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| **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 Checks  Every 15 minutes during thrombolytic infusion  Every 15 minutes for 2 hours after infusion complete  Every 30 minutes for the next 6 hours  Every 1 hour for the following 16 hours  Then 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. |

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| **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®) 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 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 | | |