Location: _____

General

Nursing

Vital Signs

- [x] **Vital Signs** **Frequency:** Every hour **Priority:** STAT **Comments:** Vitals, Q 1 hour x 2 hours and then Q 4 hours

Activity

- [x] **Head of bed** **Frequency:** Until discontinued **Priority:** Routine **Comments:** For suspected Large Vessel Occlusion (or NIHSS greater than of equal to 6), head of bed at zero (0) degrees (flat; no reverse Trendelenburg) until thrombectomy completed, unless contraindicated.'
  Question(s):
  Head of bed: ○ 30 degrees
- [ ] **Strict bed rest** **Frequency:** Until discontinued **Priority:** Routine
- [ ] **Bed rest with bathroom privileges** **Frequency:** Until discontinued **Priority:** Routine
  Question(s):
  Bathroom Privileges: ○ with bathroom privileges
- [ ] **Ambulate with assistance** **Frequency:** 3 times daily **Priority:** Routine
  Question(s):
  Specify: ○ with assistance
- [ ] **Activity as tolerated** **Frequency:** Until discontinued **Priority:** Routine
  Question(s):
  Specify: ○ Activity as tolerated

Nursing - HMH

- [x] **ED bedside monitoring** **Frequency:** Continuous **Priority:** STAT
- [x] **NIH Stroke Scale** **Frequency:** Once **Priority:** STAT
- [x] **Neurological assessment** **Frequency:** As directed **Priority:** STAT **Comments:** neurological assessment every Q 1 hour x 2 hours and then Q 4 hours
  Question(s):
  Assessment to Perform: ○ Pupils ○ Glasgow Coma Scale ○ Level of Consciousness ○ Extremities
  Assessment to Perform:
- [x] **Draw labs PRIOR to CT if it will not delay procedure** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** STAT
- [x] **Dysphagia screen** **Frequency:** Once **Priority:** STAT **Comments:** No oral intake until pass dysphagia screening
- [x] **No oral intake until pass dysphagia screening** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** STAT

Nursing

- [x] **ED bedside monitoring** **Frequency:** Continuous **Priority:** STAT
- [x] **NIH Stroke Scale** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Comments:** Perform on arrival
- [x] **Neurological assessment** **Frequency:** As directed **Priority:** STAT **Comments:** neurological assessment frequency Q 1 hour x 2 hours and then Q 4 hours
  Question(s):
  Assessment to Perform: ○ Glasgow Coma Scale ○ Level of Consciousness ○ Pupils
- [x] **Draw labs PRIOR to CT if it will not delay procedure** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** STAT
- [x] **Dysphagia screen** **Frequency:** Once **Priority:** STAT **Comments:** No oral intake until pass dysphagia screening
- [x] **No oral intake until pass dysphagia screening** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** STAT

Notify

- [x] **Notify Physician** **Frequency:** Until discontinued **Priority:** STAT **Comments:** If patient presents with risk factors for sepsis, or altered mental status, or abnormal vital signs. Complete ED screening tool and notify ED physician for initiation of sepsis treatment.
- [x] **Notify Physician** **Frequency:** Until discontinued **Priority:** STAT **Comments:** For temperature GREATER than or EQUAL to 100.4 F (38 C)

IV Fluids

Medications

Medications - Aspirin

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

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

◉ **aspirin (ECOTRIN) enteric coated tablet Dose:** 325 mg **Route:** oral **Frequency:** daily

◉ **aspirin tablet Dose:** 325 mg **Route:** feeding tube **Frequency:** daily
Admin Instructions:
Administer if patient has feeding tube

◉ **aspirin suppository Dose:** 300 mg **Route:** rectal **Frequency:** daily
Admin Instructions:
Administer suppository if patient unable to take oral tablet

○ **aspirin 81 mg oral tablet or 300 mg rectal suppository**

◉ **aspirin chewable tablet Dose:** 81 mg **Route:** oral **Frequency:** daily

◉ **aspirin chewable tablet Dose:** 81 mg **Route:** feeding tube **Frequency:** daily
Admin Instructions:
Administer if patient has feeding tube

◉ **aspirin suppository Dose:** 300 mg **Route:** rectal **Frequency:** daily
Admin Instructions:
Administer suppository if patient unable to take oral tablet.

Medications - IV

☐ **labetalol (NORMODYNE) injection Dose:** 10 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Priority: STAT
Admin Instructions:
Administer if Systolic BP GREATER than ***

☐ **niCARDipine (CARDENE) IV infusion Frequency:** titrated

Medications - Intracranial Hemorrhage

For FFP use the Type and Crossmatch order set

☐ **phytonadione (VITAMIN K) IVPB Dose:** 10 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Priority: STAT
Question(s):
Indication:
Product Admin Instructions:
Anaphylactic reactions have been described with Vitamin K. Use with caution.

☐ **levETIRAcetam (KEPPRA) IVPB Dose:** 500 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Priority: STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

☐ **phenytoin (DILANTIN) IVPB Dose:** 15 mg/kg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Priority: STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
Admin Instructions:
Filtered tubing required for infusion
Product Admin Instructions:
To prevent crystallization, start administration IMMEDIATELY after preparation and complete within 1-2 hours. Infuse using a 0.2 micron in-line filter. DO NOT REFRIGERATE.

☐ **mannitol 20 % infusion Dose:** 20 **Frequency:** once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Product Admin Instructions:
Administer via < or = 5 micron disc filter

VTE

Labs

Labs STAT

☑ **CBC and differential Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood
Maximum Quantity: 3

☑ **Partial thromboplastin time Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood
Maximum Quantity: 3
Primary Ordering Comments:
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 Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood
Maximum Quantity: 3

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

☐ **Hemoglobin A1c** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Comprehensive metabolic panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Lactic acid level - Now and repeat 2x every 3 hours** **Frequency:** Now and repeat 2x every 3 hours **Priority:** STAT **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Hepatic function panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Lipid panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Bedside glucose** **Frequency:** Once **Priority:** STAT **Specimen Type:** Blood **Comments:** Perform prior to Thrombolytic administration. May use EMS results if available.

☑ **Urinalysis screen and microscopy, with reflex to culture** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Urine
Question(s):
Specimen Source: Urine
Specimen Site:
Primary Ordering Comments:
Specimen must be received in the laboratory within 2 hours of collection.

Labs STAT

☑ **CBC and differential** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Partial thromboplastin time** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
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 panel I-Stat** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** STAT **Specimen Type:** Blood

☐ **Hemoglobin A1c** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Comprehensive metabolic panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Lactic acid, I-Stat , SEPSIS** **Frequency:** Now then every 3 hours **Frequency Limit:** 3 Occurrences **Priority:** STAT **Specimen Type:** Blood

☐ **Hepatic function panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Lipid panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Bedside glucose** **Frequency:** Once **Priority:** STAT **Specimen Type:** Blood **Comments:** Perform prior to Thrombolytic administration. May use EMS results if available.

☐ **Urinalysis screen with reflex to culture** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Urine
Question(s):
Specimen Source: Urine
Specimen Site:
Primary Ordering Comments:
Specimen must be received in the laboratory within 2 hours of collection.

Labs STAT

☑ **CBC and differential** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☑ **Partial thromboplastin time** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
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.

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

- [x] **Prothrombin time panel I-Stat** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** STAT **Specimen Type:** Blood
- [ ] **Hemoglobin A1c** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [x] **Comprehensive metabolic panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [ ] **Lactic acid level - Now and repeat 2x every 3 hours** **Frequency:** Now and repeat 2x every 3 hours **Priority:** STAT **Specimen Type:** Blood **Maximum Quantity:** 3
- [ ] **Hepatic function panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [ ] **Lipid panel** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [x] **Bedside glucose** **Frequency:** Once **Priority:** STAT **Specimen Type:** Blood **Comments:** Perform prior to Thrombolytic administration. May use EMS results if available.
- [ ] **Urinalysis screen with reflex to culture** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Urine
  Question(s):
  Specimen Source: Urine
  Specimen Site:
  Primary Ordering Comments:
  Specimen must be received in the laboratory within 2 hours of collection.

Labs-Cardiac

- [ ] **Troponin Series ACS, I-Stat** **Frequency:** Now then every 2 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood
- [ ] **B natriuretic pep, I-Stat** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** STAT **Specimen Type:** Blood

Labs-Cardiac

- [ ] **Troponin T Series ACS** **Frequency:** Now then every 2 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [ ] **NT-proBNP** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Labs - Cardiac

- [ ] **Troponin T Series ACS** **Frequency:** Now then every 2 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- [ ] **NT-proBNP** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Cardiac Labs

- [ ] **Troponin Series ACS, I-Stat** **Frequency:** Now then every 2 hours **Frequency Limit:** 3 Occurrences **Priority:** Routine **Specimen Type:** Blood
- [ ] **NT-proBNP** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Labs - Liver Failure

- [ ] **Ammonia level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
  Primary Ordering Comments:
  Specimen must be placed on ice and delivered immediately to the Core Laboratory.

Labs - Possible Intoxication

- [ ] **Alcohol level, blood** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
  Primary Ordering Comments:
  Specimen must be placed on ice and delivered immediately to the Core Laboratory.
- [ ] **Urine drugs of abuse screen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Urine

Labs - Based on Medication History

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

☐ **Digoxin level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
Primary Ordering Comments:
For trough level, recommend drawing >= 6-8 hours after last dose (optimal: 12-24 hours)

☐ **Carbamazepine level, total** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Lithium level** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Valproic acid level, total** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

☐ **Phenytoin level, total** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Labs - Pregnancy

☐ **hCG QUALitative, urine** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** STAT **Specimen Type:** Urine
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **hCG QUALitative, serum** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** STAT **Specimen Type:** Blood **Maximum Quantity:** 3
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

☐ **POC pregnancy, urine** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Specimen Type:** Urine
Question(s):
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Labs - 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** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Comments:**
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** **Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Comments:**
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.

Labs - Type and Crossmatch

☐ **Type and Screen**

☑ **Type and screen** **Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood

☐ **Blood Products**

☐ **Red Blood Cells**

☑ **Red Blood Cells**
Antibodies are present. There may be a delay in product availability.

☑ **Prepare RBC** **Frequency:** Blood - Once **Frequency Limit:** 1 Occurrences **Start Date:** S **Priority:** Routine **Specimen Type:** Blood
Question(s):
Transfusion Indications:
Transfusion date:

☑ **Transfuse RBC** **Frequency:** Transfusion **Start Date:** S **Priority:** Routine
Question(s):
Transfusion duration per unit (hrs):

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

☑ **sodium chloride 0.9% infusion** **Dose:** 250 mL **Route:** intravenous **Frequency:** continuous PRN **Minimum Infusion Rate:** 30.000 mL/hr **PRN Comment:** RBC transfusion
Admin Instructions:
Administer with blood

☑ **Red Blood Cells**

☑ **Prepare RBC** **Frequency:** Blood - Once **Frequency Limit:** 1 Occurrences **Start Date:** S **Priority:** Routine **Specimen Type:** Blood
Question(s):
Transfusion Indications:
Transfusion date:

☑ **Transfuse RBC** **Frequency:** Transfusion **Start Date:** S **Priority:** Routine
Question(s):
Transfusion duration per unit (hrs):

☑ **sodium chloride 0.9% infusion** **Dose:** 250 mL **Route:** intravenous **Frequency:** continuous PRN **Minimum Infusion Rate:** 30.000 mL/hr **PRN Comment:** RBC transfusion
Admin Instructions:
Administer with blood

☐ **Platelet Pheresis**

☑ **Prepare platelet pheresis** **Frequency:** Once **Start Date:** S **Priority:** Routine **Specimen Type:** Blood
Question(s):
Transfusion Indications:
Transfusion date:
Process Instructions:
Usual adult dose is one pheresis platelet unit. One pheresis platelet unit is equivalent to 5-6 pooled, whole blood-derived platelet units.

☑ **Transfuse platelet pheresis** **Frequency:** Transfusion **Start Date:** S **Priority:** Routine
Question(s):
Transfusion duration per unit (hrs):
Process Instructions:
Usual adult dose is one pheresis platelet unit. One pheresis platelet unit is equivalent to 5-6 pooled, whole blood-derived platelet units.

☑ **sodium chloride 0.9% infusion** **Dose:** 250 mL **Route:** intravenous **Frequency:** continuous PRN **Minimum Infusion Rate:** 30.000 mL/hr **PRN Comment:** platelet pheresis
Admin Instructions:
Administer with blood

☐ **Fresh Frozen Plasma**

☑ **Prepare fresh frozen plasma** **Frequency:** Once **Start Date:** S **Priority:** Routine **Specimen Type:** Blood
Question(s):
Transfusion Indications:
Transfusion date:

☑ **Transfuse fresh frozen plasma** **Start Date:** S **Priority:** Routine
Question(s):
Transfusion duration per unit (hrs):

☑ **sodium chloride 0.9% infusion** **Dose:** 250 mL **Route:** intravenous **Frequency:** continuous PRN **Minimum Infusion Rate:** 30.000 mL/hr **PRN Comment:** fresh frozen plasma
Admin Instructions:
Administer with blood

☐ **Cryoprecipitate**

☑ **Prepare cryoprecipitate** **Frequency:** Blood - Once **Frequency Limit:** 1 Occurrences **Start Date:** S **Priority:** Routine **Specimen Type:** Blood
Question(s):
Transfusion Indications:
Transfusion date:

☑ **Transfuse cryoprecipitate** **Frequency:** Transfusion **Start Date:** S **Priority:** Routine
Question(s):
Transfusion duration per unit (hrs):

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

☑ **sodium chloride 0.9% infusion Dose:** 250 mL **Route:** intravenous **Frequency:** continuous PRN **Minimum Infusion Rate:** 30.000 mL/hr **PRN Comment:** cryoprecipitate
Admin Instructions:
Administer with blood

Cardiology

Cardiology

☑ **Electrocardiogram, 12-lead Frequency:** Once **Ordering Quantity:** 1 **Priority:** STAT **Maximum Quantity:** 6 **Comments:** To be performed by ED Staff - Show immediately to physician.
Question(s):
Clinical Indications: ○ Other:
Other: CVA/TIA/AMS
Interpreting Physician:

Imaging

CT (Required)

☑ **CT Stroke LKN** (Required)

○ **CT Stroke (LKN < 6 Hours)**

☑ **CT Stroke (LKN < 6 Hours)**

☑ **CT Stroke Brain Wo Contrast LKN < 6 Hours Frequency:** 1 time imaging **Priority:** STAT **Comments:** If meets stroke protocol criteria, do Immediately on arrival to ER
Question(s):
Last Known Normal (LKN): ○ LKN < 6 Hours
Physican 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 W Wo Contrast Frequency:** 1 time imaging **Priority:** STAT **Comments:** Neuro deficit < 24 hours " Follow ELVO Protocol"
Question(s):
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Process Instructions:
Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

☑ **iohexoL (OMNIPAQUE) 350 mg iodine/mL iv solution**

☑ **iohexoL (OMNIPAQUE) 350 mg iodine/mL injection Dose:** 100 mL **Frequency:** once in imaging

☑ **sodium chloride 0.9 % bolus Dose:** 50 mL **Route:** intravenous **Frequency:** once in imaging **Start Date:** S **Priority:** STAT **Minimum Infusion Duration:** 1.000 Minutes **PRN Comment:** Flush

○ **CT Stroke (LKN > 6 Hours or </= 24 Hours)**

☑ **CT Stroke (LKN > 6 Hours or </= 24 Hours)**

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

☑ **CT Stroke Brain Wo Contrast LKN > 6 Hours or </= 24 hours** **Frequency:** 1 time imaging **Priority:** STAT
Comments: If meets stroke protocol criteria, do Immediately on arrival to ER
Question(s):
Last Known Normal (LKN): ○ LKN > 6 Hours Less than or equal to 24 Hours
Physican 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 W Wo Contrast** **Frequency:** 1 time imaging **Priority:** STAT
Comments: Neuro deficit < 24 hours " Follow ELVO Protocol"
Question(s):
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Process Instructions:
Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

☑ **iohexoL (OMNIPAQUE) 350 mg iodine/mL iv solution**

☑ **iohexoL (OMNIPAQUE) 350 mg iodine/mL injection** **Dose:** 100 mL **Frequency:** once in imaging

☑ **sodium chloride 0.9 % bolus** **Dose:** 50 mL **Route:** intravenous **Frequency:** once in imaging **Start Date:** S
Priority: STAT **Minimum Infusion Duration:** 1.000 Minutes **PRN Comment:** Flush

○ **CT Stroke (LKN Unknown)**

☑ **CT Stroke (LKN Unknown)**

☑ **CT Stroke Brain Wo Contrast - LKN Unknown** **Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Last Known Normal (LKN): ○ LKN Unknown
Physican 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:**_____

☑ **CTA Stroke Head and CTA Stroke Neck W Wo Contrast** **Frequency:** 1 time imaging **Priority:** STAT
Question(s):
Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Process Instructions:
Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

☑ **iohexoL (OMNIPAQUE) 350 mg iodine/mL iv solution**

☑ **iohexoL (OMNIPAQUE) 350 mg iodine/mL injection** **Dose:** 100 mL **Frequency:** once in imaging

☑ **sodium chloride 0.9 % bolus** **Dose:** 50 mL **Route:** intravenous **Frequency:** once in imaging **Start Date:** S **Priority:** STAT **Minimum Infusion Duration:** 1.000 Minutes **PRN Comment:** Flush

○ **CT Head (LKN > 24 Hrs)**

☑ **CT Head (LKN > 24 hours)**

☑ **CTA Head and CTA Neck w non contrast brain** **Frequency:** 1 time imaging **Priority:** STAT
Question(s):
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.):
Process Instructions:
Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

☑ **iohexoL (OMNIPAQUE) 350 mg iodine/mL iv solution**

☑ **iohexoL (OMNIPAQUE) 350 mg iodine/mL injection** **Dose:** 100 mL **Frequency:** once in imaging

☑ **sodium chloride 0.9 % bolus** **Dose:** 50 mL **Route:** intravenous **Frequency:** once in imaging **Start Date:** S **Priority:** STAT **Minimum Infusion Duration:** 1.000 Minutes **PRN Comment:** Flush

☐ **CT Brain Perfusion w/recon (LKN 6-24 hrs and NIH>=6)**

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

☑ **CT Brain Perfusion w/recon** **Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT **Comments:** LKW 6-24 hrs and NIH>=6
Question(s):
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.):
Process Instructions:
Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

☑ **iohexoL (OMNIPAQUE) 350 mg iodine/mL injection** **Dose:** 100 mL **Route:** intravenous **Frequency:** once in imaging

☑ **sodium chloride 0.9 % bolus** **Dose:** 50 mL **Route:** intravenous **Frequency:** once in imaging **Start Date:** S **Priority:** STAT **Minimum Infusion Duration:** 1.000 Minutes **PRN Comment:** Flush

MRI/MRA

☐ **MRI Brain Wo Contrast** **Frequency:** 1 time imaging **Priority:** Routine
Question(s):
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.):
Process Instructions:
Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

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

☐ **MRI Brain W Wo Contrast** **Frequency:** 1 time imaging **Priority:** Routine **Comments:** Perfusion Brain MRI
Question(s):
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.):
Process Instructions:
Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

☐ **MRA Head Wo Contrast** **Frequency:** 1 time imaging **Priority:** STAT
Question(s):
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.):
Process Instructions:
Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

☐ **MRA Neck Wo Contrast** **Frequency:** 1 time imaging **Priority:** STAT
Question(s):
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.):
Process Instructions:
Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

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

☐ **MRI Brain Venogram** **Frequency:** 1 time imaging **Priority:** STAT
Question(s):
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.):
Process Instructions:
Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

X-Ray

☐ **Chest 1 Vw Portable** **Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
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** **Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
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** **Frequency:** 1 time imaging **Priority:** STAT
Question(s):
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

☑ **Oxygen therapy** **Frequency:** Continuous **Priority:** STAT
Question(s):
Initial Device: ○ Nasal Cannula
SpO2 Goal: ○ Other (Specify)
Specify: 95% or above
Device:
SpO2 Goal:
Titrate FiO2 to keep O2 saturations:
Notify Physician if:
Indications for O2 therapy:
Indications for O2 therapy:
Primary Ordering Comments:
@CERMSG(661071:25704)@

Rehab
Consults
For Physician Consult orders use sidebar
Ancillary Consults

☐ **ED Consult Neurology** **Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** STAT
Question(s):
Provider Group:
Reason for Consult?
Consult Tracking:
To Provider:
Provider Group:

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

☐ **Consult to Case Management** **Frequency:** Once **Priority:** STAT
Question(s):
Consult Reason:
Reason for Consult?
Process Instructions:
If Ordering IV antimicrobial therapy, an additional consult to Case Management OPAT order is needed.

☐ **Consult to Social Work** **Frequency:** Once **Priority:** STAT
Question(s):
Reason for Consult:
Reason for Consult?

☐ **Consult PT Eval and Treat** **Frequency:** Once **Priority:** STAT
Question(s):
Reasons for referral to Physical Therapy (mark all applicable):
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?
Process Instructions:
If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy

☐ **Consult to PT Wound Care Eval and Treat** **Frequency:** Once **Priority:** STAT
Question(s):
Special Instructions:
Location of Wound?
Reason for PT?

☐ **Consult OT Eval and Teat** **Frequency:** Once **Priority:** STAT
Question(s):
Reason for referral to Occupational Therapy (mark all that apply):
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?
Process Instructions:
If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting occupational therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy.

☐ **Consult to Nutrition Services** **Frequency:** Once **Priority:** STAT
Question(s):
Reason For Consult?
Purpose/Topic:
Reason for Consult?

☐ **Consult to Spiritual Care** **Frequency:** Once **Priority:** STAT
Question(s):
Reason for consult?
Reason for Consult?
Process Instructions:
For requests after hours, call the house operator.

☐ **Consult to Speech Language Pathology** **Frequency:** Once **Priority:** STAT
Question(s):
Consult Reason: ○ Dysphagia ○ Dysarthria
Reason for consult:
Reason for SLP?

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

☐ **Consult to Wound Ostomy Care nurse** **Frequency:** Once **Priority:** STAT
Question(s):
Reason for consult:
Reason for consult:
Reason for consult:
Reason for consult:
Consult for NPWT:
Reason for consult:
Reason for consult:
Reason for Consult?
Process Instructions:
This is NOT for PT Wound Care Consult order.

☐ **Consult to Respiratory Therapy** **Frequency:** Once **Priority:** STAT
Question(s):
Reason for Consult? ○ To manage oxygen saturation and airway
Reason for Consult?

Additional Orders

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