

Location: \_\_\_\_\_

**General**

**Nursing**

**Vital Signs**

- Vital Signs Q8H** Every 8 hours, Routine

**Activity**

- Strict bed rest** Until discontinued, Routine, Turn every 2 hours.
- Bed rest with bathroom privileges** Until discontinued, Routine  
Bathroom Privileges:  with bathroom privileges
- Ambulate with assistance** 3 times daily, Routine  
Specify:  with assistance
- Up in chair, Up with assistance** Until discontinued, Routine  
Specify:  Up in chair  Up with assistance
- Out of bed, Up in chair for meals** Until discontinued, Routine  
Specify:  Out of bed  Up in chair  
Additional modifier: for meals
- Activity as tolerated** Until discontinued, Routine  
Specify:  Activity as tolerated

**Nursing**

- NIH Stroke Scale** Once, Routine, Perform on Admission
- NIH Stroke Scale** Every shift, Routine, Perform every shift.
- NIH Stroke Scale** Once, Routine, Perform on day of discharge.
- Dysphagia screen** Once, 1, Occurrences, Routine, 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** Once, Routine, Ischemic Stroke Patient Education
- Provide risk factor education for ischemic strokes from FHIR** Once, Routine, Provide risk factor education for ischemic strokes from FHIR
- Telemetry**
  - Telemetry monitoring** Continuous, 48, Hours, Routine  
Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)  
Reason for telemetry:  
Can be off of Telemetry for baths? Yes  
Can be off for transport and tests? Yes
  - Telemetry additional setup information** Continuous, 48, Hours, Routine  
High Heart Rate (BPM): 130.000  
Low Heart Rate(BPM): 50.000  
High PVC's (per minute): 10.000
- Height and weight** Once, 1, Occurrences, Routine, Obtain height, measure and record weight (not stated weight) on admission.
- Intake and output for 48 hours** Every shift, 48, Hours, Routine, For 48 hours, then discontinue
- Intake and output** Every shift, Routine
- Neurological assessment** Every 4 hours, Routine  
Assessment to Perform:
  - Hold PT/OT** Until discontinued, Routine, If Systolic BP greater than \*\*\* or Diastolic BP greater than \*\*\*.
- Patient position: elevate weak side** Until discontinued, Routine, Elevate patient's weak side.  
Additional instructions:  elevate extremity  
Position:
- Head of bed 30 degrees** Until discontinued, Routine  
Head of bed:  30 degrees

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Limb precautions: No BP, injection, venipuncture on weak arm** Continuous, Routine, On weak arm

Precaution:  No venipuncture  No blood pressure  No injections

Location:

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

**Tobacco cessation education** Once, Routine

**Oral care** 2 times daily, Routine

#### Stroke Coordinator Tracking

**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.

#### Notify

**Notify Physician** Until discontinued, Routine, If Systolic BP GREATER than \*\*\* mmHg or Diastolic BP GREATER than \*\*\* mmHg

**Notify Physician (Specify)** Until discontinued, Routine, 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)** Until discontinued, Routine, 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** Until discontinued, Routine, Notify Physician if blood glucose is GREATER THAN 180 mg/dL x 2

#### Urinary Incontinence

**Insert and maintain Foley**

**Insert Foley catheter** Once, Routine

Type:

Size:

Urinometer needed:

Indication:

Foley catheter may be removed per nursing protocol.

**Foley Catheter Care** Until discontinued, Routine

Orders: Maintain

**Apply external catheter** Once, Routine

**External female catheter** Until discontinued, Routine

#### Diet

**NPO except ice chips for 24 hours** Diet effective now, 24, Hours, Routine, With supervision only for aspiration precautions.

NPO:  Except ice chips

Pre-Operative fasting options:

**Diet - Dysphagia** Diet effective now, Routine

Diet(s):  Dysphagia

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

**Diet - Regular** Diet effective now, Routine

Diet(s):  Regular

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Diet - Diabetic** Diet effective now, Routine

Diet(s):  Consistent Carbohydrate

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

**Diet - Low Fat, 2 GM Sodium** Diet effective now, Routine

Diet(s):  Low Fat  2 GM Sodium

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

**Diet** Diet effective now, Routine

Diet(s):

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

#### IV Fluids

##### IV Fluids

**sodium chloride 0.9 % infusion** .9 , intravenous, continuous

#### Medications

##### Pharmacy Consult(s)

**Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses** Until discontinued, Routine

Heparin Indication:

Specify:

Monitoring: Anti-Xa

##### Medications - Aspirin

**aspirin 325 mg oral tablet or 300 mg rectal suppository**

**aspirin (ECOTRIN) enteric coated tablet** 325 mg, oral, daily

**aspirin tablet** 325 mg, feeding tube, daily

Administer if patient has feeding tube

**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**

**aspirin chewable tablet** 81 mg, oral, daily

**aspirin chewable tablet** 81 mg, feeding tube, daily

Administer if patient has feeding tube

**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, 1, Occurrences

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**clopidogrel (PLAVIX) tablet** 300 mg, feeding tube, once, 1, Occurrences  
Administer if patient has feeding tube

**clopidogrel (PLAVIX) tablet 75 mg daily**

**clopidogrel (PLAVIX) tablet** 75 mg, oral, daily

**clopidogrel (PLAVIX) tablet** 75 mg, feeding tube, daily  
Administer if patient has feeding tube

#### PRN

**labetalol (NORMODYNE, TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM** 10 mg, intravenous, every 6 hours 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, every 6 hours PRN, high blood pressure  
BP HOLD parameters for this order:

Contact Physician if:

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** (Required)

**atorvastatin (LIPITOR) tablet 40 mg nightly**

**atorvastatin (LIPITOR) tablet** 40 mg, oral, nightly

**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

**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

**rosuvastatin (CRESTOR) tablet** 20 mg, feeding tube, nightly  
Administer if patient has feeding tube

#### VTE

##### Labs

##### Labs Today - Panels

**Basic metabolic panel** Once, Routine, Blood, 3

**Comprehensive metabolic panel** Once, Routine, Blood, 3

**GGT** Once, Routine, Blood, 3

**Hepatic function panel** Once, Routine, Blood, 3

**Lipid panel** Once, Routine, Blood, 3

**Hemoglobin A1c** Once, Routine, Blood, 3

**Lupus anticoagulant panel** Once, Routine, Blood, 3

**Urine drugs of abuse screen** Once, Routine, Urine

##### Labs Routine

**CBC with differential** Once, Routine, Blood, 3

**Prothrombin time with INR** Once, Routine, Blood, 3

**Partial thromboplastin time** Once, 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.

**Basic metabolic panel** Once, Routine, Blood, 3

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- Bedside glucose** Every 4 hours, Routine, Blood, 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, Routine, Blood, 3
- Folate** Once, Routine, Blood, 3
- Sedimentation rate** Once, Routine, Blood, 3
- Antinuclear antibodies (ANA) with reflex to titer and pattern, immunofluorescence** Once, Routine, Blood, 3
- Cardiolipin antibody** Once, Routine, Blood, 3
- Fibrinogen** Once, Routine, Blood, 3
- Hemoglobinopathy evaluation** Once, Routine, Blood, 3
- Prothrombin gene mutation** Once, Routine, Blood, 3  
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
- Troponin T** Once, Routine, Blood, 3
- POC occult blood stool** Daily, Routine, Stool, If anticoagulated.
- Urinalysis screen and microscopy, with reflex to culture** Once, Routine, Urine  
Specimen Source: Urine  
Specimen Site:  
Specimen must be received in the laboratory within 2 hours of collection.

**Labs AM**

- CBC and differential** AM draw, 1, Occurrences, S+1, Routine, Blood, 3
- Basic metabolic panel** AM draw, 1, Occurrences, S+1, Routine, Blood, 3
- Lipid panel** AM draw, 1, Occurrences, S+1, Routine, Blood, 3

**Labs AM Repeat**

- CBC and differential** AM draw repeats, 3, Occurrences, S+1, Routine, Blood, 3
- Basic metabolic panel** AM draw repeats, 3, Occurrences, S+1, Routine, Blood, 3
- Lipid panel** AM draw repeats, 3, Occurrences, S+1, Routine, Blood, 3

**Microbiology**

- Blood culture, aerobic and anaerobic 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, Routine, 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.
- Blood culture, aerobic & anaerobic** Once, Routine, 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** Once, 1, Occurrences, 1, Routine, 6  
Clinical Indications: ○ Other:  
Other: Altered Mental Status  
Interpreting Physician:
- CV Holter monitor 24 hour** Once, Routine

**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.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**MRI Stroke Brain 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 Wo Contrast** 1 time imaging, STATIs the patient pregnant?  Unknown

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?

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 MRIIs the patient pregnant?  Unknown

Special Brain protocol requested?

What are the patient's sedation requirements?

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, STATIs the patient pregnant?  Unknown

What are the patient's sedation requirements?

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, STATIs the patient pregnant?  Unknown

What are the patient's sedation requirements?

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

 **MRI Brain Venogram** 1 time imaging, STATIs the patient pregnant?  Unknown

What are the patient's sedation requirements?

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

 **MR POST THROMBOLYTIC BRAIN wo contrast** 1 time imaging, Routine, 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.

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.):

**Neuro IR** **IR Angiogram Cerebral** 1 time imaging, Routine

What is the expected date for Procedure?

Please select the preferred Artery access for this procedure, if known? (leave blank for Physician Performing procedure to decide):

Is the patient pregnant?

What is the patient's sedation requirements?

Physician contact number:

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

**CT** **CT Stroke Brain Wo Contrast** 1 time imaging, STAT, For neurologic worsening greater than 2 points NIH Stroke ScaleIs the patient pregnant?  Unknown

Physician phone number:

Last Known Normal (LKN):

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

Is the patient pregnant?

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

 **CT POST THROMBOLYTIC Brain wo contrast** 1 time imaging, Routine, 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.

Is the patient pregnant?

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

**X-Ray**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Chest 1 Vw Portable** 1 time imaging, Routine

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, Routine

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 Stroke 1 Vw Portable** 1 time imaging, Routine

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, Routine

Is the patient pregnant?

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

#### US

**PV carotid duplex bilateral** 1 time imaging, Routine, Include vertebral.

Laterality:

Special protocol:

**PV Transcranial Doppler intracranial arteries complete** 1 time imaging, Routine

Special protocol:

**Transthoracic Echocardiogram Complete, (w contrast, Strain and 3D if needed)** 1 time imaging, Routine

Does this study require a chemo toxicity strain protocol?

Does this exam need a strain protocol?

Call back number for Critical Findings:

Where should test be performed?

Does this exam need a bubble study?

Preferred interpreting Cardiologist or group:

**Echocardiogram transesophageal** 1 time imaging, Routine, NPO 6 hours prior to exam

What is the patients sedation requirement?

Where should test be performed?

Does this exam need a bubble study?

Preferred interpreting Cardiologist or group:

**Echo TEE and Cardiology Consult (For hospitals that require Cardiology consult when ordering TEE)** (Required)

**Consult Cardiology** Once, Routine

Reason for Consult?

Provider Group:

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

**Echocardiogram transesophageal** 1 time imaging, Routine, NPO 6 hours prior to exam

What is the patients sedation requirement?

Where should test be performed?

Does this exam need a bubble study?

Preferred interpreting Cardiologist or group:

#### Other Studies

##### Other Diagnostic Studies

**EEG (routine)** Once, Routine

Clinical Indication:

Testing Location:

Testing Duration:

**Continuous EEG monitoring** Daily imaging, 7, Days, Routine

Clinical Indication:

Testing Location: At Bedside (Patients Room)

Record Video? Yes

#### Respiratory

##### Respiratory

**Pulse oximetry check** Daily, Routine

Current FIO2 or Room Air:

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Pulse oximetry** Every 4 hours, Routine  
Current FIO2 or Room Air:

**Pulse oximetry** Continuous, Routine, If O2 sat is less than 95%.  
Current FIO2 or Room Air:

**Rehab****Consults**

For Physician Consult orders use sidebar

**Physician Consults**

**Consult Physical Medicine Rehab** Once, Routine

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

**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: \*\*\*

**Consults**

**Consult to Social Work** Once, Routine

Reason for Consult:  Discharge Planning

Reason for Consult?

**Consult to PT Eval and Treat** Once, Routine, Mobility, DMD, Safety education.

Reasons for referral to Physical Therapy (mark all applicable):  New functional deficits, not expected to spontaneously recover with medical modalities  Other

Specify: Stroke

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):

Weight Bearing Status:

Reason for PT?

**Consult OT Eval and Treat** Once, Routine, ADL, DME, Safety education

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

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):

Weight Bearing Status:

Reason for OT?

**Consult to Nutrition Services** Once, Routine

Reason For Consult?

Purpose/Topic:

Reason for Consult?

**Consult to Spiritual Care** Once, Routine

Reason for consult?

Reason for Consult?

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Consult to Speech Language** Once, Routine  
 Consult Reason:  Dysphagia  Dysarthria  Other specify  
 Specify: Stroke  
 Reason for consult:  
 Reason for SLP?

**Consult to Respiratory Therapy** Once, Routine  
 Reason for Consult?  
 Reason for Consult?

**Music Therapy/Art Therapy consult - Eval & Treat** Once, Routine  
 Request Date: TODAY  
 Therapy Requested:  
 Please Indicate REASON FOR REFERRAL (check all that apply):

**Consults**

**Consult to Social Work** Once, Routine  
 Reason for Consult:  Discharge Planning  
 Reason for Consult?

**Consult to PT eval and treat** Once, Routine, Mobility, DMD, Safety education.  
 Reasons for referral to Physical Therapy (mark all applicable):  New functional deficits, not expected to spontaneously recover with medical modalities  Other  
 Specify: Stroke  
 Are there any restrictions for positioning or mobility?  
 Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):  
 Weight Bearing Status:  
 Reason for PT?

**Consult OT eval and treat** Once, Routine, ADL, DME, Safety education  
 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  
 Are there any restrictions for positioning or mobility?  
 Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):  
 Weight Bearing Status:  
 Reason for OT?

**Consult to Nutrition Services** Once, Routine  
 Reason For Consult?  
 Purpose/Topic:  
 Reason for Consult?

**Consult to Spiritual Care** Once, Routine  
 Reason for consult?  
 Reason for Consult?

**Consult to Speech Language** Once, Routine  
 Consult Reason:  Dysphagia  Dysarthria  Other specify  
 Specify: Stroke  
 Reason for consult:  
 Reason for SLP?

**Consult to Respiratory Therapy** Once, Routine  
 Reason for Consult?  
 Reason for Consult?

**Additional Orders**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_