

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 - HHM Only Appears If: **HHM 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 of 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 - HHM Only Appears If: **HHM 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

[\[X\] 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

[\[X\] 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 \(OMNIPAQUE\) 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 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 \(OMNIPAQUE\) 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 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 \(OMNIPAQUE\) 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

[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

☒ 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 Teat

☐ 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