ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Allergies: ____________________________  Weight: _________ kg

Diagnosis: ____________________________

Service: ____________________________  Attending: ____________________________

Admission

- Admit to Inpatient
- Admit to Daypatient
- Place on Outpatient Observation Status – Hospital

Attending Physician

- Attending Provider: ____________________________

Code Status

- Full Code
- Do Not Resuscitate/Do Not Intubate
- Limited Resuscitation
  - Closed Cardiac Massage:
  - Cardiac Defibrillation:
  - Endotracheal Intubation:
  - Pressors and Antiarrhythmics:
  - Bag Mask Valve Ventilation (Peds Only):

Isolation  Infection Control Policy  URL: http://ozone.ohsu.edu/healthsystem/clinindex.shtml#infection

- Contact Isolation  Reason for Isolation:
- Modified Contact Isolation  Reason for Isolation:
- Droplet Isolation  Reason for Isolation:
- Airborne Isolation  Reason for Isolation:
- Strict Isolation  Reason for Isolation:
- Neutropenic Protective Precautions  Reason for Isolation:

NURSING

General

- Vital Signs  Routine, PER POLICY
- Neurological Check  Routine, WITH VITAL SIGNS
- Weigh Patient on Admission  Routine, UPON ADMISSION
- Intake and Output  Routine, CONTINUOUS

Signature: ____________________________  Date: __________  Time: __________

Print Name: ____________________________  Pager: __________

ONLINE 2/9/2010  Downtime version of Epic 304001557  PO-1557
Notify MD Routine, CONTINUOUS

- SBP > _____ < _____
- DBP > _____ < _____
- Temp > 38.5 degrees C
- HR > 110 < 50 bpm
- SaO2 < 90%
- RR > 30 < 10/min
- Change in neuro status or LOC

CBG (POC) FOUR TIMES DAILY BEFORE MEALS & BEDTIME

Oxygen Routine, CONTINUOUS

- Device preference:
- Rate in Units/L:
- Titrate to spO2: 92
- Wean to off for O2 sat > 90%

Swallow Screen Routine, ONCE

- By RN prior to any PO.

Patient Education- Stroke Routine, CONTINUOUS

**Lines, Drains, Airways**

- Insert and Maintain Foley Catheter Routine, CONTINUOUS
- Insert and Maintain Nasogastric Tube Routine, CONTINUOUS
- Insert and Maintain Feeding Tube Routine, CONTINUOUS
- X-Ray Abd- Evaluate Feeding Tube Placement Routine, AS NEEDED

Reason for Exam/Referral Diagnosis?:

**Activity**

- Activity Routine, CONTINUOUS

**Precautions/Restrictions**

- Precautions - Aspiration Routine, CONTINUOUS
- Aspiration Precautions per Inpatient Nursing Standard of Care or Speech recommendations.

- Precautions - Seizure Routine, CONTINUOUS

- Precautions - Post Thrombolytic Routine, CONTINUOUS,
- Post Thrombolytic Precautions use NEU: STROKE: POST THROMBOLYTIC THERAPY (PO-7537) and per Inpatient Nursing Standards of Care

Signature: ___________________________ Date: ___________ Time: ___________
Print Name: ___________________________ Pager: ___________

ONLINE 2/9/2010 Downtime version of Epic 304001557 PO-1557
NUTRITION

Diet
- Diet Regular  DIET EFFECTIVE NEXT MEAL
- Diet Puree  DIET EFFECTIVE NEXT MEAL
- Diet Thick Liquid  DIET EFFECTIVE NEXT MEAL
- Diet Prudent  DIET EFFECTIVE NEXT MEAL
- Diet Diabetic (Consistent Carbohydrate)  DIET EFFECTIVE NEXT MEAL
- Diet Clear Liquid  DIET EFFECTIVE NEXT MEAL
- Diet Full Liquid  DIET EFFECTIVE NEXT MEAL
- Diet Renal  DIET EFFECTIVE NEXT MEAL
- NPO  DIET EFFECTIVE NEXT MEAL
- NPO Except Meds  DIET EFFECTIVE NEXT MEAL

Diet Other
- NPO after Midnight  DIET EFFECTIVE MIDNIGHT
- Advance Diet as Tolerated  CONTINUOUS
  Starting diet: __________________________
  Goal diet: __________________________

Tube Feeding  Please refer to GEN: ENTERAL FEEDING TUBE (PO-7296)

IV FLUIDS

IV Access
- Insert and Maintain IV Access  Routine, ONCE
- Saline Lock  Routine, ONCE

IV Fluids
- NaCl 0.9% (aka NS) with KCl 20 mEq/L IV infusion  at ________) mL/hr  Intravenous, CONTINUOUS
- Other IV fluid: __________________________ at ________) mL/hr  Intravenous, CONTINUOUS

LABS

Admission
- Basic Metabolic Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca)  UPON ADMISSION
- Complete Metabolic Set (Na, K, Cl, CO2, BUN, Creat., Gluc, Ca, AST, ALT, Bili total, Alk phos, Alb, Prot total)  UPON ADMISSION
- Electrolyte Set (NA, K, CL, CO2)  ONCE
- CBC With Differential  UPON ADMISSION For 1 Occurrence
- UA, Dipstick Only  COLLECT NOW, X1, Urine
- Urine, Microscopic Exam  UPON ADMISSION, Urine

Signature: __________________________ Date: __________ Time: __________
Print Name: __________________________ Pager: __________
ONLINE 2/9/2010  Downtime version of Epic 304001557  PO-1557
Prothrombin Time/INR       ONCE
PTT               ONCE
C-Reactive Protein High Sensitivity, Serum     ONCE
Sedimentation Rate       ONCE
Magnesium, Plasma        ONCE
Hemoglobin A1C, Blood    ONCE
RPR              ONCE

Hypercoagulable evaluation on admission if indicated

Anticardiolipin GMA      ONCE
Antithrombin III Activity Level    ONCE
APC Resistance, Plasma     ONCE
Fibrinogen               ONCE
Hexagonal Platelet aPPT, Plasma     ONCE
Protein C Activity, Plasma     ONCE
Protein S Antigen         ONCE
Homocysteine Total, Plasma     ONCE
Prothrombin Gene Mutation, Blood  ONCE

AM labs (for next AM only)

CBC with Differential       TOMORROW AM
Basic Metabolic Set         TOMORROW AM
Complete Metabolic Set      TOMORROW AM
Magnesium, Plasma           TOMORROW AM
Prothrombin Time/INR        TOMORROW AM
PTT                        TOMORROW AM
Lipid Set, Plasma          TOMORROW AM
Urinalysis, Microscopic    ONCE, Starting tomorrow, Urine
Urinalysis, Dipstick Only  ONCE, Starting tomorrow, Urine
Sedimentation Rate         TOMORROW AM
C-Reactive Protein, Serum  TOMORROW AM

DIAGNOSTIC STUDIES

CT Scan

CT Head without Contrast   Routine, ONCE
Reason for Exam/Referral Diagnosis?:

Signature: ___________________________ Date: ___________ Time: ___________ 
Print Name: ___________________________ Pager: ___________

ONLINE 2/9/2010  Downtime version of Epic 304001557  PO-1557
CT Head with and without Contrast  Routine, ONCE
Reason for Exam/Referral Diagnosis?: 

CTA Head with Contrast  Routine, ONCE
Reason for Exam/Referral Diagnosis?:

CTA Neck with Contrast  Routine, ONCE
Reason for Exam/Referral Diagnosis?:

CT Cerebral Perfusion with Contrast  Routine, ONCE
Reason for Exam/Referral Diagnosis?:

MRI  For MRI / MRA / MRV, answer the following:
Reason for Exam/Referral Diagnosis?: ______________________
Does patient wear a pacemaker?: __________
Does the patient have an aneurysm clip?: __________
Does Patient Have An Implanted Vagus Nerve Stimulation (VNS) device?: __________
Does the patient have metal in their eyes?: __________
Does patient weigh more than 299 lbs?: __________
Is the Patient on Dialysis?: __________
Is Pediatric Sedation Required?: __________

MRI Brain without Contrast  Routine, ONCE
MRI Brain with and without Contrast  Routine, ONCE
MRA Neck with Contrast  Routine, ONCE
MRA Neck without Contrast  Routine, ONCE
MRV Head without Contrast  Routine, ONCE

Carotid Ultrasound
Carotid Bilateral US - Vascular Lab  Routine, ONCE

Cerebral Angiogram  MD needs to page Neurointerventional Radiologist to arrange this procedure

Cardiac
12 Lead ECG  Routine, ONCE
12 Lead ECG in AM  Routine, TOMORROW AM, By 0800
Transthoracic Echocardiogram  Routine, ONCE
Please select the most appropriate symptom/finding: STROKE (434.1)
Evaluate for: ______________________
Is a contrast-enhanced study for quantitative LVEF required?: _____
Is agitated saline contrast study required: _____
Is peripheral IV placement contraindicated: _____
Transesophageal Echocardiogram Routine, ONCE Ordering MD, call MD head of Echo Lab to arrange

Please select the most appropriate symptom/finding: STROKE (434.1)

Evaluate for: __________________________

History of dysphagia/odynophagia (painful swallowing)?: ______

History of esophageal disease (stricture, diverticulum, etc.)?: ______

History of esophageal surgery (dilation, etc.)?: ______

History of esophageal varices or bleeding?: ______

Does patient have any of the following: □ anticoagulation □ bleeding disorder □ thrombocytopenia

Prior complication with conscious sedation?: ______

Enter pager # of ordering physician: __________________________

X-Ray Chest 2 View Routine, ONCE
Reason for Exam/Referral Diagnosis?: Rule out pulmonary disease

X-Ray Portable Chest 1 View Routine, ONCE
Reason for Exam/Referral Diagnosis?: Rule out pulmonary disease

**MEDICATIONS**

**Anticoagulation** See NEU: STROKE/RULE OUT STROKE/TIA: HEPARIN (PO-1558)

□ aspirin 81 mg, Oral, DAILY

□ aspirin 325 mg, Oral, DAILY

□ aspirin 300 mg, Rectal, DAILY

□ dipyridamole-aspirin SR (aka AGGRENOX) 200-25 mg capsule 1 Cap, Oral, TWICE DAILY

□ clopidogrel (aka PLAVIX) PO tablet [LOADING DOSE] 300 mg, Oral, ONCE

□ clopidogrel (aka PLAVIX) PFT tablet [LOADING DOSE] 300 mg, Feeding tube, ONCE

□ clopidogrel (aka PLAVIX) PO tablet [MAINTENANCE DOSE] 75 mg, Oral, DAILY

□ clopidogrel (aka PLAVIX) PFT tablet [MAINTENANCE DOSE] 75 mg, Feeding tube, DAILY

**Analgesia and Antiemetics** Please use GEN: ANALGESICS AND ANTIEMETICS: ADULT (PO-7217)

□ acetaminophen (aka TYLENOL) PO tablet 325-650 mg, Oral, EVERY 4 HOURS AS NEEDED for mild pain

□ acetaminophen (aka TYLENOL) PFT suspension 325-650 mg, Feeding tube, EVERY 4 HOURS AS NEEDED for mild pain

□ acetaminophen (aka TYLENOL) PR suppository 325-650 mg, Rectal, EVERY 4 HOURS AS NEEDED for mild pain

**Bowel Care** [New Protocol as of 2/2010]

DO NOT use Adult Bowel Protocol for patients with intestinal obstruction, acute intestinal inflammation (e.g. Crohn’s disease), colitis ulcerosa, appendicitis, acute abdominal pain, nausea or vomiting, pregnancy.

Monitor per Adult Bowel Protocol   Routine, CONTINUOUS

- senna 8.6 mg – docusate 50 mg (aka SENOKOT-S) PO   1 Tab, Oral, TWICE DAILY
  Hold for loose stool, Bristol type 6 or 7. Ensure adequate fluid intake

- senna 8.6 mg – docusate 50 mg (aka SENOKOT-S) PFT   1 Dose, Feeding Tube, TWICE DAILY
  Hold for loose stool, Bristol type 6 or 7. Ensure adequate fluid intake

- polyethylene glycol (aka MIRALAX) PO   17g, Oral, DAILY AS NEEDED if no BM in past 3 days.
  Dissolve packet contents in 8 ounces of water, Ensure adequate fluid intake.

- polyethylene glycol (aka MIRALAX) PFT   17g, Feeding Tube, DAILY AS NEEDED if no BM in past 3 days.
  Dissolve packet contents in 8 ounces of water, Ensure adequate fluid intake.

- bisacodyl (aka DULCOLAX) PR   10 mg, Rectal, TWICE DAILY AS NEEDED if no BM in past 3 days. Rectal medications are contraindicated in neutropenic patients

- tap water enema   Routine, ONCE

- simethicone (aka MYLICON) PO   80 mg, Oral, THREE TIMES DAILY AS NEEDED for bloating
  CHEW tablets well before swallowing

- simethicone (aka MYLICON) PFT   80 mg, Feeding Tube, THREE TIMES DAILY AS NEEDED for bloating
  SHAKE WELL

- guar gum (aka BENEFIBER) PO   1 Packet, Oral, DAILY AS NEEDED for constipation, per bowel protocol
  Stir into 4-8 ounces of liquid or soft food. Stir well until dissolved.

- guar gum (aka BENEFIBER) PFT   1 Packet, Feeding Tube, DAILY AS NEEDED for constipation, per bowel protocol.
  Stir into 4-8 ounces of liquid or soft food. Stir well until dissolved.

**Chest Pain**

- nitroglycerin (aka NITROSTAT)   0.4 mg, Sublingual, EVERY 5 MINUTES AS NEEDED for chest pain

**Hyperglycemia**

See GEN: SUPPLEMENTARY INSULIN (PO-1760)
See GEN: INSULIN INFUSION: ACUTE CARE UNIT (PO-1569)
See ICU: INSULIN INFUSION- ADULT (PO-1751)

**Insomnia**

- zolpidem (aka AMBIEN) tablet   5 mg, Oral, AT BEDTIME AS NEEDED for insomnia
  May repeat dose in one hour (not to exceed 10 mg)

**Tobacco Withdrawal**   See GEN: TOBACCO DEPENDENCE (PO-7290) if patient is a current tobacco user or has used tobacco in the last 12 months.

**Other**

- aluminum-magnesium hydroxide-simethicone (aka MYLANTA) PO suspension   15 mL, Oral, EVERY 2 HOURS AS NEEDED for dyspepsia

---

Signature: ___________________________ Date: _____________ Time: ___________
Print Name: ___________________________ Pager: ___________
ONLINE 2/9/2010 Downtime version of Epic 304001557 PO-1557
VAPUS THRUMBOEMBOLISM RISK ASSESSMENT AND PROPHYLAXIS

VTE Prophylaxis Considerations

Neuraxial Catheter (Epidural/Intrathecal): The ONLY approved LMWH prophylaxis option with neuraxial catheters is enoxaparin (aka LOVENOX) 40 mg subcutaneously once daily. Currently use of fondaparinux (aka ARIXTRA) is contraindicated in these patients.

Trauma: order enoxaparin (aka LOVENOX) 30 mg subcutaneously BID, unless pt has neuraxial catheter (see note above).

Timing of Prophylaxis: enoxaparin (aka LOVENOX), fondaparinux (aka ARIXTRA), or warfarin (aka COUMADIN) should be started 12 hrs after surgery or later. Initiation of medical prophylaxis may be delayed until 24 hrs (or more) after surgery if the surgeon deems the patient to be at high risk for bleeding.

Renal Failure: In patients with renal failure, the dose of enoxaparin (aka LOVENOX) should be decreased by 50%. (e.g. 40 mg daily decreased to 20 mg daily; 30 mg BID decreased to 30 mg daily).

VTE Risk Assessment  (must select one)

☐ Low Risk for VTE
☐ Moderate Risk for VTE
☐ High Risk for VTE

VTE Prophylaxis Regimen  (must select one)

☐ No VTE Drug Prophylaxis
☐ heparin (MODERATE Risk)  5000 Units, Subcutaneous, EVERY _______ HOURS
☐ enoxaparin (aka LOVENOX) (MODERATE to HIGH Risk)  40 mg, Subcutaneous, DAILY
☐ enoxaparin (aka LOVENOX) (CrCl less than 30 mL/min AND MODERATE to HIGH Risk)  20 mg, Subcutaneous, DAILY
☐ enoxaparin (aka LOVENOX) (MODERATE to HIGH Risk)  30 mg, Subcutaneous, TWICE DAILY
☐ enoxaparin (aka LOVENOX) (CrCl less than 30 mL/min AND MODERATE to HIGH Risk)  30 mg, Subcutaneous, DAILY
☐ fondaparinux (aka ARIXTRA) (HIGH Risk AND CrCl greater than 30 mL/min)  2.5 mg, Subcutaneous, DAILY
☐ VTE Drug Prophylaxis Contraindication: __________________________________________

VTE Adjunctive Prophylaxis

☐ Place and Maintain Sequential Compression Device   Routine, CONTINUOUS
☐ Discontinue SCDs when patient is ambulating in the halls at least twice daily.
CONSULTS

- PT Eval and Treat  
- OT Eval and Treat  
- Speech Therapy Eval and Treat  
- Respiratory Care Eval and Treat  
- Consult to Nutrition  
- Consult to ENT / Otolaryngology  
- Consult to Case Management

Start Date: ______________  
Reason for Eval/Treat: __________________  
Reason for Consult: __________________

Signature: ___________________________  Date: __________  Time: __________
Print Name: ___________________________  Pager: __________
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