

Location: _____

General

Nursing

Vital Signs

- Vital Signs** Once, 1, Occurrences, STAT

Activity

- Head of bed** Until discontinued, Routine, 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.
Head of bed: ○ 30 degrees

Nursing

- Place on transport monitor** Until discontinued, STAT
- NIH Stroke Scale** Once, 1, Occurrences, STAT
- Neurological assessment** Once, 1, Occurrences, STAT
Assessment to Perform: ○ Glasgow Coma Scale ○ Level of Consciousness ○ Pupils
- Draw labs PRIOR to CT if it will not delay procedure** Once, 1, Occurrences, STAT
- Dysphagia screen** Once, STAT, No oral medications or nutrition until dysphagia screen is Passed
- No oral medications or nutrition until dysphagia screen is Passed** Once, 1, Occurrences, STAT

Notify

- Stroke coordinator tracking** Until discontinued, Routine, 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.

IV Fluids

Medications

VTE

Labs

Labs

- CBC and differential** STAT, 1, Occurrences, Routine, Blood, 3
- Partial thromboplastin time** STAT, 1, Occurrences, Routine, Blood, 3
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, 1, Occurrences, Routine, Blood, 3
- Hemoglobin A1c** STAT, 1, Occurrences, Routine, Blood, 3
- Comprehensive metabolic panel** STAT, 1, Occurrences, Routine, Blood, 3
- Lactic acid level - Now and repeat 2x every 3 hours** Now and repeat 2x every 3 hours, STAT, Blood, 3
- Hepatic function panel** STAT, 1, Occurrences, Routine, Blood, 3
- Lipid panel** STAT, 1, Occurrences, Routine, Blood, 3
- Bedside glucose** Once, STAT, Blood, Perform prior to Thrombolytic administration.

Cardiology

Imaging

CT

- CT Stroke Brain Wo Contrast**
 - CT Stroke Brain Wo Contrast (LKN < 6 Hours)** 1 time imaging, STAT, If meets stroke protocol criteria, do Immediately on arrival
Last Known Normal (LKN): ○ LKN < 6 Hours
Physician phone number:
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Sign: _____ Printed Name: _____ Date/Time: _____

CT Stroke Brain Wo Contrast (LKN 6 - 24 Hours) 1 time imaging, 1, Occurrences, STAT, If meets stroke protocol criteria, do Immediately on arrival

Last Known Normal (LKN): LKN > 6 Hours Less than or equal to 24 Hours

Physician phone number:

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

CT Stroke Brain Wo Contrast (LKN Unknown) 1 time imaging, STAT, If meets stroke protocol criteria, do Immediately on arrival

Last Known Normal (LKN): LKN Unknown

Physician phone number:

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

CTA Stroke Head and CTA Stroke Neck Wo Contrast (LKN > 24 Hours) 1 time imaging, STAT, If meets stroke protocol criteria, do Immediately on arrival

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

CTA Stroke Head and CTA Stroke Neck W Wo Contrast 1 time imaging, STAT, Follow ELVO Protocol

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

CT Brain Perfusion w/recon 1 time imaging, STAT

Is the patient pregnant?

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

MRI/MRA

MRI Brain Wo Contrast 1 time imaging, STAT

Special Brain protocol requested?

Is this scan to monitor for ARIA during an Alzheimer Therapy?

ARIA Alzheimer therapy:

What are the patient's sedation requirements?

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

MRI Brain W Wo Contrast 1 time imaging, STAT, Perfusion Brain MRI

Special Brain protocol requested?

What are the patient's sedation requirements?

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

MRA Head Wo Contrast 1 time imaging, STAT

What are the patient's sedation requirements?

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

MRA Neck Wo Contrast 1 time imaging, STAT

What are the patient's sedation requirements?

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

MRI Brain Venogram 1 time imaging, STAT

What are the patient's sedation requirements?

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

X-Ray

Chest 1 Vw Portable 1 time imaging, 1, Occurrences, STAT

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Chest 2 Vw 1 time imaging, 1, Occurrences, STAT

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Cervical Spine Complete 1 time imaging, STAT

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Other Studies

Sign: _____ Printed Name: _____ Date/Time: _____

Respiratory

Respiratory

Oxygen therapy Continuous, Routine

Initial Device: Nasal Cannula

SpO2 Goal: Other (Specify)

Specify: 95% and above

Device:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Indications for O2 therapy:

Rehab

Consults

For Physician Consult orders use sidebar

Consults

Consult Neurology Once, Routine

Provider Group:

Reason for Consult?

Reason for Consult:

Patient/Clinical information communicated?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Estimated Discharge Date: ***

Time in OBS:

Last known normal: ***

Focal Deficit: ***

Additional Orders