frequency: Once Priority: Routine Comments: Perform on day of discharge.
- ☒ **Dysphagia screen** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine
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.
- ☒ **Provide ischemic stroke education** Frequency: Once Priority: Routine Comments: Ischemic Stroke Patient Education
- ☐ **Provide risk factor education for ischemic strokes from FHIR** Frequency: Once Priority: Routine Comments: Provide risk factor education for ischemic strokes from FHIR

☐ **Telemetry**

☒ **Telemetry monitoring** **Frequency:** Continuous **Frequency Limit:** 3 Days **Priority:** Routine

Question(s):

Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)

Can be off of Telemetry for tests and baths? Yes

Reason for telemetry:

Reason?

☒ **Telemetry Additional Setup Information** **Frequency:** Continuous **Frequency Limit:** 3 Days **Priority:** Routine

Question(s):

High Heart Rate (BPM): ☐ 120 ☐ 120.000

Low Heart Rate(BPM): ☐ 50 ☐ 50.000

High PVC's (per minute): ☐ 10 ☐ 10.000

High SBP(mmHg): ☐ 175 ☐ 175.000

Low SBP(mmHg): ☐ 100 ☐ 100.000

High DBP(mmHg): ☐ 95 ☐ 100.000

Low DBP(mmHg): ☐ 40 ☐ 95.000

Low Mean BP: ☐ 60 ☐ 60.000

High Mean BP: ☐ 120 ☐ 120.000

Low SPO2(%): ☐ 94 ☐ 94.000

☒ **Height and weight** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** Routine
Comments: Obtain height, measure and record weight (not stated weight) on admission.

☐ **Intake and output for 48 hours** **Frequency:** Every shift **Frequency Limit:** 48 Hours
Priority: Routine **Comments:** For 48 hours, then discontinue

☐ **Intake and output** **Frequency:** Every shift **Priority:** Routine

☐ **Neurological assessment** **Frequency:** Every 4 hours **Priority:** Routine
Question(s):

Assessment to Perform:

☐ **Hold PT/OT** **Frequency:** Until discontinued **Priority:** Routine **Comments:** If Systolic BP greater than *** or Diastolic BP greater than ***.

☒ **Patient position: elevate weak side** **Frequency:** Until discontinued **Priority:** Routine
Comments: Elevate patient's weak side.
Question(s):

Additional instructions: ☐ elevate extremity

Position:

☒ **Head of bed 30 degrees** **Frequency:** Until discontinued **Priority:** Routine
Question(s):

Head of bed: ☐ 30 degrees

☒ **Limb precautions: No BP, injection, venipuncture on weak arm** **Frequency:** Continuous **Priority:** Routine **Comments:** On weak arm
Question(s):

Precaution: ☐ No venipuncture ☐ No blood pressure ☐ No injections

Location:

☐ **Insert nasogastric feeding tube** **Frequency:** Once **Priority:** Routine **Comments:** Complete tube feeding order form. Nasogastric feeding tube for medications only.

☐ **Tobacco cessation education** **Frequency:** Once **Priority:** Routine

☐ **Oral care** **Frequency:** 2 times daily **Priority:** Routine

Stroke Coordinator Tracking

- ☒ **Stroke coordinator tracking** **Frequency:** Until discontinued **Priority:** Routine
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.

Notify

- ☐ **Notify Physician** **Frequency:** Until discontinued **Priority:** Routine **Comments:** If Systolic BP GREATER than *** bpm or Diastolic BP GREATER than *** bpm
- ☐ **Notify Physician (Specify)** **Frequency:** Until discontinued **Priority:** Routine **Comments:** If Systolic BP LESS than *** bpm or Diastolic BP LESS than *** bpm
- ☒ **Notify Physician for temperature GREATER than or EQUAL to 100.4 F (38 C)**
Frequency: Until discontinued **Priority:** Routine **Comments:** 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** **Frequency:** Until discontinued **Priority:** Routine **Comments:** Notify Physician if blood glucose is GREATER THAN 180 mg/dL x 2

Urinary Incontinence

- ☐ **Insert and maintain Foley**
- ☒ **Insert Foley catheter** **Frequency:** Once **Priority:** Routine
Question(s):
Type:
Size:
Urinometer needed:
Indication:
Primary Ordering Comments:
Foley catheter may be removed per nursing protocol.
- ☒ **Foley Catheter Care** **Frequency:** Until discontinued **Priority:** Routine
Question(s):
Orders: Maintain
- ☐ **Apply condom catheter** **Frequency:** Once **Priority:** Routine
- ☐ **External female catheter** **Frequency:** Until discontinued **Priority:** Routine

Diet

- ☐ **NPO except ice chips for 24 hours** **Frequency:** Diet effective now **Frequency Limit:** 24 Hours **Priority:** Routine **Comments:** With supervision only for aspiration precautions.
Question(s):
NPO: o Except Ice chips
Pre-Operative fasting options:
- ☐ **Diet - Dysphagia** **Frequency:** Diet effective now **Priority:** Routine
Question(s):
Diet(s): o Dysphagia
Cultural/Special:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:
- ☐ **Diet - Regular** **Frequency:** Diet effective now **Priority:** Routine
Question(s):
Diet(s): o Regular
Cultural/Special:

Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

☐ **Diet - Diabetic** Frequency: Diet effective now **Priority:** Routine

Question(s):

Diet(s): ☐ Other Diabetic/Cal
Cultural/Special:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

☐ **Diet - Low Fat, 2 GM Sodium** Frequency: Diet effective now **Priority:** Routine

Question(s):

Diet(s): ☐ Low Fat ☐ 2 GM Sodium
Cultural/Special:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

☐ **Diet** Frequency: Diet effective now **Priority:** Routine

Question(s):

Diet(s):
Cultural/Special:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

IV Fluids

IV Fluids

☐ **sodium chloride 0.9 % infusion** Dose: .9 **Route:** intravenous **Frequency:** continuous

Medications

Pharmacy Consult(s)

☐ **Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)-withOUT titration boluses** Frequency: Until discontinued **Priority:** Routine

Question(s):

Heparin Indication:
Specify:
Monitoring: Anti-Xa

Medications - Aspirin

☒ **aspirin 325 mg oral tablet or 300 mg rectal suppository**

● **aspirin (ECOTRIN) enteric coated tablet** Dose: 325 mg Route: oral Frequency: daily

● **aspirin tablet** Dose: 325 mg Route: feeding tube Frequency: daily
Admin Instructions:
Administer if patient has feeding tube

● **aspirin suppository** Dose: 300 mg Route: rectal Frequency: daily
Admin Instructions:
Administer suppository if patient unable to take oral tablet

○ **aspirin 81 mg oral tablet or 300 mg rectal suppository**

● **aspirin chewable tablet** Dose: 81 mg Route: oral Frequency: daily

● **aspirin chewable tablet** Dose: 81 mg Route: feeding tube Frequency: daily
Admin Instructions:
Administer if patient has feeding tube

● **aspirin suppository** Dose: 300 mg Route: rectal Frequency: daily
Admin Instructions:
Administer suppository if patient unable to take oral tablet.

Anti-platelet

☐ **clopidogrel (PLAVIX) tablet 300 mg once**

● **clopidogrel (PLAVIX) tablet** Dose: 300 mg Route: oral Frequency: once
Frequency Limit: 1 Occurrences

● **clopidogrel (PLAVIX) tablet** Dose: 300 mg Route: feeding tube Frequency: once
Frequency Limit: 1 Occurrences
Admin Instructions:
Administer if patient has feeding tube

☐ **clopidogrel (PLAVIX) tablet 75 mg daily**

● **clopidogrel (PLAVIX) tablet** Dose: 75 mg Route: oral Frequency: daily

● **clopidogrel (PLAVIX) tablet** Dose: 75 mg Route: feeding tube Frequency: daily
Admin Instructions:
Administer if patient has feeding tube

PRN

☒ **labetalol (NORMODYNE, TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM** Dose: 10 mg Route: intravenous Frequency: every 6 hours PRN
PRN Reasons: high blood pressure

Admin 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.

☒ **hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)** Dose: 10 mg Route: intravenous Frequency: every 6 hours PRN
PRN Reasons: high blood pressure

Question(s):

BP HOLD parameters for this order:

Contact Physician if:

Admin 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)

Antihyperlipidemics

- ☐ atorvastatin (LIPITOR) tablet 40 mg or 80 mg nightly (Required)
 - ☐ atorvastatin (LIPITOR) tablet 40 mg nightly
 - ☒ atorvastatin (LIPITOR) tablet Dose: 40 mg Route: oral Frequency: nightly
 - ☒ atorvastatin (LIPITOR) tablet Dose: 40 mg Route: feeding tube Frequency: nightly
 - Admin Instructions:**
Administer if patient has feeding tube
 - ☐ atorvastatin (LIPITOR) tablet 80 mg nightly
 - ☒ atorvastatin (LIPITOR) tablet Dose: 80 mg Route: oral Frequency: nightly
 - ☒ atorvastatin (LIPITOR) tablet Dose: 80 mg Route: feeding tube Frequency: nightly
 - Admin Instructions:**
Administer if patient has feeding tube
- ☐ rosuvastatin (CRESTOR) tablet 20 mg nightly
 - ☒ rosuvastatin (CRESTOR) tablet Dose: 20 mg Route: oral Frequency: nightly
 - ☒ rosuvastatin (CRESTOR) tablet Dose: 20 mg Route: feeding tube Frequency: nightly
- Admin Instructions:**
Administer if patient has feeding tube

VTE

Labs

Labs Today - Panels

- ☐ Basic metabolic panel Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ Comprehensive metabolic panel Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ GGT Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ Hepatic function panel Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☒ Lipid panel Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☒ Hemoglobin A1c Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ Lupus anticoagulant panel Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ Urine drugs of abuse screen Frequency: Once Priority: Routine Specimen Type: Urine

Labs Routine

- ☐ CBC with differential Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ Prothrombin time with INR Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

- ☐ **Partial thromboplastin time** Frequency: Once Priority: Routine Specimen Type: Blood
Maximum Quantity: 3
Primary Ordering 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.
- ☐ **Basic metabolic panel** Frequency: Once Priority: Routine Specimen Type: Blood
Maximum Quantity: 3
- ☐ **Bedside glucose** Frequency: Every 4 hours Priority: Routine Specimen Type: Blood
Comments: 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** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Folate** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Sedimentation rate** Frequency: Once Priority: Routine Specimen Type: Blood
Maximum Quantity: 3
- ☐ **Antinuclear antibodies (ANA) with reflex to titer and pattern, immunofluorescence**
Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Cardiolipin antibody** Frequency: Once Priority: Routine Specimen Type: Blood
Maximum Quantity: 3
- ☐ **Fibrinogen** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Hemoglobinopathy evaluation** Frequency: Once Priority: Routine Specimen Type: Blood
Maximum Quantity: 3
- ☐ **Prothrombin gene mutation** Frequency: Once Priority: Routine Specimen Type: Blood
Maximum Quantity: 3
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- ☐ **Troponin T** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **POC occult blood stool** Frequency: Daily Priority: Routine Specimen Type: Stool
Comments: If anticoagulated.
- ☐ **Urinalysis screen and microscopy, with reflex to culture** Frequency: Once Priority: Routine Specimen Type: Urine
Question(s):
Specimen Source: Urine
Specimen Site:
Primary Ordering Comments:
Specimen must be received in the laboratory within 2 hours of collection.

Labs AM

- ☐ **CBC and differential** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Basic metabolic panel** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Lipid panel** Frequency: AM draw Frequency Limit: 1 Occurrences Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Labs AM Repeat

- ☐ **CBC and differential** Frequency: AM draw repeats Frequency Limit: 3 Occurrences
Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Basic metabolic panel** Frequency: AM draw repeats Frequency Limit: 3 Occurrences
Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- ☐ **Lipid panel** Frequency: AM draw repeats Frequency Limit: 3 Occurrences Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Microbiology

- ☐ **Blood culture, aerobic and anaerobic 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 Priority: Routine
Specimen Type: Blood 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.
- ☒ **Blood culture, aerobic & anaerobic** Frequency: Once Priority: Routine
Specimen Type: Blood 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.

Cardiology

Cardiology

- ☒ **Electrocardiogram, 12-lead** Frequency: Once Frequency Limit: 1 Occurrences
Ordering Quantity: 1 Priority: Routine Maximum Quantity: 6
Question(s):
Clinical Indications: ☐ Other:
Other: Altered Mental Status
Interpreting Physician:
- ☐ **CV Holter monitor 24 hour** Frequency: Once Priority: Routine

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** Frequency: 1 time imaging Priority: STAT
Question(s):
What are the patient's sedation requirements?
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- ☐ **MRI Brain Wo Contrast** Frequency: 1 time imaging Priority: STAT
Question(s):
Is the patient pregnant? ☐ Unknown
Special Brain protocol requested?
Is this scan to monitor for ARIA during an Alzheimer Therapy?

ARIA Alzheimer therapy:

What are the patient's sedation requirements?

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

☐ **MRI Brain W Wo Contrast** Frequency: 1 time imaging Priority: STAT Comments:

Perfusion Brain MRI

Question(s):

Is the patient pregnant? ○ Unknown

Special Brain protocol requested?

What are the patient's sedation requirements?

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

☐ **MRA Head Wo Contrast** Frequency: 1 time imaging Priority: STAT

Question(s):

Is the patient pregnant? ○ Unknown

What are the patient's sedation requirements?

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

☐ **MRA Neck Wo Contrast** Frequency: 1 time imaging Priority: STAT

Question(s):

Is the patient pregnant? ○ Unknown

What are the patient's sedation requirements?

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

☐ **MRI Brain Venogram** Frequency: 1 time imaging Priority: STAT

Question(s):

Is the patient pregnant? ○ Unknown

What are the patient's sedation requirements?

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

☐ **MR POST THROMBOLYTIC BRAIN wo contrast** Frequency: 1 time imaging Priority:

Routine **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.

Question(s):

What are the patient's sedation requirements?

Is the patient pregnant?

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

Neuro IR

☐ **IR Angiogram Cerebral** Frequency: 1 time imaging Priority: Routine

Question(s):

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):

Is the patient pregnant?

What is the patient's sedation requirements?

Physician contact number:

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

CT

☐ **CT Stroke Brain Wo Contrast** **Frequency:** 1 time imaging **Priority:** STAT **Comments:** For neurologic worsening greater than 2 points NIH Stroke Scale

Question(s):

Is the patient pregnant? ○ Unknown

Physician phone number:

Last Known Normal (LKN):

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

☐ **CTA Stroke Head W Wo Contrast** **Frequency:** 1 time imaging **Priority:** STAT

Question(s):

Is the patient pregnant? ○ Unknown

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.

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

☐ **CTA Stroke Neck W Wo Contrast** **Frequency:** 1 time imaging **Priority:** STAT

Question(s):

Is the patient pregnant? ○ Unknown

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.

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

☐ **CT POST THROMBOLYTIC Brain wo contrast** **Frequency:** 1 time imaging **Priority:**

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.

Question(s):

Is the patient pregnant?

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

X-Ray

☐ **Chest 1 Vw Portable** **Frequency:** 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

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

☐ **Chest 2 Vw** **Frequency:** 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

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

X-Ray

☐ **Chest Stroke 1 Vw Portable** **Frequency:** 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

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

☐ **Chest 2 Vw** **Frequency:** 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

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

US

☐ **PV carotid duplex bilateral** Frequency: 1 time imaging Priority: Routine Comments: Include vertebral.

Question(s):

Laterality:

Preferred interpreting Cardiologist or group:

☐ **PV Transcranial Doppler intracranial arteries complete** Frequency: 1 time imaging Priority: Routine

Question(s):

Is this study requiring a head turning protocol?

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

Frequency: 1 time imaging Priority: Routine

Question(s):

Does this study require a chemo toxicity strain protocol?

Does this study need a strain protocol?

Call back number for Critical Findings:

Where should test be performed?

Is this a bubble study?

Preferred interpreting Cardiologist or group:

☐ **Echocardiogram transesophageal** Frequency: 1 time imaging Priority: Routine Comments: NPO 6 hours prior to exam

Question(s):

What is the patients sedation requirement?

Where should test be performed?

Is this a bubble study?

Preferred interpreting Cardiologist or group:

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

☐ **Consult Cardiology** Frequency: Once Priority: Routine

Question(s):

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

☐ **Echocardiogram transesophageal** Frequency: 1 time imaging Priority: Routine Comments: NPO 6 hours prior to exam

Question(s):

What is the patients sedation requirement?

Where should test be performed?

Is this a bubble study?

Preferred interpreting Cardiologist or group:

Other Studies

Other Diagnostic Studies

☐ **EEG (routine)** Frequency: Once Priority: Routine

Question(s):

Clinical Indication:

Testing Location:

Testing Duration:

☐ **Continuous EEG monitoring** Frequency: Daily imaging Frequency Limit: 7 Days
Priority: Routine
Question(s):
Clinical Indication:
Testing Location: At Bedside (Patients Room)
Record Video? Yes

Respiratory

Respiratory

☐ **Pulse oximetry check** Frequency: Daily Priority: Routine
Question(s):
Current FIO2 or Room Air:

☐ **Pulse oximetry** Frequency: Every 4 hours Priority: Routine
Question(s):
Current FIO2 or Room Air:

☐ **Pulse oximetry** Frequency: Continuous Priority: Routine Comments: If O2 sat is less than 94%.
Question(s):
Current FIO2 or Room Air:

Rehab

Consults

For Physician Consult orders use sidebar

Physician Consults

☐ **Consult Physical Medicine Rehab** Frequency: Once Priority: Routine
Question(s):
Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
To Provider:
Provider Group:

☐ **Consult Neurology** Frequency: Once Priority: Routine
Question(s):
Reason for Consult?
Patient/Clinical information communicated?
Patient/clinical information communicated?
Reason for Consult?
To Provider:
Provider Group:

Consults

☐ **Consult to Social Work** Frequency: Once Priority: Routine
Question(s):
Reason for Consult: ☐ Discharge Planning
Reason for Consult?

☒ **Consult to PT eval and treat** Frequency: Once Priority: Routine Comments: Mobility, DMD, Safety education.
Question(s):
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:

Reason for PT?

☒ **Consult OT Eval and Teat** Frequency: Once Priority: Routine Comments: ADL, DME, Safety education

Question(s):

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:

Reason for OT?

☐ **Consult to Nutrition Services** Frequency: Once Priority: Routine

Question(s):

Reason For Consult?

Purpose/Topic:

Reason for Consult?

☐ **Consult to Spiritual Care** Frequency: Once Priority: Routine

Question(s):

Reason for consult?

Reason for Consult?

☒ **Consult to Speech Language** Frequency: Once Priority: Routine

Question(s):

Consult Reason: ☐ Dysphagia ☐ Dysarthria ☐ Other specify

Specify: Stroke

Reason for consult:

Reason for SLP?

☐ **Consult to Respiratory Therapy** Frequency: Once Priority: Routine

Question(s):

Reason for Consult?

Reason for Consult?

☐ **Music Therapy/Art therapy consult - eval & treat** Frequency: Once Priority: Routine

Question(s):

Request Date: TODAY

Therapy Requested:

Please Indicate REASON FOR REFERRAL (check all that apply):

Consults

☐ **Consult to Social Work** Frequency: Once Priority: Routine

Question(s):

Reason for Consult: ☐ Discharge Planning

Reason for Consult?

☒ **Consult to PT eval and treat** Frequency: Once Priority: Routine Comments: Mobility, DMD, Safety education.

Question(s):

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:

Reason for PT?

☒ **Consult OT Eval and Teat** Frequency: Once Priority: Routine Comments: ADL, DME, Safety education

Question(s):

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:

Reason for OT?

☐ **Consult to Nutrition Services** Frequency: Once Priority: Routine

Question(s):

Reason For Consult?

Purpose/Topic:

Reason for Consult?

☐ **Consult to Spiritual Care** Frequency: Once Priority: Routine

Question(s):

Reason for consult?

Reason for Consult?

☒ **Consult to Speech Language** Frequency: Once Priority: Routine

Question(s):

Consult Reason: ☐ Dysphagia ☐ Dysarthria ☐ Other specify

Specify: Stroke

Reason for consult:

Reason for SLP?

☐ **Consult to Respiratory Therapy** Frequency: Once Priority: Routine

Question(s):

Reason for Consult?

Reason for Consult?

Additional Orders