

General

Nursing

Vital Signs Only Appears If: **HM SB ED ECC EXCLUDE PEARLAND AND VOSS AND KIRBY or SB HM HOSPITAL ED-EXCLUDE MAIN ED**

Vital Signs

STAT, Q1H , Vitals, Q 1 hour x 2 hours and then Q 4 hours

Vital Signs - HMH Only Appears If: **HMH MAIN ED ONLY or SB HM ED FSE PEARLAND,VOSS,KIRBY ONLY**

Vital Signs

STAT, Per Unit Protocol , Vitals every 15 mins for 2 hours then hourly

Activity

Head of bed

Routine, Until Discontinued, Starting Today, At: N, Head of bed: 30 degrees, 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.'

Strict bed rest

Routine, Until Discontinued, Starting Today, At: N

Bed rest with bathroom privileges

Routine, Until Discontinued, Starting Today, At: N, Bathroom Privileges: with bathroom privileges

Ambulate with assistance

Routine, TID, Specify: with assistance

Activity as tolerated

Routine, Until Discontinued, Starting Today, At: N, Specify: Activity as tolerated

Nursing - HMH Only Appears If: **HMH MAIN ED ONLY or SB HM ED FSE PEARLAND,VOSS,KIRBY ONLY**

ED bedside monitoring

STAT, Continuous

NIH Stroke Scale

STAT, Once

Neurological assessment

STAT, As Directed, Assessment to Perform: Pupils, Glasgow Coma Scale, Level of Consciousness, Extremities, neurological assessment every 15 mins for 2 hours then hourly

Draw labs PRIOR to CT if it will not delay procedure

STAT, Once, For 1 Occurrences

Dysphagia screen

STAT, Once , No oral intake until pass dysphagia screening

No oral intake until pass dysphagia screening

STAT, Once, For 1 Occurrences

Nursing Only Appears If: **HM SB ED ECC EXCLUDE PEARLAND AND VOSS AND KIRBY or SB HM HOSPITAL ED-EXCLUDE MAIN ED**

ED bedside monitoring

STAT, Continuous

NIH Stroke Scale

STAT, Once, For 1 Occurrences , Perform on arrival

Neurological assessment

STAT, As Directed, Assessment to Perform: Glasgow Coma Scale, Level of Consciousness, Pupils, neurological assessment frequency Q 1 hour x 2 hours and then Q 4 hours

Draw labs PRIOR to CT if it will not delay procedure

STAT, Once, For 1 Occurrences

Dysphagia screen

STAT, Once , No oral intake until pass dysphagia screening

No oral intake until pass dysphagia screening

STAT, Once, For 1 Occurrences

Notify

**Notify Physician**

STAT, Until Discontinued, Starting Today, At: N, 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**

STAT, Until Discontinued, Starting Today, At: N, For temperature GREATER than or EQUAL to 100.4 F (38 C)

**IV Fluids**

**Medications**

**Medications - Aspirin**

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

aspirin (ECOTRIN) enteric coated tablet

325 mg, oral, Once, For 1 Doses

Or

aspirin tablet

325 mg, feeding tube, Once, For 1 Doses , Administer if patient has feeding tube

Or

aspirin suppository

300 mg, rectal, Once, For 1 Doses , Administer suppository if patient unable to take oral tablet

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

aspirin chewable tablet

81 mg, oral, Once, For 1 Doses

Or

aspirin chewable tablet

81 mg, feeding tube, Once, For 1 Doses , Administer if patient has feeding tube

Or

aspirin suppository

300 mg, rectal, Once, For 1 Doses , Administer suppository if patient unable to take oral tablet.

**Medications - IV**

labetalol (NORMODYNE) injection

10 mg, intravenous, Once, For 1 Doses , Administer if Systolic BP GREATER than \*\*\*

niCARDipine (CARDENE) IV infusion

2.5-15 mg/hr, intravenous, Titrated, Initiate at {nicardipine initial dose:33030}, Titrate to keep {SBP or MAP range:32983}, Titrate by 1 to 2.5 mg/hr Within 15 minutes, Do not exceed 15 mg/hr

**Medications - Intracranial Hemorrhage**

For FFP use the Type and Crossmatch order set

phytonadione (VITAMIN K) IVPB

10 mg, intravenous, Administer over: 30 Minutes, Once, For 1 Doses

levETIRAcetam (KEPPRA) IVPB

500 mg, intravenous, Once, For 1 Doses

phenytoin (DILANTIN) IVPB

15 mg/kg, intravenous, Once, For 1 Doses , Filtered tubing required for infusion

mannitol 20 % infusion

intravenous, Administer over: 30 Minutes, Once, For 1 Doses

**VTE**

**Labs**

**Labs STAT Only Appears If: SB HM HOSPITALS ONLY**

**CBC and differential**

STAT, For 1 Occurrences

**Partial thromboplastin time**

STAT, For 1 Occurrences, 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, For 1 Occurrences

**Hemoglobin A1c**

STAT, For 1 Occurrences

**Comprehensive metabolic panel**

STAT, For 1 Occurrences

**Lactic acid level - Now and repeat 2x every 3 hours**

Now and repeat 2x every 3 hours

**Hepatic function panel**

STAT, For 1 Occurrences

**Lipid panel**

STAT, For 1 Occurrences

**Bedside glucose**

STAT, Once , Perform prior to Thrombolytic administration. May use EMS results if available.

**Urinalysis screen and microscopy, with reflex to culture**

STAT, For 1 Occurrences, Specimen Source: Urine, Specimen Site: Clean catch, Specimen must be received in the laboratory within 2 hours of collection.

**Labs STAT Only Appears If: SB HM ECC EXCLUDE KIRBY**

**CBC and differential**

STAT, For 1 Occurrences

**Partial thromboplastin time**

STAT, For 1 Occurrences, 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, For 1 Occurrences

**Hemoglobin A1c**

STAT, For 1 Occurrences

**Comprehensive metabolic panel**

STAT, For 1 Occurrences

**Lactic acid, I-Stat , SEPSIS**

Now Then Q3H, For 3 Occurrences

**Hepatic function panel**

STAT, For 1 Occurrences

**Lipid panel**

STAT, For 1 Occurrences

**Bedside glucose**

STAT, Once , Perform prior to Thrombolytic administration. May use EMS results if available.

**Urinalysis screen with reflex to culture**

STAT, For 1 Occurrences, Specimen Source: Urine, Specimen must be received in the laboratory within 2 hours of collection.

**Labs STAT Only Appears If: SB KIRBY ED ONLY**

**CBC and differential**

STAT, For 1 Occurrences

**Partial thromboplastin time**

STAT, For 1 Occurrences, 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, For 1 Occurrences

Hemoglobin A1c

STAT, For 1 Occurrences

Comprehensive metabolic panel

STAT, For 1 Occurrences

Lactic acid level - Now and repeat 2x every 3 hours

Now and repeat 2x every 3 hours

Hepatic function panel

STAT, For 1 Occurrences

Lipid panel

STAT, For 1 Occurrences

Bedside glucose

STAT, Once , Perform prior to Thrombolytic administration. May use EMS results if available.

Urinalysis screen with reflex to culture

STAT, For 1 Occurrences , Specimen must be received in the laboratory within 2 hours of collection.

Labs-Cardiac Only Appears If: **SB HM ECC EXCLUDE KIRBY**

Troponin Series ACS, I-Stat

Now Then Q2H, For 3 Occurrences

B natriuretic pep, I-Stat

STAT, For 1 Occurrences

Labs-Cardiac Only Appears If: **HMH MAIN ED ONLY**

Troponin T Series ACS

Now Then Q2H, For 3 Occurrences

NT-proBNP

STAT, For 1 Occurrences

Labs - Cardiac Only Appears If: **SB HM HOSPITAL ED-EXCLUDE MAIN ED**

Troponin T Series ACS

Now Then Q2H, For 3 Occurrences

NT-proBNP

STAT, For 1 Occurrences

Labs-Cardiac Only Appears If: **SB KIRBY ED ONLY**

Troponin Series ACS, I-Stat

Now Then Q2H, For 3 Occurrences

B natriuretic pep, I-Stat

STAT, For 1 Occurrences

Labs - Liver Failure Only Appears If: **SB HM ED HOSPITALS ONLY**

Ammonia level

STAT, For 1 Occurrences , Specimen must be placed on ice and delivered immediately to the Core Laboratory.

Labs - Possible Intoxication

Alcohol level, blood

STAT, For 1 Occurrences , Specimen must be placed on ice and delivered immediately to the Core Laboratory.

Urine drugs of abuse screen

STAT, For 1 Occurrences

Labs - Based on Medication History

Digoxin level

STAT, For 1 Occurrences

Carbamazepine level, total

STAT, For 1 Occurrences

[Lithium level](#)

STAT, For 1 Occurrences

[Valproic acid level, total](#)

STAT, For 1 Occurrences

[Phenytoin level, total](#)

STAT, For 1 Occurrences

[Labs - Pregnancy](#) Only Appears If: **SB ED FEMALE**

[hCG QUALitative, urine](#)

STAT, For 1 Occurrences

[hCG QUALitative, serum](#)

STAT, For 1 Occurrences

[POC pregnancy, urine](#)

Once, For 1 Occurrences

[Labs - 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](#)

Once, 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.

And

[Blood culture, aerobic & anaerobic](#)

Once, 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 \(Selection Required\)](#)

[Type and screen](#)

STAT, For 1 Occurrences

[Blood Products \(Selection Required\)](#)

[Red Blood Cells \(Selection Required\)](#)

[Red Blood Cells \(Selection Required\)](#) Only Appears If: **HM SB PATIENT IS ON POSITIVE ANTIBODY REGISTRY**

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

[Prepare RBC](#)

STAT

[Transfuse RBC](#)

STAT

[sodium chloride 0.9% infusion](#)

250 mL, intravenous, at 30 mL/hr, Continuous PRN, line care, RBC transfusion , Administer with blood

[Red Blood Cells \(Selection Required\)](#) Only Appears If: **HM SB PATIENT IS NOT ON POSITIVE ANTIBODY REGISTRY**

[Prepare RBC](#)

STAT

[Transfuse RBC](#)

STAT

[sodium chloride 0.9% infusion](#)

250 mL, intravenous, at 30 mL/hr, Continuous PRN, line care, RBC transfusion , Administer with blood

Platelet Pheresis (Selection Required)

Prepare platelet pheresis

STAT

Transfuse platelet pheresis

STAT

sodium chloride 0.9% infusion

250 mL, intravenous, at 30 mL/hr, Continuous , Administer with blood

Fresh Frozen Plasma (Selection Required)

Prepare fresh frozen plasma

STAT

Transfuse fresh frozen plasma

STAT

sodium chloride 0.9% infusion

250 mL, intravenous, at 30 mL/hr, Continuous , Administer with blood

Cryoprecipitate (Selection Required)

Prepare cryoprecipitate

STAT

Transfuse cryoprecipitate

STAT

sodium chloride 0.9% infusion

250 mL, intravenous, at 30 mL/hr, Continuous , Administer with blood

## Cardiology

### Cardiology

Electrocardiogram, 12-lead

STAT, Once, Clinical Indications: Other:, Other: CVA/TIA/AMS, To be performed by ED Staff - Show immediately to physician.

## Imaging

### CT (Selection Required)

CT Stroke (Selection Required)

CT Stroke (LKN < 6 Hours) (Selection Required)

CT Stroke (LKN < 6 Hours) (Selection Required)

CT Stroke Brain Wo Contrast LKN < 6 Hours

STAT, Once, Starting Today, At: 0100 , If meets stroke protocol criteria, do Immediately on arrival to ER, Neuro deficit, acute, stroke suspected

CTA Stroke Head and CTA Stroke Neck W Wo Contrast

STAT, Once, Starting Today, At: 0100 , Neuro deficit < 24 hours " Follow ELVO Protocol", Neuro deficit, acute, stroke suspected

iohexol (OMNIPaque) 350 mg iodine/mL iv solution (Selection Required)

iohexol (OMNIPaque) 350 mg iodine/mL injection

100 mL, intravenous, Once in imaging, contrast, For 1 Doses

sodium chloride 0.9 % bolus

50 mL, intravenous, Administer over: 1 Minutes, Once in imaging, Flush, Starting Today, For 1 Doses

CT Stroke (LKN > 6 Hours or <= 24 Hours) (Selection Required)

CT Stroke (LKN > 6 Hours or <= 24 Hours) (Selection Required)

CT Stroke Brain Wo Contrast LKN > 6 Hours or <= 24 hours

STAT, Once, Starting Today, At: 0100 , If meets stroke protocol criteria, do Immediately on arrival to ER, Neuro deficit, acute, stroke suspected

CTA Stroke Head and CTA Stroke Neck W Wo Contrast

STAT, Once, Starting Today, At: 0100 , Neuro deficit < 24 hours " Follow ELVO Protocol", Neuro deficit, acute, stroke suspected

iohexol (OMNIPaque) 350 mg iodine/mL iv solution (Selection Required)

iohexol (OMNIPaque) 350 mg iodine/mL injection

100 mL, intravenous, Once in imaging, contrast, For 1 Doses

sodium chloride 0.9 % bolus

50 mL, intravenous, Administer over: 1 Minutes, Once in imaging, Flush, Starting Today, For 1 Doses

CT Stroke (LKN Unknown) (Selection Required)

CT Stroke (LKN Unknown) (Selection Required)

CT Stroke Brain Wo Contrast - LKN Unknown

STAT, Once, Starting Today, At: 0100, For 1 Occurrences , Neuro deficit, acute, stroke suspected

CTA Stroke Head and CTA Stroke Neck W Wo Contrast

STAT, Once, Starting Today, At: 0100 , Neuro deficit, acute, stroke suspected

iohexol (OMNIPACQUE) 350 mg iodine/mL iv solution (Selection Required)

iohexol (OMNIPACQUE) 350 mg iodine/mL injection

100 mL, intravenous, Once in imaging, contrast, For 1 Doses

sodium chloride 0.9 % bolus

50 mL, intravenous, Administer over: 1 Minutes, Once in imaging, Flush, Starting Today, For 1 Doses

CT Head (LKN > 24 hours) (Selection Required)

CT Head (LKN > 24 hours) (Selection Required)

CT Head Wo Contrast

STAT, Once, Starting Today, At: 0100, For 1 Occurrences , If meets stroke protocol criteria, do Immediately on arrival Reason for Exam: Neuro deficit, acute, stroke suspected, Neuro deficit, acute, stroke suspected

CTA Stroke Head and CTA Stroke Neck W Wo Contrast

STAT, Once, Starting Today, At: 0100, For 1 Occurrences , Neuro deficit, acute, stroke suspected

iohexol (OMNIPACQUE) 350 mg iodine/mL iv solution (Selection Required)

iohexol (OMNIPACQUE) 350 mg iodine/mL injection

100 mL, intravenous, Once in imaging, contrast, For 1 Doses

sodium chloride 0.9 % bolus

50 mL, intravenous, Administer over: 1 Minutes, Once in imaging, Flush, Starting Today, For 1 Doses

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

CT Brain Perfusion w/recon

STAT, Once, Starting Today, At: 0100, For 1 Occurrences , LKW 6-24 hrs and NIH>=6, Stroke suspected

iohexol (OMNIPACQUE) 350 mg iodine/mL injection

100 mL, intravenous, Once in imaging, contrast, For 1 Doses

sodium chloride 0.9 % bolus

50 mL, intravenous, Administer over: 1 Minutes, Once in imaging, Flush, Starting Today, For 1 Doses

MRI/MRA

MRI Brain Wo Contrast

Routine, Once, Starting Today, At: 0100

MRI Brain W Wo Contrast

Routine, Once, Starting Today, At: 0100 , Perfusion Brain MRI

MRA Head Wo Contrast

STAT, Once, Starting Today, At: 0100

MRA Neck Wo Contrast

STAT, Once, Starting Today, At: 0100

MRI Brain Venogram (Inactive)

X-Ray

Chest 1 Vw Portable

STAT, Once, Starting Today, At: 0100, For 1 Occurrences

Chest 2 Vw

STAT, Once, Starting Today, At: 0100, For 1 Occurrences

Cervical Spine Complete

STAT, Once, Starting Today, At: 0100

Other Studies

Respiratory

Respiratory

[X] Oxygen therapy

STAT, Continuous, Initial Device: Nasal Cannula, SpO2 Goal: Other (Specify), Specify: 95% or above

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[ ] ED Consult Neurology

[ ] Consult to Case Management

[ ] Consult to Social Work

[ ] Consult PT Eval and Treat

[ ] Consult to PT Wound Care Eval and Treat

[ ] Consult OT Eval and Treat

[ ] Consult to Nutrition Services

[ ] Consult to Spiritual Care

[ ] Consult to Speech Language Pathology

STAT, Once, Consult Reason: Dysphagia, Dysarthria

[ ] Consult to Wound Ostomy Care nurse

[ ] Consult to Respiratory Therapy

Reason for Consult? To manage oxygen saturation and airway

Additional Orders