

Location: \_\_\_\_\_

## General

## Nursing

## Vital Signs

- ☒ **Vital Signs** Every hour, STAT, Vitals, Q 1 hour x 2 hours and then Q 4 hours

## Vital Signs - HMM

- ☒ **Vital Signs** Per unit protocol, STAT, Vitals every 15 mins for 2 hours then hourly

## Activity

- ☒ **Head of bed** Until discontinued, Routine, For suspected Large Vessel Occlusion (or NIHSS greater than or equal to 6), head of bed at zero (0) degrees (flat; no reverse Trendelenburg) until thrombectomy completed, unless contraindicated.  
Head of bed: ○ 30 degrees

- ☐ **Strict bed rest** Until discontinued, Routine

- ☐ **Bed rest with bathroom privileges** Until discontinued, Routine

Bathroom Privileges: ○ with bathroom privileges

- ☐ **Ambulate with assistance** 3 times daily, Routine

Specify: ○ with assistance

- ☐ **Activity as tolerated** Until discontinued, Routine

Specify: ○ Activity as tolerated

## Nursing - HMM

- ☒ **ED bedside monitoring** Continuous, STAT

- ☒ **NIH Stroke Scale** Once, STAT

- ☒ **Neurological assessment** As directed, STAT, neurological assessment every 15 mins for 2 hours then hourly  
Assessment to Perform: ○ Pupils ○ Glasgow Coma Scale ○ Level of Consciousness ○ Extremities

Assessment to Perform:

- ☒ **Draw labs PRIOR to CT if it will not delay procedure** Once, 1, Occurrences, STAT

- ☒ **Dysphagia screen** Once, STAT, No oral intake until pass dysphagia screening

- ☒ **No oral intake until pass dysphagia screening** Once, 1, Occurrences, STAT

## Nursing

- ☒ **ED bedside monitoring** Continuous, STAT

- ☒ **NIH Stroke Scale** Once, 1, Occurrences, STAT, Perform on arrival

- ☒ **Neurological assessment** As directed, STAT, neurological assessment frequency Q 1 hour x 2 hours and then Q 4 hours  
Assessment to Perform: ○ Glasgow Coma Scale ○ Level of Consciousness ○ Pupils

- ☒ **Draw labs PRIOR to CT if it will not delay procedure** Once, 1, Occurrences, STAT

- ☒ **Dysphagia screen** Once, STAT, No oral intake until pass dysphagia screening

- ☒ **No oral intake until pass dysphagia screening** Once, 1, Occurrences, STAT

## Notify

- ☒ **Notify Physician** Until discontinued, STAT, If patient presents with risk factors for sepsis, or altered mental status, or abnormal vital signs. Complete ED screening tool and notify ED physician for initiation of sepsis treatment.

- ☒ **Notify Physician** Until discontinued, STAT, For temperature GREATER than or EQUAL to 100.4 F (38 C)

## IV Fluids

## Medications

## Medications - Aspirin

- ☐ **aspirin chewable tablet** 81 mg, oral, once, 1, Occurrences, STAT

- ☐ **aspirin (ECOTRIN) enteric coated tablet** 325 mg, oral, once, 1, Occurrences, STAT

- ☐ **aspirin suppository - for NPO patients** 300 mg, rectal, once, 1, Occurrences, STAT

## Medications - IV

- ☐ **labetalol (NORMODYNE) injection** 10 mg, intravenous, once, 1, Occurrences, STAT

Administer if Systolic BP GREATER than \*\*\*

- ☐ **niCARDipine (CARDENE) IV infusion** titrated

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Medications - Intracranial Hemorrhage**

For FFP use the Type and Crossmatch order set

- ☐ **phytonadione (VITAMIN K) IVPB** 10 mg, intravenous, once, 1, Occurrences, STAT

Indication:

Anaphylactic reactions have been described with Vitamin K. Use with caution.

- ☐ **levETIRAcetam (KEPPRA) IVPB** 500 mg, intravenous, once, 1, Occurrences, STAT

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

- ☐ **phenytoin (DILANTIN) IVPB** 15 mg/kg, intravenous, once, 1, Occurrences, STAT

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Filtered tubing required for infusion

To prevent crystallization, start administration IMMEDIATELY after preparation and complete within 1-2 hours. Infuse using a 0.2 micron in-line filter. DO NOT REFRIGERATE.

- ☐ **mannitol 20 % infusion** 20 , once, 1, Occurrences, STAT

Administer via 5 micron disc filter for bolus or 15 micron filter set for infusion

**VTE****Labs****Labs STAT**

- ☒ **CBC and differential** STAT, 1, Occurrences, Routine, Blood, 3

- ☒ **Partial thromboplastin time** STAT, 1, Occurrences, Routine, Blood, 3

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.

- ☒ **Prothrombin time with INR** STAT, 1, Occurrences, Routine, Blood, 3

- ☐ **Hemoglobin A1c** STAT, 1, Occurrences, Routine, Blood, 3

- ☒ **Comprehensive metabolic panel** STAT, 1, Occurrences, Routine, Blood, 3

- ☐ **Lactic acid level - Now and repeat 2x every 3 hours** Now and repeat 2x every 3 hours, STAT, Blood, 3

- ☐ **Hepatic function panel** STAT, 1, Occurrences, Routine, Blood, 3

- ☐ **Lipid panel** STAT, 1, Occurrences, Routine, Blood, 3

- ☒ **Bedside glucose** Once, STAT, Blood, Perform prior to Thrombolytic administration. May use EMS results if available.

- ☒ **Urinalysis screen and microscopy, with reflex to culture** STAT, 1, Occurrences, Routine, Urine

Specimen Source: Urine

Specimen Site: ○ Clean catch

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

**Labs STAT**

- ☒ **CBC and differential** STAT, 1, Occurrences, Routine, Blood, 3

- ☒ **Partial thromboplastin time** STAT, 1, Occurrences, Routine, Blood, 3

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.

- ☒ **Prothrombin time panel I-Stat** STAT, 1, Occurrences, STAT, Blood

- ☐ **Hemoglobin A1c** STAT, 1, Occurrences, Routine, Blood, 3

- ☒ **Comprehensive metabolic panel** STAT, 1, Occurrences, Routine, Blood, 3

- ☐ **Lactic acid, I-Stat , SEPSIS** Now then every 3 hours, 3, Occurrences, STAT, Blood

- ☐ **Hepatic function panel** STAT, 1, Occurrences, Routine, Blood, 3

- ☐ **Lipid panel** STAT, 1, Occurrences, Routine, Blood, 3

- ☒ **Bedside glucose** Once, STAT, Blood, Perform prior to Thrombolytic administration. May use EMS results if available.

- ☐ **Urinalysis screen with reflex to culture** STAT, 1, Occurrences, Routine, Urine

Specimen Source: Urine

Specimen Site:

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

**Labs STAT**

- ☒ **CBC and differential** STAT, 1, Occurrences, Routine, Blood, 3

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- ☒ **Partial thromboplastin time** STAT, 1, Occurrences, Routine, Blood, 3

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.

- ☒ **Prothrombin time panel I-Stat** STAT, 1, Occurrences, STAT, Blood

- ☐ **Hemoglobin A1c** STAT, 1, Occurrences, Routine, Blood, 3

- ☒ **Comprehensive metabolic panel** STAT, 1, Occurrences, Routine, Blood, 3

- ☐ **Lactic acid level - Now and repeat 2x every 3 hours** Now and repeat 2x every 3 hours, STAT, Blood, 3

- ☐ **Hepatic function panel** STAT, 1, Occurrences, Routine, Blood, 3

- ☐ **Lipid panel** STAT, 1, Occurrences, Routine, Blood, 3

- ☒ **Bedside glucose** Once, STAT, Blood, Perform prior to Thrombolytic administration. May use EMS results if available.

- ☐ **Urinalysis screen with reflex to culture** STAT, 1, Occurrences, Routine, Urine

Specimen Source: Urine

Specimen Site:

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

#### Labs-Cardiac

- ☐ **Troponin Series ACS, I-Stat** Now then every 2 hours, 3, Occurrences, STAT, Blood

- ☐ **B natriuretic pep, I-Stat** STAT, 1, Occurrences, STAT, Blood

#### Labs-Cardiac

- ☐ **Troponin T Series ACS** Now then every 2 hours, 3, Occurrences, Routine, Blood, 3

- ☐ **NT-proBNP** STAT, 1, Occurrences, Routine, Blood, 3

#### Labs - Cardiac

- ☐ **Troponin T Series ACS** Now then every 2 hours, 3, Occurrences, Routine, Blood, 3

- ☐ **NT-proBNP** STAT, 1, Occurrences, Routine, Blood, 3

#### Cardiac Labs

- ☐ **Troponin Series ACS, I-Stat** Now then every 2 hours, 3, Occurrences, STAT, Blood

- ☐ **B natriuretic pep, I-Stat** STAT, 1, Occurrences, Routine, Blood

#### Labs - Liver Failure

- ☐ **Ammonia level** STAT, 1, Occurrences, Routine, Blood, 3

Specimen must be placed on ice and delivered immediately to the Core Laboratory.

#### Labs - Possible Intoxication

- ☐ **Alcohol level, blood** STAT, 1, Occurrences, Routine, Blood, 3

Specimen must be placed on ice and delivered immediately to the Core Laboratory.

- ☐ **Urine drugs of abuse screen** STAT, 1, Occurrences, Routine, Urine

#### Labs - Based on Medication History

- ☐ **Digoxin level** STAT, 1, Occurrences, Routine, Blood, 3

- ☐ **Carbamazepine level, total** STAT, 1, Occurrences, Routine, Blood, 3

- ☐ **Lithium level** STAT, 1, Occurrences, Routine, Blood, 3

- ☐ **Valproic acid level, total** STAT, 1, Occurrences, Routine, Blood, 3

- ☐ **Phenytoin level, total** STAT, 1, Occurrences, Routine, Blood, 3

#### Labs - Pregnancy

- ☐ **hCG QUALitative, urine** STAT, 1, Occurrences, STAT, Urine

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

- ☐ **hCG QUALitative, serum** STAT, 1, Occurrences, STAT, Blood, 3

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

- ☐ **POC pregnancy, urine** Once, 1, Occurrences, STAT, Urine

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

#### Labs - Microbiology

- ☐ **Blood culture, aerobic and anaerobic x 2**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☒ **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** Once, Routine, Blood, 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** Once, Routine, Blood, 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.

**Labs - Type and Crossmatch**

☐ **Type and Screen**

☒ **Type and screen** STAT, 1, Occurrences, Routine, Blood

☐ **Blood Products**

☐ **Red Blood Cells**

☒ **Red Blood Cells**

**Antibodies are present. There may be a delay in product availability.**

☒ **Prepare RBC** Blood - Once, 1, Occurrences, S, Routine, Blood

Transfusion Indications:

Transfusion date:

☒ **Transfuse RBC** Transfusion, S, Routine

Transfusion duration per unit (hrs):

☒ **sodium chloride 0.9% infusion** 250 mL, intravenous, continuous PRN, 30.000 mL/hr, RBC transfusion

Administer with blood

☒ **Red Blood Cells**

☒ **Prepare RBC** Blood - Once, 1, Occurrences, S, Routine, Blood

Transfusion Indications:

Transfusion date:

☒ **Transfuse RBC** Transfusion, S, Routine

Transfusion duration per unit (hrs):

☒ **sodium chloride 0.9% infusion** 250 mL, intravenous, continuous PRN, 30.000 mL/hr, RBC transfusion

Administer with blood

☐ **Platelet Pheresis**

☒ **Prepare platelet pheresis** Once, S, Routine, Blood

Transfusion Indications:

Transfusion date:

Usual adult dose is one pheresis platelet unit. One pheresis platelet unit is equivalent to 5-6 pooled, whole blood-derived platelet units.

☒ **Transfuse platelet pheresis** Transfusion, S, Routine

Transfusion duration per unit (hrs):

Usual adult dose is one pheresis platelet unit. One pheresis platelet unit is equivalent to 5-6 pooled, whole blood-derived platelet units.

☒ **sodium chloride 0.9% infusion** 250 mL, intravenous, continuous PRN, 30.000 mL/hr, platelet pheresis

Administer with blood

☐ **Fresh Frozen Plasma**

☒ **Prepare fresh frozen plasma** Once, S, Routine, Blood

Transfusion Indications:

Transfusion date:

☒ **Transfuse fresh frozen plasma** S, Routine

Transfusion duration per unit (hrs):

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☒ **sodium chloride 0.9% infusion** 250 mL, intravenous, continuous PRN, 30.000 mL/hr, fresh frozen plasma  
Administer with blood

☐ **Cryoprecipitate**

☒ **Prepare cryoprecipitate** Blood - Once, 1, Occurrences, S, Routine, Blood  
Transfusion Indications:  
Transfusion date:

☒ **Transfuse cryoprecipitate** Transfusion, S, Routine  
Transfusion duration per unit (hrs):

☒ **sodium chloride 0.9% infusion** 250 mL, intravenous, continuous PRN, 30.000 mL/hr, cryoprecipitate  
Administer with blood

**Cardiology**

**Cardiology**

☒ **Electrocardiogram, 12-lead** Once, 1, STAT, 6, To be performed by ED Staff - Show immediately to physician.

Clinical Indications: ○ Other:

Other: CVA/TIA/AMS

Interpreting Physician:

**Imaging**

**CT (Required)**

☒ **CT Stroke LKN (Required)**

☐ **CT Stroke (LKN < 6 Hours)**

☒ **CT Stroke (LKN < 6 Hours)**

☒ **CT Stroke Brain Wo Contrast LKN < 6 Hours** 1 time imaging, STAT, If meets stroke protocol criteria, do  
Immediately on arrival to ER

Last Known Normal (LKN): ○ LKN < 6 Hours

Physician phone number:

Is the patient pregnant?

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

☒ **CTA Stroke Head W Wo Contrast** 1 time imaging, STAT, Neuro deficit < 24 hours " Follow ELVO Protocol"

Is the patient pregnant?

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

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure,  
although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that  
they are not pregnant prior to their exam.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☒ **CTA Stroke Neck W Wo Contrast** 1 time imaging, STAT, Neuro deficit < 24 hours

Is the patient pregnant?

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

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

☒ **iohexoL (OMNIPAQUE) 350 mg iodine/mL iv solution**

☒ **iohexoL (OMNIPAQUE) 350 mg iodine/mL injection** 100 mL, once in imaging

☒ **sodium chloride 0.9 % bolus** 50 mL, intravenous, once in imaging, S, STAT, 1.000 Minutes, Flush

☐ **CT Stroke (LKN > 6 Hours or <= 24 Hours)**

☒ **CT Stroke (LKN > 6 Hours or <= 24 Hours)**

☒ **CT Stroke Brain Wo Contrast LKN > 6 Hours or <= 24 hours** 1 time imaging, STAT, If meets stroke protocol criteria, do Immediately on arrival to ER

Last Known Normal (LKN): ☐ LKN > 6 Hours Less than or equal to 24 Hours

Physician phone number:

Is the patient pregnant?

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

☒ **CTA Stroke Head W Wo Contrast** 1 time imaging, STAT, Neuro deficit < 24 hours " Follow ELVO Protocol"

Is the patient pregnant?

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

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☒ **CTA Stroke Neck W Wo Contrast** 1 time imaging, STAT, Neuro deficit < 24 hours

Is the patient pregnant?

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

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

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☒ **iohexoL (OMNIPAQUE) 350 mg iodine/mL injection** 100 mL, once in imaging

☒ **sodium chloride 0.9 % bolus** 50 mL, intravenous, once in imaging, S, STAT, 1.000 Minutes, Flush

☐ **CT Stroke (LKN Unknown)**

☒ **CT Stroke (LKN Unknown)**

☒ **CT Stroke Brain Wo Contrast - LKN Unknown** 1 time imaging, 1, Occurrences, STAT

Last Known Normal (LKN): ☐ LKN Unknown

Physician phone number:

Is the patient pregnant?

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

☒ **CTA Stroke Head W Wo Contrast** 1 time imaging, STAT

Is the patient pregnant?

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

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

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Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_



☒ **CTA Stroke Neck W Wo Contrast** 1 time imaging, STAT

Is the patient pregnant?

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

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

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Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

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☒ **iohexoL (OMNIPAQUE) 350 mg iodine/mL injection** 100 mL, once in imaging

☒ **sodium chloride 0.9 % bolus** 50 mL, intravenous, once in imaging, S, STAT, 1.000 Minutes, Flush

☐ **CT Head (LKN > 24 Hrs)**☒ **CT Head (LKN > 24 hours)**

☒ **CT Head Wo Contrast** 1 time imaging, 1, Occurrences, STAT, If meets stroke protocol criteria, do Immediately on arrival Reason for Exam: Neuro deficit, acute, stroke suspected

Is the patient pregnant?

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

☒ **CTA Head W Wo Contrast** 1 time imaging, 1, Occurrences, STAT

Is the patient pregnant?

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.):

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.



☒ **CTA Neck W Wo Contrast** 1 time imaging, 1, Occurrences, STAT

Is the patient pregnant?

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.):

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

☒ **iohexoL (OMNIPAQUE) 350 mg iodine/mL iv solution**

☒ **iohexoL (OMNIPAQUE) 350 mg iodine/mL injection** 100 mL, once in imaging

☒ **sodium chloride 0.9 % bolus** 50 mL, intravenous, once in imaging, S, STAT, 1.000 Minutes, Flush

☐ **CT Brain Perfusion w/recon (LKN 6-24 hrs and NIH>=6)**

☒ **CT Brain Perfusion w/recon** 1 time imaging, 1, Occurrences, STAT, LKW 6-24 hrs and NIH>=6

Is the patient pregnant?

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.):

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

☒ **iohexoL (OMNIPAQUE) 350 mg iodine/mL injection** 100 mL, intravenous, once in imaging

☒ **sodium chloride 0.9 % bolus** 50 mL, intravenous, once in imaging, S, STAT, 1.000 Minutes, Flush

**MRI/MRA**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☐ **MRI Brain Wo Contrast** 1 time imaging, Routine

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?

Is the patient pregnant?

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

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

☐ **MRI Brain W Wo Contrast** 1 time imaging, Routine, Perfusion Brain MRI

Special Brain protocol requested?

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.):

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

☐ **MRA Head Wo Contrast** 1 time imaging, STAT

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.):

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

☐ **MRA Neck Wo Contrast** 1 time imaging, STAT

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.):

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

☐ **MRI Brain Venogram** 1 time imaging, STAT

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.):

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

**X-Ray**☐ **Chest 1 Vw Portable** 1 time imaging, 1, Occurrences, STAT

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** 1 time imaging, 1, Occurrences, STAT

Is the patient pregnant?

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

☐ **Cervical Spine Complete** 1 time imaging, STAT

Is the patient pregnant?

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

**Other Studies****Respiratory****Respiratory**☒ **Oxygen therapy** Continuous, STATDevice: ☐ Nasal Cannula

Rate in liters per minute: 2 Lpm

Titrate to keep O2 Sat Above: ☐ Other (Specify) ☐ 92%

Specify titration to keep O2 Sat (%) Above: 94

Indications for O2 therapy: Respiratory distress

Device:

Indications for O2 therapy:

**Rehab****Consults**

For Physician Consult orders use sidebar

**Ancillary Consults**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☐ **ED Consult Neurology** Once, 1, Occurrences, STAT

Reason for Consult?

Consult Tracking:

☐ **Consult to Case Management** Once, STAT

Consult Reason:

Reason for Consult?

☐ **Consult to Social Work** Once, STAT

Reason for Consult:

Reason for Consult?

☐ **Consult PT Eval and Treat** Once, STAT

Reasons for referral to Physical Therapy (mark all applicable):

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?

If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy

☐ **Consult to PT Wound Care Eval and Treat** Once, STAT

Special Instructions:

Location of Wound?

Reason for PT?

☐ **Consult OT Eval and Teat** Once, STAT

Reason for referral to Occupational Therapy (mark all that apply):

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?

If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting occupational therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy.

☐ **Consult to Nutrition Services** Once, STAT

Reason For Consult?

Purpose/Topic:

Reason for Consult?

☐ **Consult to Spiritual Care** Once, STAT

Reason for consult?

Reason for Consult?

For requests after hours, call the house operator.

☐ **Consult to Speech Language Pathology** Once, STAT

Consult Reason: ☐ Dysphagia ☐ Dysarthria

Reason for consult:

Reason for SLP?

☐ **Consult to Wound Ostomy Care nurse** Once, STAT

Reason for consult:

Reason for consult:

Reason for consult:

Reason for consult:

Consult for NPWT:

Reason for consult:

Reason for consult:

Reason for Consult?

This is NOT for PT Wound Care Consult order.

☐ **Consult to Respiratory Therapy** Once, STAT

Reason for Consult? ☐ To manage oxygen saturation and airway

Reason for Consult?

**Additional Orders**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_