

Location: _____

General**Nursing****Vital Signs (Required)**

- Vital signs - T/P/R/BP** Per unit protocol, STAT, 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)** Every 15 min, STAT, 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** 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

Strict bed rest Until discontinued, Routine

Bed rest with bathroom privileges Until discontinued, Routine
Bathroom Privileges: with bathroom privileges

Nursing

- NIH Stroke Scale** Now then every 24 hours, STAT, After thrombolytic administration and 24 hours after administration.
- NIH Stroke Scale** As needed, S, Routine, Perform NIH Stroke Scale for any neurologic deterioration
- No NSAIDs INcluding aspirin** Until discontinued, 24, Hours, STAT
Reason for "No" order: Contraindicated with thrombolytic administration
- No anticoagulants INcluding UNfractionated heparin** Until discontinued, 24, Hours, STAT
Reason for "No" order: Contraindicated for thrombolytic administration
- No anti-platelet agents INcluding aspirin** Until discontinued, 24, Hours, STAT
Reason for "No" order: Contraindicated for thrombolytic administration
- Post Thrombolytic: Maintain blood pressure and Notify Physician for Vitals (Required)**

- Post Thrombolytic: Maintain blood pressure** Until discontinued, STAT

Systolic less than or equal to (mmHg): 180
Diastolic less than or equal to (mmHg): 105
Systolic greater than or equal to (mmHg):
Diastolic greater than or equal to (mmHg):
MAP Range (mmHg):

- Notify Physician for vitals:** Until discontinued, STAT

Temperature greater than: 100.3 100.5
SpO2 less than: 95 92
Temperature less than:
Systolic BP greater than: 160
Systolic BP less than: 90
Diastolic BP greater than: 100
Diastolic BP less than: 50
MAP less than: 60.000
Heart rate greater than (BPM): 100
Heart rate less than (BPM): 60
Respiratory rate greater than: 25
Respiratory rate less than: 8

- Avoid punctures, ABG, NGT, Central Lines, Foley Catheters or other invasive procedures for 24 hours post thrombolytic unless essential** Until discontinued, 24, Hours, STAT

- Nurse to accompany patient for all transport for first 24 hours** Until discontinued, 24, Hours, STAT

- No PT or OT for 12 hours post thrombolytic administration** Until discontinued, STAT

- Monitor all recently discontinued arteriopuncture and venipuncture sites for bleeding** Until discontinued, STAT, Careful monitoring of puncture sites once fibrinolytic action begins.

- No IM injections for 24 hours post thrombolytic administration** Until discontinued, STAT

- Apply pressure** Once, STAT, If oozing, bleeding, or bruising occurs, apply digital pressure until hemostasis is achieved and notify the ordering physician.

Specify location: Site of oozing, bleeding, or bruising

Sign: _____

Printed Name: _____

Date/Time: _____

Place sequential compression device **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

Finger Stick Blood Glucose (FSBG) Monitoring **Bedside glucose** Every 4 hours, Routine, Blood, Notify MD for blood glucose LESS THAN 70 mg/dl or GREATER THAN 180 mg/dl **Bedside glucose** Every 6 hours, Routine, Blood, 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)** Until discontinued, STAT **Notify responsible provider if IV access is urgently needed** Until discontinued, STAT**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, every 6 hours PRN, Systolic Blood Pressure GREATER than 180 mmHg and/or Diastolic Blood Pressure GREATER than 105 mmHg, high blood pressure

BP & HR HOLD parameters for this order: ONCE or PRN Orders - No Hold Parameters Needed

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.

 hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) 10 mg, intravenous, every 6 hours PRN, Systolic Blood Pressure GREATER than 180 mmHg and/or Diastolic Blood Pressure GREATER than 105 mmHg, high blood pressure

BP HOLD parameters for this order: ○ ONCE or PRN Orders - No Hold Parameters Needed

Contact Physician if:

To be administered AFTER thrombolytic has been administered. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)

Hypertensive Urgency - niCARDipine (CARDENE) IV infusion **niCARDipine (CARDENE) IV infusion** titrated**VTE****Labs****Type and Screen** **Type and screen** STAT, 1, Occurrences, Routine, Blood**Cardiology****Imaging****CT - STAT** **CT Stroke Brain Wo Contrast** 1 time imaging, STAT

Physician phone number:

Last Known Normal (LKN):

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 Conditional Frequency, STAT, If acute deterioration in neurological condition worsens post thrombolytic administration

Physician phone number:

Last Known Normal (LKN):

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

Is the patient pregnant?

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

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**

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

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

Is the patient pregnant?

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 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.

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.):

Other Studies

Respiratory

Respiratory Therapy

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

Physician 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: ***

Consult Physical Medicine Rehab Once, Routine

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consults

Consult to Speech Language Pathology Once, Routine, If for dysphagia, may not assess the patient until at least 2 hours past the completion of the tenecteplase (thrombolytic) administration.

Reason for consult: Dysphagia Dysarthria

Reason for SLP?

Consult to PT eval and treat Once, Routine

Reasons for referral to Physical Therapy (mark all applicable): 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?

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

Consult to OT eval and treat Once, Routine

Reason for referral to Occupational Therapy (mark all that apply): 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?

Additional Orders