|  |
| --- |
| **POST THROMBOLYTIC- ISCHEMIC STROKE ADMISSION ORDERS**  |
| ***Provider to check appropriate boxes. These orders are not implemented until signed by provider.******☒ =Best practice. Provider must cross out pre-checked order if not desired.******\*CMS STROKE CORE MEASURE*****1. Admit to:** ICU**2. Allergies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**3. Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**4. Condition:** ☐ Guarded         ☐ Critical          ☐ Serious     ☐ Stable**5. Nursing:** ☒ Vital Signs & Neuro ChecksEvery 15 minutes during thrombolytic infusionEvery 15 minutes for 2 hours after infusion completeEvery 30 minutes for the next 6 hoursEvery 1 hour for the following 16 hoursThen every 4 hours at minimum☒ Neuro Checks per schedule above. Neuro Checks should include level of consciousness and the patient’s original presenting deficit(s).☒Monitor and notify provider for hypotension, worsening mental status, or lip/tongue swelling. If symptoms develop while thrombolytic is infusing, stop infusion.☒Consult provider regarding necessity of invasive procedures within 24 hours of thrombolytic.☒ NIHSS on arrival to ICU and every shift (together with oncoming/off going RN) ☒ Notify provider for NIHSS increase of 4 points or more☒ Supplemental oxygen to maintain Sp02 greater than 94% or as ordered: \_\_\_\_\_\_\_☒ Place on telemetry until discharge☒ Fingerstick blood glucose ac and hs. Call if over 180mg/dL or less than 60mg/dL to receive treatment instructions. If not diabetic and no insulin required in 48 hours, nurse may discontinue this order.☒ Stroke Education\* on patient’s stroke risks, stroke signs, use of 9-1-1, medications and follow-up appointments.☐ Tobacco Cessation. Referral to Montana QuitLine as indicated**6. Activity:**☐ Activity as tolerated ☐ Bedrest☐ Bedrest with commode**7. Diet:**☒ Nursing swallow screen for dysphagia prior to any oral intake☐ Advance diet as tolerated after passing dysphagia screen☐ NPO☐ Aspiration precautions**8. VTE prophylaxis\*:**☒ No antiplatelet or anticoagulant medication for 24 hours after thrombolytic☒ Intermittent pneumatic compression devices to bilateral legs☐ Contraindication to VTE prophylaxis. Reason:  |
| **NOTE:** Only marked orders will be initiated. Provider must cross out pre-checked order if not desired. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **9. Lipid Regulating Agents\*:** Consider high intensity statin for patients 75 years or younger.☐ Atorvastatin \_\_\_\_\_\_ mg PO at hour of sleep☐ Other statin or lipid agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ Contraindication to lipid regulating agent\*. Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**10. Other:**☒ Acetaminophen 650 mg PO/PR for temperature > 100.4 °F (38.0 °C)☐ IV NS @\_\_\_cc/hr ☐ Saline lock IV**11.  Blood Pressure Management:**☒ Maintain BP less than 180/105 for the first 24 hours after thrombolytic infusion. ☒ Notify provider if unable to achieve BP goal with PRN antihypertensives.☒ Provider to consult neurology for BP parameters 24 hours post thrombolytic.**Nitrates are not advised for stroke BP management**

|  |  |  |
| --- | --- | --- |
| ☐ | Labetalol (NORMODYNE®, TRANDATE®)  | First line therapy:10 mg IV over 2 minutes PRN SBP greater 180, DBP greater than 105 (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®) infusion2.5-15 mg/hour continuous IV infusion | 5 mg/hour initial doseTitrate to desired effect by increasing 2.5 mg/hour every 5 minutes to a maximum of 15 mg/hour. |
| ☐ | Clevidipine (Cleviprex®) infusion1-2 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®) infusion0.1-10 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 180, DBP greater than 105 (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.  |

 |
| **NOTE:** Only marked orders will be initiated. Provider must cross out pre-checked order if not desired. |
| **15.  Labs: (ordered for today and now unless otherwise specified)**☒ Hemoglobin A1c ☐ Troponin☐ CBC ☐ Urinalysis☐ Metabolic panel: \_\_\_\_\_\_\_\_\_\_\_ ☐ Drug Screen☐ PT/INR ☐ Alcohol Level☐ PTT ☒ Fasting lipid panel in AM ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**16. Diagnostics and Imaging:****Brain imaging recommended at 24 hours post thrombolytic to rule out hemorrhage.**☐ Non-contrast head CT Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ MRI brain Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_All below orders will be for today and now unless otherwise specified☐ Transthoracic Echocardiogram ☐ Carotid Ultrasound☐ Transesophageal Echocardiogram ☐ 12 Lead EKG☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**17. Consultations:** ☐ Neurology ☒ Discharge Planner/ Case Management ☐ Neurosurgery ☐ Diabetic Education☒ Physical Therapy \* ☐ Palliative Care☒ Occupational Therapy\* ☐ Spiritual Care☒ Speech therapy\* ☐ Nutrition **18. Additional orders:**   |
| **NOTE:** Only marked orders will be initiated. Provider must cross out pre-checked order if not desired. |
|  **Verbal order from**  (Provider) Nursing signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Provider signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Patient Identification** |
| Rev. 8/18, Rev. 11/21 |