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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.

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| **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 INRANDKCentra (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/ORActivated 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NOTE:** Only marked orders will be initiated. Provider must cross out pre-checked order if not desired. |

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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**

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| ☐ | 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®) 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 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:**☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 |