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| **HEMORRHAGIC STROKE ORDERS - EMERGENCY DEPARTMENT**  (Initiate on patients with non-traumatic hemorrhage on CT) |
| ***Provider to check appropriate boxes and cross out pre-checked order if not desired.   These orders are not implemented until signed by provider.***  **AFTER HEMORRHAGE IDENTIFIED ON CT:**  ☒ Provider to Consult Neurosurgery  ☒ Vital signs continue every 15 minutes  ☒ Neuro checks continue every 15 minutes  ☒ O2 to keep SpO2 greater than or equal to 94% or as ordered: \_\_\_\_  ☒ Initiate blood pressure management  ☒ **Consider** need for anticoagulation reversal based on patient’s anticoagulant    **PAIN MANAGEMENT:**  ☐ Morphine \_\_\_ mg IV every \_\_\_\_\_\_\_ as needed for pain  ☐ Fentanyl \_\_\_ mcg slow IV every \_\_\_\_\_\_\_as needed for pain  ☐ Dilaudid \_\_\_ mg IV every \_\_\_\_\_ as needed for pain  **FEVER:**  ☒ Acetaminophen 650 mg PO/PR for temperature > 100.4 °F (38.0 °C)  **ANTIEMETIC:**  ☐ **Ondansetron** 4mg IV every \_\_\_\_ hours for nausea  ☐ Metoclopramide \_\_\_ mg slow IV every \_\_\_\_ hours for nausea    **ACUTE SEIZURE ABORTIVE THERAPY:**  ☐Lorazepam (Ativan) \_\_\_\_ mg IV Push (2-4 mg is recommended)  ☐ For seizure that reoccurs within 5 minutes, repeat lorazepam and consult  neurology/neurosurgery |
| **NOTE:** Only marked orders will be initiated. Provider must cross out pre-checked order if not desired. |

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| **ANTICOAGULATION REVERSAL GUIDELINES:**  Review guidelines and write specific orders below.   |  |  |  | | --- | --- | --- | | **ANTICOAGULANT** | **REVERSAL/TREATMENT** | **MONITORING/FOLLOW UP** | | Warfarin (Coumadin) | Vitamin K 10 mg IV or PO (IV preferred). Can be repeated every 12 hours for elevated INR  AND  KCentra (pharmacy to dose) | Recheck INR 30 minutes following KCentra infusion.  Recheck every 12-24 hours until INR becomes and maintains normal range. | | Apixaban (Eliquis)  Rivaroxaban (Xarelto)  Betrixaban (Bevyxxa)  Edoxaban (Savaysa) | KCentra (pharmacy to dose)  AND/OR  Activated charcoal (if last dose within 2 hrs.)  For serious or life-threatening bleeding consider:  Tranexamic acid (pharmacy to dose) |  | | Dabigatran (Pradaxa) | Activated charcoal (if last dose within 2 hrs.)  For serious or life-threatening bleeding consider:  Idarucizumab (Praxbind) 5 grams IV | Recheck aPTT 2 hours after treatment and every 12 hours until normal. | | Unfractionated Heparin | Protamine Sulfate (pharmacy to dose)  May repeat if aPTT remains prolonged | Recheck aPTT 30 minutes after treatment. | | Enoxaparin (Lovenox) | Protamine Sulfate (pharmacy to dose) |  | | Antiplatelets | May consider platelet transfusion |  |   **ANTICOAGULATION REVERSAL ORDERS:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **BLOOD PRESSURE MANAGEMENT:**  ☒ Maintain BP less than 140/90.  ☒ Consult with neurology/neurosurgery for patient specific BP parameter recommendations.  ☒ Notify provider if unable to achieve BP goal with PRN antihypertensives.  **Nitrates are not advised for stroke BP management**   |  |  |  | | --- | --- | --- | | ☐ | Labetalol  (NORMODYNE®, TRANDATE®) | First line therapy:  10 mg IV over 2 minutes  PRN SBP greater 140, DBP greater than 90 (on 2 or more consecutive BP checks at least 10 minutes apart) with HR greater than 60 bpm.  May repeat and/or increase to 20 mg every 10 minutes. If BP uncontrolled after 2 doses or 20 minutes, consider continuous infusion options below. | | ☐ | Nicardipine (CARDENE®) infusion  2.5-15 mg/hour continuous IV infusion | 5 mg/hour initial dose  Titrate to desired effect by increasing 2.5 mg/hour every 5 minutes to a maximum of 15 mg/hour. | | ☐ | Clevidipine (Cleviprex®) infusion  1-2 mg/hour continuous IV infusion | 1-2 mg/hour,  Titrate to desired effect by doubling dose every 2-5 minutes to a maximum of 21 mg/hour. | | ☐ | Nitroprusside (NIPRIDE®) infusion  0.1-10 mcg/kg/min continuous IV infusion | 0.1 mcg/kg/minute initial dose  Titrate to desired effect by increasing 0.5 mcg/kg/minute every 5 minutes to a maximum of 10 mcg/kg/minute | | ☐ | Hydralazine  (APRESOLINE®) | Alternative first line therapy if HR less than 60 bpm:  20 mg IV over 2 minutes PRN SBP greater than 140, DBP greater than 90 (on 2 or more consecutive BP checks at least 10 minutes apart).  If BP remains elevated after one dose or 20 minutes, consider continuous infusion options above. |   **ADDITIONAL ORDERS:**  ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| **Verbal order from**  (Provider)  Nursing signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_ \_ \_\_\_\_ \_Time: \_\_ \_\_\_\_\_  Provider signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Patient Identification** |
| Rev. 8/18, Rev. 11/21 | | |