

Location: _____

General

Nursing

Vital Signs (Required)

☒ **Vital signs - T/P/R/BP** Per unit protocol, STAT, Per protocol, every 15 minutes for 2 hours, then every 30 minutes for 6 hours, then every 1 hour for 16 hours POST thrombolytic administration. For Temp, check every 4 hours.

☒ **HM Stroke Change Scale (HMSCS)** Every 15 min, STAT, Every 15 minutes for 2 hours, then every 30 minutes for 6 hours, then every 1 hour for 16 hours POST thrombolytic administration.

Perform NIH Stroke Scale if/when an increase of 2 or more points in the HM Stroke Change Scale and notify provider.

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

Nursing

☒ **NIH Stroke Scale** Now then every 24 hours, STAT, After thrombolytic administration and 24 hours after administration.

☒ **NIH Stroke Scale** As needed, S, Routine, Perform NIH Stroke Scale for any neurologic deterioration

☒ **No NSAIDs Including aspirin** Until discontinued, 24, Hours, STAT

Reason for "No" order: ○ Contraindicated with thrombolytic administration

☒ **No anticoagulants Including UNfractionated heparin** Until discontinued, 24, Hours, STAT

Reason for "No" order: ○ Contraindicated for thrombolytic administration

☒ **No anti-platelet agents Including aspirin** Until discontinued, 24, Hours, STAT

Reason for "No" order: ○ Contraindicated for thrombolytic administration

☒ **Post Thrombolytic: Maintain blood pressure and Notify Physician for Vitals** (Required)

☒ **Post Thrombolytic: Maintain blood pressure** Until discontinued, STAT

Systolic less than or equal to (mmHg): ○ 180

Diastolic less than or equal to (mmHg): ○ 105

Systolic greater than or equal to (mmHg):

Diastolic greater than or equal to (mmHg):

MAP Range (mmHg):

☒ **Notify Physician for vitals:** Until discontinued, STAT

Temperature greater than: ○ 100.3 ○ 100.5

SpO2 less than: ○ 94 ○ 92

Temperature less than:

Systolic BP greater than: 160

Systolic BP less than: 90

Diastolic BP greater than: 100

Diastolic BP less than: 50

MAP less than: 60.000

Heart rate greater than (BPM): 100

Heart rate less than (BPM): 60

Respiratory rate greater than: 25

Respiratory rate less than: 8

☒ **Avoid punctures, ABG, NGT, Central Lines, Foley Catheters or other invasive procedures for 24 hours post thrombolytic unless essential** Until discontinued, 24, Hours, STAT

☒ **Nurse to accompany patient for all transport for first 24 hours** Until discontinued, 24, Hours, STAT

☒ **No PT or OT for 12 hours post thrombolytic administration** Until discontinued, STAT

☒ **Monitor all recently discontinued arteriopuncture and venipuncture sites for bleeding** Until discontinued, STAT, Careful monitoring of puncture sites once fibrinolytic action begins.

☒ **No IM injections for 24 hours post thrombolytic administration** Until discontinued, STAT

Sign: _____ Printed Name: _____ Date/Time: _____

☒ **Apply pressure** Once, STAT, If oozing, bleeding, or bruising occurs, apply digital pressure until hemostasis is achieved and notify the ordering physician.

Specify location: ☐ Site of oozing, bleeding, or bruising

☒ **Place sequential compression device**

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

Finger Stick Blood Glucose (FSBG) Monitoring

☐ **Bedside glucose** Every 4 hours, Routine, Blood, Notify MD for blood glucose LESS THAN 70 mg/dl or GREATER THAN 180 mg/dl

☐ **Bedside glucose** Every 6 hours, Routine, Blood, Notify MD for blood glucose LESS THAN 70 mg/dl or GREATER THAN 180 mg/dl

Notify

☒ **Notify Physician for intracerebral hemorrhage, internal bleeding, facial edema, or allergic reaction is suspected (e.g., neurologic status worsens greater than 2 points on NIHSS scale or severe headache develops)** Until discontinued, STAT

☒ **Notify responsible provider if IV access is urgently needed** Until discontinued, STAT

IV Fluids

Medications

Hypertensive Urgency - PRN (Post thrombolytic)

☒ **labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM** 10 mg, intravenous, every 6 hours PRN, Systolic Blood Pressure GREATER than 180 mmHg and/or Diastolic Blood Pressure GREATER than 105 mmHg, high blood pressure

BP & HR HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

To be administered AFTER thrombolytic has been administered. 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)** 10 mg, intravenous, every 6 hours PRN, Systolic Blood Pressure GREATER than 180 mmHg and/or Diastolic Blood Pressure GREATER than 105 mmHg, high blood pressure

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

Contact Physician if:

To be administered AFTER thrombolytic has been administered. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)

Hypertensive Urgency - niCARDipine (CARDENE) IV infusion

☒ **niCARDipine (CARDENE) IV infusion** titrated

VTE

Labs

Type and Screen

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

Cardiology

Imaging

CT - STAT

☐ **CT Stroke Brain Wo Contrast** 1 time imaging, STAT

Physician phone number:

Last Known Normal (LKN):

Is the patient pregnant?

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

☐ **CT Stroke Brain Wo Contrast** Conditional Frequency, STAT, If acute deterioration in neurological condition worsens post thrombolytic administration

Physician phone number:

Last Known Normal (LKN):

Is the patient pregnant?

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

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **CTA Stroke Head 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.

☐ **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.

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.

CT OR MRI - To be performed between 22 and 26 hours AFTER thrombolytic administration and PRIOR to starting antiplatelets or anticoagulants

Select CT if imaging procedure will be performed during after hours

☐ **CT POST THROMBOLYTIC Brain wo contrast** 1 time imaging, Routine, Perform between 22 and 26 hours AFTER thrombolytic administration and PRIOR to starting antiplatelets or anticoagulants. Confirm with nurse when thrombolytic administration was completed and schedule CT Head Wo Contrast between 22 and 26 hours after this time.

Is the patient pregnant?

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

☐ **MR POST THROMBOLYTIC BRAIN wo contrast** 1 time imaging, Routine, Perform between 22 and 26 hours AFTER thrombolytic administration and PRIOR to starting antiplatelets or anticoagulants. Confirm with nurse when thrombolytic administration was completed and schedule MRI Stroke Brain Wo Contrast between 22 and 26 hours after this time.

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.

Other Studies

Respiratory

Respiratory Therapy

Sign: _____ Printed Name: _____ Date/Time: _____

☒ **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

Device:

Indications for O2 therapy:

Rehab**Consults**

For Physician Consult orders use sidebar

Physician Consults☒ **Consult Neurology** Once, Routine

Reason for Consult?

Reason for Consult:

Patient/Clinical information communicated?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

☐ **Consult Physical Medicine Rehab** Once, Routine

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consults☐ **Consult to Speech Language Pathology** Once, Routine, If for dysphagia, may not assess the patient until at least 2 hours past the completion of the tenecteplase (thrombolytic) administration.Reason for consult: ☐ Dysphagia ☐ Dysarthria

Reason for SLP?

☒ **Consult to PT eval and treat** Once, RoutineReasons for referral to Physical Therapy (mark all applicable): ☐ 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?

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 OT eval and treat** Once, RoutineReason for referral to Occupational Therapy (mark all that apply): ☐ 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?

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.

Additional Orders

Sign: _____ Printed Name: _____ Date/Time: _____