

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 nasoenteric feeding tube

Routine, Once , Complete tube feeding order form. Nasoenteric 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

[X] 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.

[X] 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

[X] 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.

[X] 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

Reason for Consult: Discharge Planning

[X] Consult to PT eval and treat

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[X] 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