

Stroke Post-Thrombolytic Monitoring Orders (Transfer from Outside Facility) Only Appears If: **SB INPATIENT NAVIGATORS AND DECISION SUPPORT**

General

Nursing

Vital Signs (Selection Required)

☒ Vital signs - T/P/R/BP

STAT, Per Unit Protocol , 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 temperature, check every 4 hours.

☒ HM Stroke Change Scale (HMSCS)

STAT, Q15 Min, Perform NIH Stroke Scale if/when an increase of 2 or more points in the HM Stroke Change Scale and notify provider. , Every 15 minutes for 2 hours, then every 30 minutes for 6 hours, then every 1 hour for 16 hours POST thrombolytic administration.

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

Nursing

☒ NIH Stroke Scale

STAT, Now Then Q24H , After thrombolytic administration and 24 hours after administration.

☒ NIH Stroke Scale

Routine, PRN, Starting Today , Perform NIH Stroke Scale for any neurologic deterioration

☒ No NSAIDs Including aspirin

STAT, Until Discontinued, Starting Today, At: N, For 24 Hours, Reason for "No" order: Contraindicated with thrombolytic administration

☒ No anticoagulants Including UNfractionated heparin

STAT, Until Discontinued, Starting Today, At: N, For 24 Hours, Reason for "No" order: Contraindicated for thrombolytic administration

☒ No anti-platelet agents Including aspirin

STAT, Until Discontinued, Starting Today, At: N, For 24 Hours, Reason for "No" order: Contraindicated for thrombolytic administration

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

Post Thrombolytic: Maintain blood pressure

Systolic less than or equal to (mmHg): 180, Diastolic less than or equal to (mmHg): 105

And

Notify Physician for vitals:

STAT, Until Discontinued, Starting Today, At: N, Temperature greater than: 100.3, SpO2 less than: 95

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

STAT, Until Discontinued, Starting Today, At: N, For 24 Hours

☒ Nurse to accompany patient for all transport for first 24 hours

STAT, Until Discontinued, Starting Today, At: N, For 24 Hours

☒ No PT or OT for 12 hours post thrombolytic administration

STAT, Until Discontinued, Starting Today, At: N

☒ Monitor all recently discontinued arteriopuncture and venipuncture sites for bleeding

STAT, Until Discontinued, Starting Today, At: N , Careful monitoring of puncture sites once fibrinolytic action begins.

☒ No IM injections for 24 hours post thrombolytic administration

STAT, Until Discontinued, Starting Today, At: N

☒ Apply pressure

STAT, Once, Specify location: Site of oozing, bleeding, or bruising, If oozing, bleeding, or bruising occurs, apply digital pressure until hemostasis is achieved and notify the ordering physician.

☒ Place sequential compression device (Selection Required)

Place/Maintain sequential compression device continuous

Routine, Continuous

Finger Stick Blood Glucose (FSBG) Monitoring

☐ Bedside glucose

Routine, Q4H , Notify MD for blood glucose LESS THAN 70 mg/dl or GREATER THAN 180 mg/dl

☐ Bedside glucose

Routine, Q6H , 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)

STAT, Until Discontinued, Starting Today, At: N

☒ Notify responsible provider if IV access is urgently needed

STAT, Until Discontinued, Starting Today, At: N

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, Q6H PRN, high blood pressure, Systolic Blood Pressure GREATER than 180 mmHg and/or Diastolic Blood Pressure GREATER than 105 mmHg , 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., BP & HR HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

☐ hydralazine (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)

10 mg, intravenous, Q6H PRN, high blood pressure, Systolic Blood Pressure GREATER than 180 mmHg and/or Diastolic Blood Pressure GREATER than 105 mmHg , To be administered AFTER thrombolytic has been administered. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM), BP HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

Hypertensive Urgency - niCARDipine (CARDENE) IV infusion

☒ 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

VTE

Labs

Type and Screen

☐ Type and screen

STAT, For 1 Occurrences

Cardiology

Imaging

CT - STAT

☐ CT Stroke Brain Wo Contrast

STAT, Once, Starting Today, At: 0100

☐ CT Stroke Brain Wo Contrast

STAT, Conditional , If acute deterioration in neurological condition worsens post thrombolytic administration, Neuro deficit(s), subacute, progressive, or fluctuating

☐ CTA Stroke Head and CTA Stroke Neck W Wo Contrast

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

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

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

☐ MR POST THROMBOLYTIC BRAIN wo contrast

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

Other Studies

Respiratory

Respiratory Therapy

☒ Oxygen therapy

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

Rehab

Consults

For Physician Consult orders use sidebar

Physician Consults

☒ Consult Neurology

Referral for 1 visits (expires: S+365)

☐ Consult Physical Medicine Rehab

Referral for 1 visits (expires: S+365)

Consults

☐ Consult to Speech Language Pathology

Routine, Once, Reason for consult: Dysphagia, Dysarthria, If for dysphagia, may not assess the patient until at least 2 hours past the completion of the thrombolytic administration.

☒ Consult to PT eval and treat

Reasons for referral to Physical Therapy (mark all applicable): Other, Specify: Stroke

☒ Consult to OT eval and treat

Reason for referral to Occupational Therapy (mark all that apply): Other, Specify: Stroke

Additional Orders
