



### Consults

- Consult to cardiology \_\_\_\_\_
- Consult to vascular surgery \_\_\_\_\_

### Vital Signs \*

- Vital signs per ICU vital sign protocol or every 2 hours x 2, then every 4 hours x 2, then every shift and PRN changes in status
- Vital signs every \_\_\_\_\_ hours

### Medications - Scheduled (when patient able to take medications orally)

- AGGRENOX 1 capsule orally 2 times a day
- dipyridamole 75 mg orally 4 times a day
- aspirin 81 mg orally once a day
- aspirin 325 mg orally once a day
- clopidogrel 75 mg orally once a day
- simvastatin 20 mg orally once a day, in the evening
- simvastatin 40 mg orally once a day, in the evening
- heparin infusion via weight based protocol (stroke dosing 12 units/kg/hour initial; NO BOLUS)
- enoxaparin 1 mg/kg subcutaneously every 12 hours  
Indication: \_\_\_\_\_; Pharmacy to adjust frequency to every 24 hours if CrCl is less than 30.
- warfarin \_\_\_\_\_ mg orally or by nasogastric tube once a day, in the evening Indication: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

### Medications - PRN

- For patients with acute ischemic stroke who did NOT receive TPA, avoid acute or routine lowering of blood pressure (BP) in the immediate post-stroke period until the patient's condition has stabilized, unless values are extremely elevated (ie, systolic BP > 220 mm Hg or diastolic BP > 120 mm Hg).
  - labetalol 10 mg intravenous piggyback once PRN systolic BP > 220 mm Hg or diastolic BP > 120 mm Hg.
  - labetalol 20 mg intravenous piggyback every 10 minutes PRN systolic BP > 220 mm Hg or diastolic BP > 120 mm Hg

### Nursing Orders

- Assess neurologic status every 2 hours x6 hours, every 4 hours x12 hours, then every shift and prn change in status
- Assess neurologic status every \_\_\_\_\_ hours
- NPO - until swallow screening completed and passed
- Bedside swallowing evaluation -- RN to perform
  - Diet per admission order after patient passes RN swallow screening
  - Diet per speech therapist after evaluation if the patient fails screening

Physician Initials: \_\_\_\_\_




Please initial each place that a deletion, addition, or strike through has occurred.  
Any change made after initial authentication requires a new order sheet



**Nursing Orders Continued**

- telemetry
- Glucose, blood, point-of-care measurement
  - ASAP
  - then 4 times daily; if non-diabetic discontinue bedside blood glucose monitoring if all values are less than 126 mg/dl after 24 hours
  - if bedside blood glucose is greater than 126 mg/dl notify physician
- NIH Stroke Scale on admission, daily, at discharge and if neurological status declines.
- Notify physician if Diastolic blood pressure greater than \_\_\_\_ mm Hg or less than \_\_\_\_ mm Hg
- Notify physician if Systolic blood pressure greater than \_\_\_\_ mm Hg or less than \_\_\_\_ mm Hg
- Notify physician if Temperature greater than 38 degrees C (100.4F)
- Notify physician if Heart rate greater than 120 or less than 50, per minute
- Notify physician if Respiratory rate greater than 30 or less than 6, per minute
- Notify physician if Urine output less than 30ml/hr or less than 240ml/8hrs
- Notify physician if decline in neurological status
- Education, Stroke per interdisciplinary plan of care

**Diagnostic Tests (If not performed in ED)**

- Radiograph, swallowing function, with cineradiography and/or videoradiography (modified barium swallow) 
- MRI / MRA Stroke Protocol
- MRI, brain, without contrast 
- MRI, brain, with contrast 
- MRA, head, without contrast
- MRA, neck, with contrast
- Ultrasound, carotid, Doppler, bilateral
- Echocardiogram, transesophageal
- Echocardiogram, transthoracic

**Consults**

- Consult to inpatient rehabilitation 
- Consult to physical therapy -Evaluation/treatment
- Consult to occupational therapy -Evaluation/treatment
- Consult to speech therapy -Evaluation/treatment as indicated for Swallowing impairment or communication/cognitive deficits. Videofluoroscopic swallow evaluation as needed.

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Physician Initials:** \_\_\_\_\_

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