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| **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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**2. Allergies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**3. Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**4. Condition:** ☐ Guarded         ☐ Critical          ☐ Serious     ☐ Stable**5. Nursing:** ☒ Vital Signs (HR, BP, Sp02, RR) every 4 hours at minimum☒ Neuro Checks every 4 hours at minimum☒ NIHSS on arrival from ED 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**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\*:**☒ Intermittent pneumatic compression devices to bilateral legs☐ Enoxaparin Sodium (Lovenox) \_\_\_\_\_\_ mg subcutaneously every \_\_\_\_\_\_\_\_\_\_\_☐ Contraindication to VTE prophylaxis. Reason: **9. Antithrombotics\*:**Should be administered within the first 24 to 48 hours of symptom onset in the non- Alteplase/Tenecteplase ischemic stroke or TIA patient☐ Aspirin \_\_\_\_\_\_ mg PO / PR daily☐ Provider to consult neurology for dual antiplatelet therapy**10. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NOTE:** Only marked orders will be initiated. Provider must cross out pre-checked order if not desired. |

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| **11. Other:**☒ Acetaminophen 650 mg PO/PR for temperature > 100.4 °F (38.0 °C)☐ IV NS @\_\_\_cc/hr ☐ Saline lock IV**12.  Blood Pressure Management:**☒ Maintain BP less than 220/120 for the first 24 hours. Provider to consult neurology for patient-specific BP management. ☒ Notify provider if unable to achieve BP goal with PRN antihypertensives.☒ Provider to consult neurology for BP management for patients 24 hours after admission.**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 220, DBP greater than 120 (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 220, DBP greater than 120 (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.  |

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| **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:**☐ 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 |