

Ischemic Stroke Orders Only Appears If: **SB IP AND NON-ED PATIENTS**

For patient safety please ensure swallowing screening is ordered and performed prior to initiation of oral medication and/or intake.

General

Nursing

Vital Signs

☐ **Vital Signs Q8H**

Routine, Q8H

Activity

☐ **Strict bed rest**

Routine, Until Discontinued, Starting Today, At: N , Turn every 2 hours.

☐ **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

☐ **Up in chair, Up with assistance**

Routine, Until Discontinued, Starting Today, At: N, Specify: Up in chair, Up with assistance

☐ **Out of bed, Up in chair for meals**

Routine, Until Discontinued, Starting Today, At: N, Specify: Out of bed, Up in chair, Additional modifier: for meals

☐ **Activity as tolerated**

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

Nursing

☒ **NIH Stroke Scale**

Routine, Once , Perform on Admission

☐ **NIH Stroke Scale**

Routine, Q Shift , Perform every shift.

☒ **NIH Stroke Scale**

Routine, Once , Perform on day of discharge.

☒ **Dysphagia screen**

Routine, Once, For 1 Occurrences , 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**

Routine, Once , Ischemic Stroke Patient Education

☒ **Provide risk factor education for ischemic strokes from FHIR**

Routine, Once , Provide risk factor education for ischemic strokes from FHIR

☐ **Telemetry (Selection Required)**

Telemetry monitoring

Routine, Continuous, For 48 Hours

And

Telemetry additional setup information

Routine, Continuous, For 48 Hours

☒ **Height and weight**

Routine, Once, For 1 Occurrences , Obtain height, measure and record weight (not stated weight) on admission.

☐ **Intake and output for 48 hours**

Routine, Q Shift, For 48 Hours , For 48 hours, then discontinue

☐ **Intake and output**

Routine, Q Shift

☒ **Neurological assessment**

Routine, Q4H

☐ [Hold PT/OT](#)

Routine, Until Discontinued, Starting Today, At: N , If Systolic BP greater than *** or Diastolic BP greater than ***.

☒ [Patient position: elevate weak side](#)

Routine, Until Discontinued, Starting Today, At: N, Additional instructions: elevate extremity, Elevate patient's weak side.

☒ [Head of bed 30 degrees](#)

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

☒ [Limb precautions: No BP, injection, venipuncture on weak arm](#)

Precaution: No venipuncture, No blood pressure, No injections, On weak arm

☐ [Insert nasogastric feeding tube](#)

Routine, Once , Complete tube feeding order form. Nasogastric feeding tube for medications only.

☐ [Tobacco cessation education](#)

Routine, Once

☐ [Oral care](#)

Routine, BID

[Stroke Coordinator Tracking](#)

☒ [Stroke coordinator tracking](#)

Routine, Until Discontinued, Starting Today, At: N , 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](#)

Routine, Until Discontinued, Starting Today, At: N, If Systolic BP GREATER than *** mmHg or Diastolic BP GREATER than *** mmHg

☐ [Notify Physician \(Specify\)](#)

Routine, Until Discontinued, Starting Today, At: N, If Systolic BP LESS than *** mmHg or Diastolic BP LESS than *** mmHg

☒ [Notify Physician for temperature GREATER than or EQUAL to 100.4 F \(38 C\)](#)

Routine, Until Discontinued, Starting Today, At: N, 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](#)

Routine, Until Discontinued, Starting Today, At: N, Notify Physician if blood glucose is GREATER THAN 180 mg/dL x 2

[Urinary Incontinence](#)

☐ [Insert and maintain Foley \(Selection Required\)](#)

☒ [Insert Foley catheter](#)

Routine, Once , Foley catheter may be removed per nursing protocol.

☒ [Foley Catheter Care](#)

Routine, Until Discontinued, Starting Today, At: N, Orders: Maintain, To bedside drainage.

☐ [Apply external catheter](#)

Routine, Once

☐ [External female catheter](#)

Routine, Until Discontinued, Starting Today, At: N

[Diet](#)

☐ [NPO except ice chips for 24 hours](#)

Effective Now, Starting Today, At: N, For 24 Hours, NPO: Except Ice chips, With supervision only for aspiration precautions., An NPO order without explicit exceptions means nothing can be given orally to the patient.

☐ [Diet - Dysphagia](#)

Effective Now, Starting Today, At: N, Diet(s): Dysphagia

☐ [Diet - Regular](#)

Effective Now, Starting Today, At: N, Diet(s): Regular

☐ [Diet - Diabetic](#)

Effective Now, Starting Today, At: N, Diet(s): Other Diabetic/Cal

☐ [Diet - Low Fat, 2 GM Sodium](#)

Effective Now, Starting Today, At: N, Diet(s): Low Fat, 2 GM Sodium

☐ Diet

Effective Now, Starting Today, At: N

IV Fluids

IV Fluids

☐ sodium chloride 0.9 % infusion
intravenous, Continuous

Medications

Pharmacy Consult(s)

☐ Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses
STAT, Until Discontinued, Starting Today, At: N

Medications - Aspirin

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

aspirin (ECOTRIN) enteric coated tablet
325 mg, oral, Daily

Or

aspirin tablet

325 mg, feeding tube, Daily , Administer if patient has feeding tube

Or

aspirin suppository

300 mg, rectal, Daily , 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, Daily

Or

aspirin chewable tablet

81 mg, feeding tube, Daily , Administer if patient has feeding tube

Or

aspirin suppository

300 mg, rectal, Daily , Administer suppository if patient unable to take oral tablet.

Anti-platelet

☐ clopidogrel (PLAVIX) tablet 300 mg once

clopidogrel (PLAVIX) tablet
300 mg, oral, Once, For 1 Doses

Or

clopidogrel (PLAVIX) tablet

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

☐ clopidogrel (PLAVIX) tablet 75 mg daily

clopidogrel (PLAVIX) tablet
75 mg, oral, Daily

Or

clopidogrel (PLAVIX) tablet

75 mg, feeding tube, Daily , Administer if patient has feeding tube

Hypertensive Urgency - PRN Orders

☒ labetalol (NORMODYNE, TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM

10 mg, intravenous, Q6H PRN, high blood pressure , 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)

10 mg, intravenous, Q6H PRN, high blood pressure , 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

☐ atorvastatin (LIPITOR) tablet 40 mg nightly

atorvastatin (LIPITOR) tablet

40 mg, oral, Nightly

Or

atorvastatin (LIPITOR) tablet

40 mg, feeding tube, Nightly , Administer if patient has feeding tube

☐ atorvastatin (LIPITOR) tablet 80 mg nightly

atorvastatin (LIPITOR) tablet

80 mg, oral, Nightly

Or

atorvastatin (LIPITOR) tablet

80 mg, feeding tube, Nightly , Administer if patient has feeding tube

☐ rosuvastatin (CRESTOR) tablet 20 mg nightly

rosuvastatin (CRESTOR) tablet

20 mg, oral, Nightly

Or

rosuvastatin (CRESTOR) tablet

20 mg, feeding tube, Nightly , Administer if patient has feeding tube

VTE

Labs

Labs Today - Panels

☐ Basic metabolic panel

Once

☐ Comprehensive metabolic panel

Once

☐ GGT

Once

☐ Hepatic function panel

Once

☒ Lipid panel

Once

☒ Hemoglobin A1c

Once

☐ Lupus anticoagulant panel

Once

☐ Urine drugs of abuse screen

Once

Labs Routine

☐ CBC with differential

Once

☐ Prothrombin time with INR

Once

☐ Partial thromboplastin time

Once, 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

Once

☐ Bedside glucose

Routine, Q4H , 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

Once

☐ Folate

Once

☐ Sedimentation rate

Once

☐ Antinuclear antibodies (ANA) with reflex to titer and pattern, immunofluorescence

Once

☐ Cardiolipin antibody

Once

☐ Fibrinogen

Once

☐ Hemoglobinopathy evaluation

Once

☐ Prothrombin gene mutation

Once

☐ Troponin T

Once

☐ POC occult blood stool

Daily , If anticoagulated.

☐ Urinalysis screen and microscopy, with reflex to culture

Once, Specimen Source: Urine, Specimen must be received in the laboratory within 2 hours of collection.

Labs AM

☐ CBC and differential

AM Draw, Starting Tomorrow, For 1 Occurrences

☐ Basic metabolic panel

AM Draw, Starting Tomorrow, For 1 Occurrences

☐ Lipid panel

AM Draw, Starting Tomorrow, For 1 Occurrences

Labs AM Repeat

☐ CBC and differential

AM Draw Repeats, Starting Tomorrow, For 3 Occurrences

☐ Basic metabolic panel

AM Draw Repeats, Starting Tomorrow, For 3 Occurrences

☐ Lipid panel

AM Draw Repeats, Starting Tomorrow, For 3 Occurrences

Microbiology

☐ Blood culture x 2

☒ Blood culture, aerobic and anaerobic x 2

Most recent Blood Culture results from the past 7 days:

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.

Cardiology

Cardiology

☒ Electrocardiogram, 12-lead

Routine, Once, For 1 Occurrences, Clinical Indications: Other:, Other: Altered Mental Status

☐ CV Holter monitor 24 hour

Routine, Once

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

STAT, Once, Starting Today, At: 0100 , Stroke, follow up

☐ MRI Brain Wo Contrast

STAT, Once, Starting Today, At: 0100 , Stroke, follow up

☐ MRI Brain W Wo Contrast

STAT, Once, Starting Today, At: 0100 , Perfusion Brain MRI, Stroke, follow up

☐ MRA Head Wo Contrast

STAT, Once, Starting Today, At: 0100 , Stroke, follow up

☐ MRA Neck Wo Contrast

STAT, Once, Starting Today, At: 0100 , Stroke, follow up

☐ MRI Brain Venogram (Inactive)

☐ MR POST THROMBOLYTIC BRAIN wo contrast

Routine, Once, Starting Today, At: 0100 , 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., Stroke, follow up

Neuro IR

☐ IR Angiogram Cerebral

Routine

CT

☐ CT Stroke Brain Wo Contrast

STAT, Once, Starting Today, At: 0100 , For neurologic worsening greater than 2 points NIH Stroke Scale, Stroke

☐ CTA Stroke Head and CTA Stroke Neck W Wo Contrast

STAT, Once, Starting Today, At: 0100 , Stroke

☐ CT POST THROMBOLYTIC Brain wo contrast

Routine, Once, Starting Today, At: 0100 , 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.

X-Ray Only Appears If: SB IP ORDERSET NOT HMSL HMWB HMCY

[\[\] Chest 1 Vw Portable](#)

Routine, Once, Starting Today, At: 0100

[\[\] Chest 2 Vw](#)

Routine, Once, Starting Today, At: 0100

X-Ray Only Appears If: **SB IP ORDERSET HMSL HMWB HMCY**

[\[\] Chest Stroke 1 Vw Portable](#)

Routine, Once, Starting Today, At: 0100

[\[\] Chest 2 Vw](#)

Routine, Once, Starting Today, At: 0100

US

[\[\] PV carotid duplex bilateral](#)

Routine, Once, Starting Today, At: 0100 , Include vertebral.

[\[\] PV Transcranial Doppler intracranial arteries complete](#)

Routine, Once, Starting Today, At: 0100

[\[\] Transthoracic Echocardiogram Complete, \(w contrast, Strain and 3D if needed\)](#)

Routine, Once, Starting Today, At: 0100

[\[\] Echocardiogram transesophageal](#)

Routine, Once, Starting Today, At: 0100 , NPO 6 hours prior to exam

[\[\] Echo TEE and Cardiology Consult \(For hospitals that require Cardiology consult when ordering TEE\) \(Selection Required\)](#)

[\[\] Consult Cardiology](#)

Referral for 1 visits (expires: S+365)

[\[\] Echocardiogram transesophageal](#)

Routine, Once, Starting Today, At: 0100 , NPO 6 hours prior to exam

Other Studies

Other Diagnostic Studies

[\[\] EEG \(routine\)](#)

Routine, Once

[\[\] Continuous EEG monitoring](#)

Routine, Daily, For 7 Days

Respiratory

Respiratory

[\[\] Pulse oximetry check](#)

Routine, Daily

[\[\] Pulse oximetry](#)

Routine, Q4H

[\[\] Pulse oximetry](#)

Routine, Continuous , If O2 sat is less than 95%.

Rehab

Consults

For Physician Consult orders use sidebar

Physician Consults

[\[\] Consult Physical Medicine Rehab](#)

Referral for 1 visits (expires: S+365)

[\[\] Consult Neurology](#)

Referral for 1 visits (expires: S+365)

Consults Only Appears If: **SB IP ORDERSET NOT HMW HMSTJ**

[\[\] Consult to Social Work](#)

Reason for Consult: Discharge Planning

☒ Consult to PT Eval and Treat

Reasons for referral to Physical Therapy (mark all applicable): New functional deficits, not expected to spontaneously recover with medical modalities, Other, Specify: Stroke, Mobility, DMD, Safety education.

☒ Consult OT Eval and Treat

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, ADL, DME, Safety education

☐ Consult to Nutrition Services

☐ Consult to Spiritual Care

☐ Consult to Speech Language

Routine, Once, Consult Reason: Dysphagia, Dysarthria, Other specify, Specify: Stroke

☐ Consult to Respiratory Therapy

☐ Music Therapy/Art Therapy consult - Eval & Treat

Routine

Consults Only Appears If: **SB IP ORDERSET HMW HMSTJ**

☐ Consult to Social Work

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☒ Consult OT eval and treat

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, ADL, DME, Safety education

☐ Consult to Nutrition Services

☐ Consult to Spiritual Care

☐ Consult to Speech Language

Routine, Once, Consult Reason: Dysphagia, Dysarthria, Other specify, Specify: Stroke

☐ Consult to Respiratory Therapy

Additional Orders